

KNOW YOUR CLIENT (KYC) APPLICATION FORM*For Individuals*

PHOTOGRAPH

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. IDENTITY DETAILS

1. **Name of the Applicant:** _____ and sign across it
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.: _____ 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 / 5-10 Lac / 10-25

o r

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/ Housewife/ 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
Date

Seal/Stamp of the intermediary

Our Policy

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Please also put at the time check out for payment as a mandate - Below mentioned need to be included in T&C in the Merchants

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Before deciding to buy our services, please confirm to require our pair of days' free trial, the analysis version that we offer. We

tend to don't provide refunds on subscriptions that have already been taken. We therefore believe our services and support and

even provides 2 days' free trial that, with none exception we tend to a NO REFUND POLICY. For this reason, we tend to powerfully advocate that before payment, our visitors: Read all info concerning our product, services and support given to our

purchasers. Evaluate the standard of our services by taking out a pair of days' free trial. Read all concerning and our technical

Team. Read the assistance and often Asked queries (FAQ) sections. Read our Terms of Use. Read our Privacy Policy. Do not

permit kids or different unauthorized members of the family or friends to access your credit cards or your account at the payment

website to confirm that nobody pays for a Membership while not your permission. By creating a payment for Membership to our

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