

# Annexure - 1

## KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Individual

PHOTOGRAPH

please affix your recent passport size photograph and sign across it

Please fill this form in ENGLISH and In BLOCK LETTERS.

### 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: \_\_\_\_\_ (dd/mm/yyyy)
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

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. Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant): \_\_\_\_\_  
\_\_\_\_\_ City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
5. 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 Lac / 1-5 Lac <sup>15-10</sup> Lac / 10-25 Lac / >25 Lacs** **or**

Net worth as on (date)..... (—) (Net worth should not be older than 1 year)

2. Occupation (please tick any one and give brief details): Private Sector/ Public Sector/ Government Service/Business/ Professional/ Agriculturist/ Retired/ House Wife/ Student/ Others \_\_\_\_\_
3. Please tick, if applicable: Politically Exposed Person (PEP)/ Related to a 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 the Applicant

Date: \_\_\_\_\_ (dd/mm/yyyy)

### FOR OFFICE USE ONLY

(Originals verified) True copies of documents received

**(Self-Attested) Self Certified Document copies received**

Signature of the Authorized Signatory

Seal Stamp of the intermediary

Date.....

KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Non-Individuals

PHOTOGRAPH

Please affix the recent passport and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS.

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. Gross Annual Income Details (please specify): Income Range per annum: Below Rs 1 Lac / 1-5 Lac / 10-25 Lac / 25 Lacs-1 crore / > 1 crore
2. Net\_Worth as on (date) (dd/mm/yyyy): ("Ref »' should not older than 1 year)
3. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:
4. DIN/UID of Promoters/Partners/Karta and whole time directors:
5. Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors: Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)

DECLARATION

IMe 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 Authorized Signatory

Date: (dd/mWwl

FOR OFFICE USE ONLY

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

Signature of the Authorized Signatory
Date....

Seal/Stamp of the intermediary