

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

ZUARI FINSERV LIMITED

Registered Office : Jai kisaan Bhawan, Zuarinagar, Goa-403 726 (India)

Corporate Office : Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension, New Delhi-110048

E-mail: wecare@adventz.zuarimoney.com • Website: www.zuarimoney.com

Application Type* New Update

KYC NO. _____

Photograph

Please affix your recent

passport size photograph

Signature Across photograph

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS																
1.	Name of the Applicant															
	Maiden Name (if any)															
2.	Father's / Spouse Name															
3.	Mother Name															
4.	a) Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	b) Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	c) Date of Birth	D	D	M	M	Y	Y	Y	Y
5.	a) Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> Others (Please specify _____)													
	b) Residential Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin											
6.	a) PAN															
	b) Aadhaar Number, if any	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.	Specify the proof of identity submitted	<input type="checkbox"/> PAN Card		<input type="checkbox"/> Any other (Please specify _____)												

B. ADDRESS DETAILS													
	Address Type	<input type="checkbox"/> Residential / Business		<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified						
1.	Correspondence Address												
	City/Town/Village							PIN Code					
	State							Country					
2.	Specify the proof of address submitted for Residence/correspondence address												
3.	Contact Details	Tel. (off.)				Tel. (Res.)				Fax No			
		Mobile No.				E-mail ID							
4.	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)												
	City/Town/Village							PIN Code					
	State							Country					

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. . I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number email address.								Signature of the Applicant	✓							
								Date	D	D	M	M	Y	Y	Y	Y

FOR OFFICE USE ONLY															
S No.	Particulars														
1	<input type="checkbox"/> Originals verified and Self-Attested Documents copies received														
2	In-Person-Verification (IPV) details / KYC Verification carried out By :														
	a) Name of the person doing IPV														
	b) Designation	Employee Code													
	c) Name of Organization	Zuari Finserv Limited.													
	d) Signature														
	e) Date							D	D	M	M	Y	Y	Y	Y
Name & Signature of the Authorised Signatory of ZUARI FINSERV LIMITED								Seal/Stamp of the Zuari Finserv Limited.							
Date								D	D	M	M	Y	Y	Y	Y

* Separate KYC Application forms must be filled by each applicant i.e. (2nd Holder, 3rd Holder & Guardian)