KNOW YOUR CLIENT (KYC) APPLICATION FORM – FOR INDIVIDUALS (Please fill this form in ENGLISH and in BLOCK LETTERS

1. Name of the Applicant: 2. Father's/ Spouse Name: 3. a. Gender: Male/ Female b. Marital status: Single/ Married c. Date of birth: d d d m m y y y y y							e affix your t passport hotograph In across it	
5. a. PAN b. Unio	N: que Identification	vidual / Non Resident Number (UID)/ Aadha bmitted:	ar, if any:					
B. ADDRESS DETAILS Address for correspondence				Permanent Address (if different from correspondence address OR Overseas address (mandatory) for Non-Resident Applicant)				
City/town/village: Pin Code: State: Country:			City/t	City/town/village: Pin Code: State: Country:				
3. Specify the p	Mobil roof of address s	Off.)e No.: bmitted for correspond bmitted for permane	Tel. (R Email ndence address	es.) id: :		_ Fax:		
inform you of a	e that the details ny changes therei	furnished above are n, immediately. In ca I may be held liable f	se any of the ab					
Signature of Applicant				D	ate: d	d m m y	у у у	
FOR OFFICE USE ONLY								
(Self-Attes	ted) Self Certified	Document copies red	ceived	True copies of o	documents red	ceived (Originals ver	ified)	
IPV Details	Signature	In person verificat	ion done by	Relationship w	ith the Interme	ediary / Designation	Date of IPV	
Signature of the Date	e Authorized Signa	 atory	Name of the Int	ermediary		Seal/Stamp of the	intermediary	

d d m m y y y