

KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Individuals

PHOTOGRAPH
Please affix your recent
passport size photograph
and sign across it



Please fill this form in ENGLISH and in BLOCK LETTERS. Strike off whichever is not applicable.

A. IDENTITY DETAILS

Name of the Applicant									
Father's /Spouse Name					Spouse Name				
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		Marital status		<input type="checkbox"/> Single <input type="checkbox"/> Married		D.O.B	
Nationality				Status		<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident			
PAN					Unique identification number (UID) Aadhaar, if available				
Any other additional proof of identity					If Non Resident/ Foreign National, self-certified Copy of statutory approval obtained must be attached				

B. ADDRESS DETAILS

Address for correspondence										Proof of address must be different From the proof of identity submitted				
City/district/village					Pin Code			State		Country				
Contact Details		Tel. (Off)					Tel. (Res)							
		Fax :					Mob. No.							
		Email id:												
Proof of Address submitted for correspondence address:														
City/district/village					Pin Code			State		Country				
Proof of Address submitted for permanent address:														

C. OTHER DETAILS

Gross Annual Income Details (specify)		Net-worth as on (date): <input type="text"/> (Net worth should not be older than 1 year)													
Please tick, as applicable:		<input type="checkbox"/> Politically Exposed Person (PEP)					<input type="checkbox"/> Related to a Politically Exposed Person								
		<input type="checkbox"/> Not a Politically Exposed Person					<input type="checkbox"/> Not Related to a Politically Exposed Person								
Education		<input type="checkbox"/> Graduate					<input type="checkbox"/> Post-graduate			<input type="checkbox"/> Professional		<input type="checkbox"/> Others			
Occupation		<input type="checkbox"/> Self Employed			<input type="checkbox"/> Business			<input type="checkbox"/> Professional		<input type="checkbox"/> House Wife			<input type="checkbox"/> Others		

D. BANK ACCOUNT(S) DETAILS

Bank Name :									
Branch address:									
Bank account no :					Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others				
MICR Number					IFSC code:				

DEPOSITORY ACCOUNT(S) DETAILS, if available

Depository Participant Name:		Depository Name: (NSDL/CDSL)	
Beneficiary Name:			
DP ID		Beneficiary ID (BO ID)	

Note: Provide a copy of either Demat Master a recent holding statement issued by DP bearing name of the client.

F. SALES TAX/ VAT REGISTRATION DETAILS (As applicable, State wise) Individual / Sole Proprietor

Local Sales Tax/ VAT State Registration No:		Validity Date:		Name of the State:	
Central Sales Tax Registration No:		Validity Date:		Name of the State:	
Other Sales Tax/ VAT State Registration No:		Validity Date:		Name of the State:	

DECLARATION

- 1) 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 change 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.
- 2) I/we confirm having read/ been explained and understood the contents of the tariff sheet and voluntary/non-mandatory documents.
- 3) I/we further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Do's and Don'ts'. I/we do hereby agree to be bound by such provisions as outlined in these documents. I/we have also been informed that the standard set of documents has been displayed for information on Member's designated website, if any.

Place:
Date:

Signature of the Client

FOR OFFICE USE ONLY

UCC Code allotted to client	
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Documents verified with Originals

Name of the Employee		Designation of the employee	
Date		Signature	

I/we undertake that we have made the client aware of tariff sheet and all the voluntary/non-mandatory documents. I/we have also made the client aware of 'Rights and Obligations' document (s), RDD, 'Do's and Don'ts' and Guidance Note. I/we have given/sent him a copy of all the KYC documents. I/we undertake that any change in the tariff sheet and all the voluntary/non-mandatory documents would be duly intimated to the clients. I/we also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

Signature of the Authorised Signatory
Date

Seal/Stamp of IPSTA