Know Your Client (KYC) Application Form-for Individuals

Please fill this form in English and BLOCK Letters

A. Identity details			
1. Name (Same as ID Proof)			Photograph
2. Father / Spouse Name			Please affix your
2a. Mother Name			recent passport size photograph
3.a Gender - Male Fe			and sign across it
3.c. Marital status:			S
5. Residential status: ☐ Resident Individual ☐ Non Resident Individual F1			
6. PAN 7. Aadhaar no: XXXX XXXX			
B. Contact details			
Mobile No: ISD code + Number Telephone no:			
Email ID:			
C. Correspondence Address (specify proof submitted):			
Address			
City : Pin :			
City : District : Pin : State : Country :			
D. Permanent Address (specify proof submitted):			
Address	· ·		
City:	District :		Pin:
State:	Country :		Pin :
E. Jurisdiction Address -applicant is taxing paying outside India. (specify proof submitted):			
Address	City:	District :	Pin :
State :	Country	District :_ :	
F. Declaration			
	YC details furnished by me	are true and corre	ect to the best of my/our knowledge
and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above			
information is found to be false, untrue, misleading, or misrepresenting, I am/We are aware that I/We may be			
held liable for it. I am aware of other modes of KYC, which are available, and I have chosen Aadhaar based			
method voluntarily. My Aadhaar record can be used by KRA & CKYC only for the specific purpose of validating /			
maintaining / sharing my KYC record and as an audit evidence. I will have an option to request for deletion of			
			A & CKYC through SMS/Email on the
			or Aadhaar OVD based KYC, my KYC
		•	haring my/our masked Aadhaar card
-	_		passcode and as applicable, with KRA
& CKYC and other Intermedian	ies with whom I have a bus	iness relationship	for KYC purposes only.
Place :			District Circuit
Date: DD/MM/YYYY	F2 Wet Signature		Digital Signature
FOR OFFICE USE ONLY			Signature of Person
Originals Verified Documents and In-Person verification details:			
		201131	BROKING
			11-15/
Designation:			MUMBAI)
Designation:		VVV	MWBAI
Designation: Place: Name of the Organisation: CEI	Date: DD/MM/Y	YYY	MUMBAI (400 098.