

KNOW YOUR CLIENT (KYC) Application Form - For Individual

NEW CHANGE REQUEST (Please tick ✓ the appropriate)

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

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)



A

IDENTITY DETAILS

1. Name of the Applicant

2. Father's/Spouse Name

3a. Gender Male Female 3b. Marital status Single Married 3c. Date of Birth / /

4a. Nationality Indian Other (Please specify) _____

4b. Status Resident Individual Non Resident Foreign National

5a. PAN

5b. Unique Identification Number (UID) / Aadhaar, if any:

6. Specify Proof of Identity submitted PAN card Other (Please specify) _____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

B

ADDRESS DETAILS

1. Address for Correspondence

City / Town / Village State Country Pin Code

2. Specify the Proof of Address submitted for Correspondence Address: _____

3. Contact Details

Tel. (Off.) Fax

Tel. (Res.) Mobile No

E-Mail Id.

4. Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant)

City / Town / Village State Country Pin Code

5. Specify the Proof of Address submitted for Permanent Address: _____

C

OTHER DETAILS

1. Gross Annual Income Details (Please Specify) Income range per annum: Below ₹ 1 Lac ₹ 1-5 Lac ₹ 5-10 Lac ₹ 10-25 Lac More than ₹ 25 Lacs

OR

Net-worth (Net worth should not be older than 1 year) Amount ₹ _____ as on (date) / /

2. Occupation (Please tick ✓ any one and give brief details):

Private Sector Public Sector Government Service Business Professional Agriculturist Retired

Housewife Student Others (Please specify) _____

3. Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

4. Any other information: _____

D

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.

Date: / /

Signature of the Applicant

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: _____

Date of IPV: / /

Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary

- (Originals Verified) True copies of Documents received
- (Self Attested) Self Certified Document copies received

Date

Signature of the Authorised Signatory