



KNOW YOUR CLIENT (KYC) APPLICATION FORM

Photo with
signature

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 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): _____
____ City/town/village: _____ Pin Code: _____ State: _____ Country: _____
5. Specify the proof of address submitted for permanent address: _____

C. 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 and Self-Attested Document copies received)

Signature of the Authorised Signatory _____ Date: _____ Seal/Stamp of the Intermediary