

KNOW YOUR CLIENT (KYC) APPLICATION FORM

FOR INDIVIDUALS

Please fill this form in ENGLISH and in BLOCK LETTERS.

PHOTOGRAPH
Please affix your
recent passport
size photograph
and sign across it

A. IDENTITY DETAILS

1. **Name of the Applicant:** _____
2. **Father's/ Spouse Name:** _____
3. **a. Gender:** Male/ Female/Trans **b. Marital Status:** Single/ Married **c. Date of birth:** _____ (dd/mm/yyyy)
4. **a. Nationality:** _____ **b. Status:** Resident Individual/ Non Resident/ Foreign National
5. **a. PAN:** _____ **b. Aadhaar Number, if any:** _____
6. **Specify the proof of Identity submitted:** _____

B. ADDRESS DETAILS

1. **Address for Residence:** _____
City/town/village: _____ Pin Code: _____ State: _____ Country: _____
2. **Contact Details:** Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____
Fax: _____ Email id: _____
3. **Specify the proof of address submitted for Residence Address:** _____
4. **Permanent Address** (if different from above or overseas address, mandatory for Non-Resident Applicant):

City/town/village: _____ Pin Code: _____ State: _____ Country: _____

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.

Name & Signature of the Applicant

Date: _____
(dd/mm/yyyy)

KNOW YOUR CLIENT (KYC) APPLICATION FORM

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A. IDENTITY DETAILS

1. **Name of the Applicant:** _____

2. **Date of incorporation:** _____ (dd/mm/yyyy) & **Place of incorporation:** _____

3. **Date of commencement of business:** _____ (dd/mm/yyyy)

4. **a. PAN:** _____ **b. Registration No. (e.g. CIN):** _____

5. **Status (please tick any one):**

Private Limited Co./Public Ltd. Co./Body Corporate/Partnership/Trust/Charities/NGO's/FI/FII/HUF/AOP/
Bank/Government Body/Non-Government Organization/Defense Establishment/BOI/Society/LLP/Others (please
specify) _____

B. ADDRESS DETAILS

1. **Address for correspondence:** _____

City/town/village: _____ Pin Code: _____ State: _____ Country: _____

2. **Contact Details:** Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____

Fax: _____ Email id: _____

3. **Specify the proof of address submitted for correspondence address:** _____

4. **Registered Address (if different from above):** _____

City/town/village: _____ Pin Code: _____ State: _____ Country: _____

5. **Specify the proof of address submitted for registered address:** _____

C. OTHER DETAILS

1. **Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:** _____

2. **a. DIN of Whole Time Directors:** _____

b. Aadhaar Number of Promoters/Partners/Karta: _____

3. **Any other information:** _____

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.

Name & Signature of the Authorised Signatory

Date: _____
(dd/mm/yyyy)

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Annexure for details of Authorized Signatories / Promoters / Partners /Karta / Trustees /Whole-Time Directors authorized to Operate the Account			
Name:	Please Affix Your Recent Passport Sized Colored Photograph & Sign Across		
Designation:			
Residential Address			
PAN			DIN
Aadhaar			
		Signature	
Name:	Please Affix Your Recent Passport Sized Colored Photograph & Sign Across		
Designation:			
Residential Address			
PAN			DIN
Aadhaar			
		Signature	
Name:	Please Affix Your Recent Passport Sized Colored Photograph & Sign Across		
Designation:			
Residential Address			
PAN			DIN
Aadhaar			
		Signature	
Name:	Please Affix Your Recent Passport Sized Colored Photograph & Sign Across		
Designation:			
Residential Address			
PAN			DIN
Aadhaar			
		Signature	
Name:	Please Affix Your Recent Passport Sized Colored Photograph & Sign Across		
Designation:			
Residential Address			
PAN			DIN
Aadhaar			
		Signature	

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IN-PERSON VERIFICATION DETAILS		
<p>-----</p> <p>Signature of Client</p>	<p>Please Affix Your Recent Passport Sized Colored Photograph & Sign Across</p>	<p>Signature of Employee with Date, Place and Stamp of Company upon In-Person Verification</p>
<p>-----</p> <p>Name of Employee & Employee-Code, Carrying out In-Person Verification</p>		

FOR OFFICE USE ONLY		
<p style="text-align: center;"><input type="checkbox"/></p> <p>(Originals verified) True copies of documents received</p>	<p>Signature of the Authorized Signatory</p>	<p>Seal/Stamp of Stewart & Mackertich Wealth Management Limited</p>
<p style="text-align: center;"><input type="checkbox"/></p> <p>(Self-Attested) Self Certified Document copies received</p>		
<p>Date _____</p>	<p>Name of Authorized Signatory</p>	
<p>Comments of Employee (if any) after Interview of Client and Risk Profile assessed</p>		
<p>Client Interviewed On (Mention Date & Time)</p>	<p>Name of Authorized Signatory</p>	<p>Signature of the Authorized Signatory</p>
<p>Comments of Employee (if any) after Interview of Introducer of Client</p>		
<p>Introducer Interviewed On (Mention Date & Time)</p>	<p>Name of Authorized Signatory</p>	<p>Signature of the Authorized Signatory</p>
<p>Account Authorized On</p>	<p>Name of Authorized Signatory</p>	<p>Signature of the Authorized Signatory</p>
<p>Date of Opening</p>	<p>Unique Client Code Allotted</p>	<p>Other Registration in Group</p>