KNOW YOUR CLIENT (KYC) APPLICATION FORM

Please fill this form in ENGLISH and in BLOCK LETTERS.

For Individuals:	
IDENTITYDETAILS:	
1. Nameof the Applicant:	
2. Father's/ Spouse Name:	
3. Gender: Male/ Female c. Date of birth:	
4. Nationality: b. Status: Resident Individual/ Non	Resident/ Foreign National
5. a. PAN:	b. Aadhaar Number, if any: _
6. Specifythe proof of Identity submit	ted: _
1. ADDRESSDETAILS	
2. ResidenceAddress: _	
3. City/town/village: Pin Code:Countr	y:
2. ContactDetails: (Off.) Tel Fax	(Res.) Email id:
3. Specify the proof of address su	ibmitted for residence address:
4. PermanentAddress (if different from Non-Resident Applicant): _	above or overseas address, mandatory for
_ 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.

Signature of the Applicant Date: (dd/mm/yyyy)

Originals verified and Self-Attested Document copies received		
()	
Name & Signature of the Authorised Signatory		
Date	Seal/Stamp of the intermediary	