

## KNOW YOUR CLIENT (KYC) APPLICATION FORM

*For Individuals*

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS.

### A. IDENTITY DETAILS

1. Name of the Applicant: \_\_\_\_\_
2. Father's/ Spouse Name: \_\_\_\_\_
3. a. Gender: Male/ Female      b. Marital status: Single/ Married      c. Date of birth: \_\_\_\_\_ (dd/mm/yyyy)
4. a. Nationality: \_\_\_\_\_      b. Status: Resident Individual/ Non Resident/ Foreign National
5. a. PAN: \_\_\_\_\_      b. Aadhaar Number, if any: \_\_\_\_\_
6. Specify the proof of Identity submitted: \_\_\_\_\_

### B. ADDRESS DETAILS

1. Residence Address: \_\_\_\_\_  
\_\_\_\_\_ City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
2. Contact Details: Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_
3. Specify the proof of address submitted for residence address: \_\_\_\_\_
4. Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant): \_\_\_\_\_  
\_\_\_\_\_ City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

### DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

\_\_\_\_\_  
Signature of the Applicant

Date: \_\_\_\_\_ (dd/mm/yyyy)

### FOR OFFICE USE ONLY

☐ Originals verified and Self-Attested Document copies received

(.....)

Name & Signature of the Authorised Signatory

Date .....

Seal/Stamp of the intermediary

## KNOW YOUR CLIENT (KYC) APPLICATION FORM

*For Non-Individuals*

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**.

PHOTOGRAPH

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### **A. IDENTITY DETAILS**

1. **Name of the Applicant:** \_\_\_\_\_
2. **Date of incorporation:** \_\_\_\_\_ (dd/mm/yyyy) **& Place of incorporation:** \_\_\_\_\_
3. **Date of commencement of business:** \_\_\_\_\_ (dd/mm/yyyy)
4. **a. PAN:** \_\_\_\_\_ **b. Registration No. (e.g. CIN):** \_\_\_\_\_
5. **Status (please tick any one):**  
Private Limited Co./Public Ltd. Co./Body Corporate/Partnership/Trust/Charities/NGO's/FI/ FII/HUF/AOP/ Bank/Government Body/Non-Government Organization/Defense Establishment/BOI/Society/LLP/ Others (please specify) \_\_\_\_\_

### **B. ADDRESS DETAILS**

1. **Address for correspondence:** \_\_\_\_\_  
\_\_\_\_\_ City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
2. **Contact Details:** Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_
3. **Specify the proof of address submitted for correspondence address:** \_\_\_\_\_
4. **Registered Address** (if different from above): \_\_\_\_\_  
\_\_\_\_\_ City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

### **C. OTHER DETAILS**

1. **Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:** \_\_\_\_\_
2. **a) DIN of whole time directors:** \_\_\_\_\_  
**b) Aadhaar number of Promoters/Partners/Karta:** \_\_\_\_\_

### **DECLARATION**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

\_\_\_\_\_  
**Name & Signature of the Authorised Signatory**

**Date:** \_\_\_\_\_ (dd/mm/yyyy)

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(.....)  
**Name & Signature of the Authorised Signatory**  
**Date** .....

**Seal/Stamp of the intermediary**