**KNOW YOUR CLIENT (KYC) APPLICATION FORM – FOR INDIVIDUALS**
**(*Please fill this form in ENGLISH and in BLOCK LETTERS)***

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 b. Marital status: Single/ Married
   c. Date of birth: d d m m y y y y
4. a. Nationality: _____
   b. Status: Resident Individual/ Non Resident/ Foreign National
5. a. PAN: _____
   b. Unique Identification Number (UID)/ Aadhaar, if any:_____
6. Specify the proof of Identity submitted: _____

## B. ADDRESS DETAILS

| Address for correspondence | Permanent Address (if different from correspondence address OR Overseas address ( mandatory ) for Non-Resident Applicant) |
|---|---|
| _____<br>_____<br>_____<br>City/town/village: _____ Pin Code: _____<br>State: _____ Country: _____ | _____<br>_____<br>_____<br>City/town/village: _____ Pin Code: _____ ___<br>State: _____ Country: _____ |

2. Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ _____ Fax: _____
   Mobile No.: _____ Email id: _____
3. Specify the proof of address submitted for correspondence address:_____
4. Specify the proof of address submitted for permanent address: _____

## C. OTHER DETAILS

1. Gross Annual Income Details (please specify):
   Income Range per annum: ☐ Below Rs. 1 Lakh ☐ Between Rs.1 to Rs.5 Lakhs
   ☐ Between Rs.5 to 10 Lakhs ☐ Between Rs.10 to Rs.25 Lakhs
   ☐ Above Rs.25 Lakhs **OR**

   Net-worth as on (Net worth should not be older than 1 year) d d m m y y y y Rs. _____

2. Occupation (please tick any one): Private Sector / Public Sector / Government Service / Business / Professional / Agriculturist / Retired / Housewife / Student / Others _____
3. Please tick, if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (PEP)
4. Any other information:_____

## 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.

_____
Signature of Applicant

Date: d d m m y y y y

☐ (Self-Attested) Self Certified Document copies received ☐ True copies of documents received (Originals verified)

| IPV Details | Signature | In person verification done by | Relationship with the Intermediary / Designation | Date of IPV |
|---|---|---|---|---|
| | | | | |

…….. ……. ……..
Signature of the Authorized Signatory Name of the Intermediary Seal/Stamp of the intermediary
Date d d m m y y y y