Know Your Client (KYC) Application Form (For Individuals Only)

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. Identity Details (please see guidelines overleaf)	
1. Name of Applicant (As appearing in supporting identification document)	
Name	
	COLOUR
	PHOTOGRAPH
Father's / Spouse's Name	Please affix a recent passport
	size photograph and
2a. Gender Please tick (✓) ☐ Male ☐ Fernale 2b. Marital Status Please tick (✓) ☐ Single ☐ Married	sign across it
2c. Date of Birth	
3. Nationality Please tick (✓) ☐ Indian ☐ Others	
4. Status Please tick (✓) ☐ Resident Individual ☐ Non Resident ☐ Foreign National (Passport copy mandatory for NRIs and Foreign Nation	nals)
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	0.13)
Unique Identification Number (UID)/Aadhaar, if any	
B. Address Details (please see guidelines overleaf)	
1. Address for Correspondence	
City / Town / Village	Pin Code
State Country	
2. Contact Details	
Tel. (Off.)	
Mobile Fax	
E-Mail Id.	
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick	(v) against the document attached.
□ Passport □ Ration Card □ Registered Lease / Sale Agreement of Residence □ Driving License □ Voter Identity Card □ *Latest Bank Account Statement/Passbook	
□ *Latest Telephone Bill (only Land Line) □ *Latest Electricity Bill □ *Latest Gas Bill □ Others	*Not more than 3 months old.
4. Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-	Resident Applicant
City / Town / Village	Pin Code
State Country	
5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (√) against the document attached.
□ Passport □ Ration Card □ Registered Lease / Sale Agreement of Residence □ Driving License □ Voter Identity Card □ *Latest	
□ *Latest Telephone Bill (only Land Line) □ *Latest Electricity Bill □ *Latest Gas Bill □ Others	*Not more than 3 months old.
DECLARATION	SIGNATURE OF APPLICANT
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, Incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I have been declared that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legisation or any notifications directions issued by any governmental or statutory authority from time to time. I hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies/SEBI Registered Intermediaries Place: Date:	
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FOR OFFICE USE ONLY	Seal/Stamp of the intermediany should contain
there is before	Seal/Stamp of the Intermediary should contain Staff Name
(OriginalsVerified) Self Certified Document copies received	Name of the Organization
(Attested) True copies of documents received	Signature
Main Intermediary	In Person Verification