

# 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**

## **FOR NON-INDIVIDUALS**

Please fill this form in ENGLISH and in BLOCK LETTERS.

PHOTOGRAPH  
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size photographs  
and sign across it

## **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)

# KNOW YOUR CLIENT (KYC) APPLICATION FORM

## FOR NON-INDIVIDUALS

### 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	

## KNOW YOUR CLIENT (KYC) APPLICATION FORM

IN-PERSON VERIFICATION DETAILS		
<p>-----</p> <p><b>Signature of Client</b></p>	<p>Please Affix Your Recent Passport Sized Colored Photograph &amp; Sign Across</p>	<p>Signature of Employee with Date, Place and Stamp of Company upon In-Person Verification</p>
<p>-----</p> <p><b>Name of Employee &amp; Employee-Code, Carrying out In-Person Verification</b></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 &amp; Mackertich Wealth Management Limited</p>
<p style="text-align: center;"><input type="checkbox"/></p> <p>(Self-Attested) Self Certified Document copies received</p>		
<p><b>Date</b> _____</p>	<p><b>Name of Authorized Signatory</b></p>	
<p>Comments of Employee (if any) after Interview of Client and Risk Profile assessed</p>		
<p><b>Client Interviewed On (Mention Date &amp; Time)</b></p>	<p><b>Name of Authorized Signatory</b></p>	<p><b>Signature of the Authorized Signatory</b></p>
<p>Comments of Employee (if any) after Interview of Introducer of Client</p>		
<p><b>Introducer Interviewed On (Mention Date &amp; Time)</b></p>	<p><b>Name of Authorized Signatory</b></p>	<p><b>Signature of the Authorized Signatory</b></p>
<p><b>Account Authorized On</b></p>	<p><b>Name of Authorized Signatory</b></p>	<p><b>Signature of the Authorized Signatory</b></p>
<p><b>Date of Opening</b></p>	<p><b>Unique Client Code Allotted</b></p>	<p><b>Other Registration in Group</b></p>