KNOW YOUR CLIENT (KYC) APPLICATION FORM

	For Individuals	PHOTOGRAPH
Ple	ease fill this form in ENGLISH and in BLOCK LETTERS.	Please affix your
A. IDENTITY DETAILS		
1.	Name of the Applicant:	size photograph 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/ For	oreign National
5.	a. PAN:b. Aadhaar Number, if any:	
6.	Specify the proof of Identity submitted:	
R	ADDRESS DETAILS	
1.		
	City/town/village:Pin Code:State:Country:	
2.	Contact Details: Tel. (Off.) Tel. (Res.) Mobile No.: Fax: Email i	
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).	
DE	ECLARATION	
inf	ereby declare that the details furnished above are true and correct to the best of my knowledge and belief and orm you of any changes therein, immediately. In case any of the above information is found to be falseleading or misrepresenting, I am aware that I may be held liable for it.	
Sig	gnature of the Applicant Date:(dd/mm/yyyy)
FOR OFFICE USE ONLY		
	Originals verified and Self-Attested Document copies received	
	me & Signature of the Authorised Signatory	
Dэ	to Seal/Stamp of t	he intermediary