

# KNOW YOUR CLIENT (KYC) Application Form - For Individuals

NEW  CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. \_\_\_\_\_



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

<input type="checkbox"/>	1. Name of the Applicant	_____
<input type="checkbox"/>	2. Father's/Spouse 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
<input type="checkbox"/>	3c. Date of Birth	D   D   /   M   M   /   Y   Y   Y   Y
<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	_____
<input type="checkbox"/>	5b. Unique Identification Number (UID) / Aadhaar, if any:	_____
<input type="checkbox"/>	6. Specify Proof of Identity submitted <input type="checkbox"/> PAN card <input type="checkbox"/> Other (Please specify)	_____

**PHOTOGRAPH**

Please affix  
your recent passport  
size photograph and  
sign across it

## B ADDRESS DETAILS

<input type="checkbox"/>	1. Residence / Correspondence Address	_____
	City / Town / Village	_____
	State	_____
	Country	_____
	Pin Code	_____
<input type="checkbox"/>	2. Specify the Proof of Address submitted for Residence / Correspondence Address:	_____
<input type="checkbox"/>	3. Contact Details	
	Tel. (Off.)	_____
	Tel. (Res.)	_____
	E-Mail Id.	_____
	Fax	_____
	Mobile No	_____
<input type="checkbox"/>	4. Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant)	
	City / Town / Village	_____
	State	_____
	Country	_____
	Pin Code	_____

## C 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: | D | D | / | M | M | / | Y | Y | Y | Y |

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: | D | D | / | M | M | / | Y | Y | Y | Y |

Signature of the person who has done the IPV \_\_\_\_\_

Seal/Stamp of the Intermediary

Originals Verified and Self Attested Document copies received

Date

Signature of the Authorised Signatory