

*For Individuals*

**KNOW YOUR CLIENT (KYC) APPLICATION FORM**

PHOTOGRAPH

Please affix your recent passport size photograph

Please fill this form in ENGLISH and in BLOCK LETTERS.

**A. IDENTITY DETAILS**

1. **Name of the Applicant:** \_\_\_\_\_ and sign across it
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. **Specify the proof of Identity submitted:** \_\_\_\_\_

**B. ADDRESS DETAILS**

1. **Residence Address:** \_\_\_\_\_  
 \_\_\_\_\_ 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 residence address:** \_\_\_\_\_
4. **Permanent Address** (if different from above or overseas address, mandatory for Non-Resident Applicant): \_\_\_\_\_  
 \_\_\_\_\_ City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**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

(.....)  
**Name & Signature of the Authorized Signatory**

**Date** .....

**Seal/Stamp of the intermediary**

**KNOW YOUR CLIENT (KYC) APPLICATION FORM**

*For Non-Individuals*

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<p>PHOTOGRAPH Please affix the recent passport size photographs and sign across it</p>
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**A. IDENTITY DETAILS**

- Name of the Applicant:** \_\_\_\_\_
- Date of incorporation:** \_\_\_\_\_ (dd/mm/yyyy) & **Place of incorporation:** \_\_\_\_\_
- Date of commencement of business:** \_\_\_\_\_ (dd/mm/yyyy)
- CAC Registration No:** \_\_\_\_\_
- Status (please tick any one):**  
 Private Limited Co./Public Ltd. Co./Body Corporate/Partnership/Trust/Charities/NGO's/FI/ FII/HUF/AOP/ Bank/Government Body/Non-Government Organization/Defense Establishment/BOI/Society/LLP/ Others (please specify) \_\_\_\_\_

**B. ADDRESS DETAILS**

- Address for correspondence:** \_\_\_\_\_  
 \_\_\_\_\_ City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
- Contact Details:** Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_
- Specify the proof of address submitted for correspondence address:** \_\_\_\_\_
- Registered Address** (if different from above): \_\_\_\_\_  
 \_\_\_\_\_ City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**DECLARATION**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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.

\_\_\_\_\_  
**Name & Signature of the Authorized Signatory**

**Date:** \_\_\_\_\_ (dd/mm/yyyy)

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Originals verified and Self-Attested Document copies received

(.....)  
**Name & Signature of the Authorized Signatory**  
**Date** .....

**Seal/Stamp of the intermediary**