

**KNOW YOUR CLIENT (KYC) Application Form - For Individual**

Please fill this form in ENGLISH and in BLOCK LETTERS  NEW  CHANGE  EXISTING (Please tick ✓ the appropriate)  
 (Please tick ✓ the box on left margin of appropriate row where CHANGE / CORRECTION is required and provide the details in the corresponding row)

**KYC Regd. No.**

<b>A</b>	<b>IDENTITY DETAILS</b>
<input type="checkbox"/>	1. Name of Applicant
<input type="checkbox"/>	2. Father's/Husband's Name
<input type="checkbox"/>	3a. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female    3b. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married    3c. Date of Birth
<input type="checkbox"/>	4a. Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify) _____
<input type="checkbox"/>	4b. Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National
<input type="checkbox"/>	5a. PAN _____    5B. Aadhaar Number, if any: _____
<input type="checkbox"/>	6. Specify Proof of Identity submitted <input type="checkbox"/> PAN card <input type="checkbox"/> Any Other (Please specify)

Please affix  
your recent passport  
size photograph

Signature  
across photograph

**1/40**

<b>B</b>	<b>ADDRESS DETAILS</b>
<input type="checkbox"/>	<input type="checkbox"/> Correspondence Address <input type="checkbox"/> Residence Address
<input type="checkbox"/>	1. Residence / Correspondence Address
<input type="checkbox"/>	3. Contact Details
<input type="checkbox"/>	4. Permanent Address (If different from above mandatory for Non-Resident Applicant to specify overseas address)

<b>C</b>	<b>DECLARATION</b>
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.	<b>2/40</b> <input checked="" type="checkbox"/> Signature of the Applicant
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

FOR OFFICE USE ONLY	
1. <input type="checkbox"/> Originals verified and Self-Attested Document copies received	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">                 Seal/Stamp of the Intermediary             </div>
2. <b>In Person Verification (IPV) Details:</b> a) Name of the person doing IPV: _____ b) Designation: _____ c) Name of the Organization: _____ d) Signature _____    e) Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name & Signature of the Authorised Signatory Date <input type="text"/> / <input type="text"/> / <input type="text"/>	