

PART I - KNOW YOUR CLIENT (KYC)

APPLICATION FORM

(FOR INDIVIDUALS ONLY)

PLEASE FILL THIS FORM IN **ENGLISH** AND IN **BLOCK LETTERS**.

CORPORATE & CORRESPONDENCE OFFICE:

1101, Merlin Infinite, DN 51, Sector V, Salt Lake City, Kolkata - 700091

TEL. : +91 33 6628 0000 FAX.: +91 33 2210 5184

Email: info@eurekasec.com



A IDENTITY DETAILS

Name of the Applicant				PHOTOGRAPH Please affix your recent passport size photograph and sign across it
Father's/Spouse's Name				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	
Date of Birth		D D M M Y Y Y Y		
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other <i>(Please Specify)</i>	Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National	
PAN		Aadhar Number, If Any		
Specify the Proof of Identity Submitted <input type="checkbox"/> PAN Card <input type="checkbox"/> Any Other <i>(Please Specify)</i>				✍

B ADDRESS DETAILS

Residence Address			
City/Town/Village		Pin Code	
State		Country	
Specify the Proof of Address Submitted for Resi. Address			
Tel. (Off.)		Mobile No.	
Tel. (Res.)		Fax No.	
Email ID			
Permanent Address <small>(if different from above or overseas address, mandatory for Non-Resident Applicant)</small>			
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.	D D M M Y Y Y Y
Place:	✍ Signature of Applicant

FOR OFFICE USE ONLY

IPV Details: _____ (DD/MM/YYYY)	Name of the Auth. Signatory	
<input type="checkbox"/> Originals Verified & Self Attested Documents Copies Received	Employee Name	✓ Signature of the Auth. Signatory
	✓ Employee Signature	Date
	Employee Designation	Seal / Stamp of the Intermediary