



## KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR INDIVIDUALS

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS			
<b>Name of the Applicant</b>			
<b>Father's/Spouse Name</b>			
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married
<b>Date of Birth</b>		<b>Nationality</b>	
<b>Status</b>	<input type="checkbox"/> Resident Individuals <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National		
<b>PAN</b>			
<b>Unique Identification No. (UID) / Aadhaar if any</b>			
<b>Specify the Proof of Identity submitted</b>			
B. ADDRESS DETAILS			
<b>Address for Correspondence</b>			
	<b>City</b>	<b>Pin code</b>	
	<b>State</b>	<b>Country</b>	
<b>Contact Details</b>	<b>Phone (res)</b>	<b>Fax</b>	
	<b>Phone (off)</b>	<b>Mob. No</b>	
	<b>Email Id</b>		
<b>Specify the Proof of address submitted for correspondence address</b>			
<b>Permanent Address</b> <i>(If different from above or overseas address, mandatory for Non-Resident Applicant)</i>			
	<b>City</b>	<b>Pin code</b>	
	<b>State</b>	<b>Country</b>	
<b>Specify the Proof of address submitted for Permanent address</b>			

**PHOTOGRAPH**  
Please affix the recent passport size photograph of Authorised Signatory and sign across it



DECLARATION	SIGNATURE OF APPLICANT
I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.	
Place: _____ Date: _____	
<b>FOR OFFICE USE ONLY</b>	



AMC/Intermediary name OR code <input type="checkbox"/> (Original Verified) Self Certified Document copies received  <input type="checkbox"/> (Attested) Two copies of documents received	Seal/Stamp of the intermediary should contain Staff Name, Designation, Name of the Organisation, Signature and Date
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