PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Name and address of intermediary (pre-printed)																
Please fill this form in ENGLISH and in BLOCK LETTERS																
A.		IDENTITY DETAILS										Photograph				
1	Name of the Applicant											Please affix your recent passport size photograph				
2	Father's / Husband's Name													ature Across otograph		
3	a) Gender Male Female	b) Marital status Single Married c) Date of Birth D D M M							Y	Y	Y	Y				
4	a) Nationality (Please specify,	b) Status B) Sta														
5	a) PAN	b) Unique Identification Number (UID) / Aadhaar, if any														
6	Specify the proof of identity subn	nitted PAN card)														
B.	B. ADDRESS DETAILS															
1	Correspondence Address	City/town/vil State				PIN	Code									
2	Specify the proof of address subn	mitted for correspondence address														
		Tel. (Off.)					Tel.	(Res.)								
3	Contact Details	Fax No. Mobile No.														
	Permanent Address (If different from above. Mandatory for	Email ID														
4	Non-Resident Applicant to specify overseas address)		_					~ .								
	specify overseas address)	City/town/village State				PIN Code Country										
5	Specify the proof of address subn		ment ad	ddress			Coul	iti y								
C. OTHER DETAILS																
1	Gross Annual Income Details (please specify):															
	Income Range per annum					Networth										
	□ Below ₹ 1 lac □ ₹ 1-5 lac □ ₹ 5- 10 lac □ ₹ 10- 25 lac □ More than ₹ 25 lac					Amount (₹) As on (date) D M M Y Y Y (Networth should not be older than 1 year)										

Occupation (please tick any one and give brief details):													
Private Sector Agriculturist													
Public Sector													
Government Service Housewife													
Business Student													
Professional Others (Please specify;))	
3 Please tick, if applicable: Dolitically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)													
4 Any other information													
D. DECLARATION													
nature of the Applicant		Date	D	D	M M	1 Y	Y	Y	Y				
FOR OFFICE USE ONLY													
(Originals verified) Tru	le copies of	documents receive	ed										
(Self-Attested) Self Certified Document copies received													
nature of the Authorised natory e			D D I	A M Y	Y Y Y		s				•		
			~ 1	171 1	* ± ±			inter	media	ary			
	Private Sector Public Sector Government Sector Business Professional Please tick, if applicable: Any other information reby declare that the detairm you of any changes there epresenting, I am aware that ature of the Applicant (Originals verified) True (Self-Attested) Self Ce ature of the Authorised ature of the Authorised	Private Sector Public Sector Government Service Business Professional Please tick, if applicable: Politi Any other information reby declare that the details furnished (originals verified) True copies of (Originals verified) Self Certified Docu nature of the Authorised nature of the Authorised nature of the Authorised	Private Sector Agriculturis Public Sector Retired Government Service Housewife Business Student Professional Others (Please tick, if applicable: Politically Exposed Personal Any other information Preby declare that the details furnished above are true arm you of any changes therein, immediately. In case any epresenting, I am aware that I may be held liable for it. Bature of the Applicant FOI (Originals verified) True copies of documents received (Self-Attested) Self Certified Document copies received mature of the Authorised Mature of the Authorised	Private Sector Agriculturist Public Sector Retired Government Service Housewife Business Student Professional Others (Please specify; Please tick, if applicable: Politically Exposed Person (PEP) Any other information Image: Professional information reby declare that the details furnished above are true and correct to true you of any changes therein, immediately. In case any of the above epresenting, I am aware that I may be held liable for it. nature of the Applicant Image: Profession of the Applicant Image: Correct term of the Applicant Image: Profession of the Applicant Image: Correct term of the Authorised atory Image: Profession of the Authorised atory	Private Sector Agriculturist Public Sector Retired Government Service Housewife Business Student Professional Others (Please specify;	Private Sector Agriculturist Public Sector Retired Government Service Housewife Business Student Professional Others (Please specify;	Private Sector Agriculturist Public Sector Retired Government Service Housewife Business Student Professional Others (Please specify;	Private Sector Agriculturist Public Sector Retired Government Service Housewife Business Student Professional Others (Please specify;	Private Sector Agriculturist Public Sector Retired Government Service Housewife Business Student Professional Others (Please specify;	□ Private Sector □ Agriculturist □ Public Sector □ Retired □ Government Service □ Housewife □ Business □ Student □ Professional □ Others (Please specify;	□ Private Sector □ Agriculturist □ Public Sector □ Retired □ Government Service □ Housewife □ Business □ Student □ Professional □ Others (Please specify;	Private Sector Agriculturist Public Sector Retired Government Service Housewife Business Student Professional Others (Please specify;) Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Any other information DECLARATION Tebes tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Any other information DECLARATION Tebes tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Any other information DECLARATION Tebes therein, immediately. In case any of the above information is found to be false or untrue or misleading epresenting, I am aware that I may be held liable for it. ature of the Applicant Date Date FOR OFFICE USE ONLY (Originals verified) True copies of documents received (Self-Attested) Self Certified Document copies received Autor of the Authorised ature of the Authorised Autor of the Authorised ature of the Authorised	