
KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR INDIVIDUALS

Please fill this form in ENGLISH and in BLOCK LETTERS.

Note: All Fields Are Required.

PHOTOGRAPH

Please affix the recent
passport size
photographs and sign
across it.

A. IDENTITY DETAILS

1. Name of the Applicant: _____

2. Father / Spouse Name: _____

3. a. Gender: _____

b. Marital status: _____

c. Date of birth: _____

4. a. Nationality: _____

b. Status: _____

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.) or Tel. (Res.): _____

Mobile No.: _____

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 permanent
address: _____

C. OTHER DETAILS

- 1. Gross Annual Income Details (please specify): Income Range per annum: _____ 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/ Housewife/ Student/ Others.
- 3. Please tick, if applicable: Related to a Politically Exposed Person (PEP)/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. I accept all terms & condition of company.

Name & Signature of the Authorized Signatory

Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

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

Name & Signature of the Authorized Signatory

Date: _____ (dd/mm/yyyy)

Seal/Stamp of the intermediary



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