

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

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS					
Name of the Applicant					PHOTOGRAPH
Father's/Spouse Name					Please afflx
Gender	Male Female	Maritial Status	SIngle	Marrled	the recent passport slze photograph of
Date of Birth		Nationality			AuthorIsed Signatory
Status	Resident Individuals Non Resident Foreign National				and sign across it
PAN					<u></u> 1
Unique Identification No.					
(UID) / Aadhaar if any					
Specify the Proof of Identity submitted					
B. ADDRESS DETAILS					
Address for					
Correspondence					
	City Pin code		n code		
	State		Co	untry	
Contact Details	Phone (res) Fax			X	
	Phone (off)		M	ob. No	
	Emall Id				
Specify the Proof of					
address submitted for correspondence address					
Permanent Address					
(If different from above or					
overseas address, mandatory for Non-Resident Applicant)	City Pln code				
	State Country			untry	
Specify the Proof of				-	
address submitted for					
Permanent address					
				SIGNAT	URE OF APPLICANT
FOR OFFICE USE ONLY					
FOR OFFICE USE ONLY					
					mp of the Intermedlary contain Staff Name,
Desig				natlon, Name of the	
				sation Signature and	
					Date