

Know Your Client (KYC) Application Form-for Individuals



Please fill this form in English and BLOCK Letters

A. Identity details		Photograph Please affix your recent passport size photograph and sign across it <div style="text-align: center;">F1 </div>
1. Name (Same as ID Proof)	DHARMESH RATHOD	
2. Father / Spouse Name	C A RATHOD	
2a. Mother Name		
3. a Gender - <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female, <input type="checkbox"/> Transgender 3. b. DOB: 22/12/1984 ^Y		
3. c. Marital status: MARRIED 4. Nationality: <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Others		
5. Residential status: <input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual		
6. PAN AIXPR7882N 7. Aadhaar no: XXXX XXXX 0101		
B. Contact details		
Mobile No: 9324770511amber	Telephone no:	
Email ID: DHARMESH.RATHOD@CENTRUM.CO.IN		
C. Correspondence Address (specify proof submitted):		
Address	UNIT NO 1 CENTRAL PLAZA, KALINA	
City : MUMBAI	District : _____ Pin : 400098	
State : MAHARASHTRA	Country : INDIA	
D. Permanent Address (specify proof submitted):		
Address	SAME AS ABOVE	
City : _____	District : _____ Pin : _____	
State : _____	Country : _____	
E. Jurisdiction Address -applicant is taxing paying outside India. (specify proof submitted):		
Address	_____	
City : _____	District : _____ Pin : _____	
State : _____	Country : _____	
F. Declaration		
I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false, untrue, misleading, or misrepresenting, I am/We are aware that I/We may be held liable for it. I am aware of other modes of KYC, which are available, and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA & CKYC only for the specific purpose of validating / maintaining / sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record. I/We hereby consent to receiving information from KRA & CKYC through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA & CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only.		
Place :	MUMBAI	
Date :	01/01/2026	
F2	Digital Signature	
FOR OFFICE USE ONLY		
Signature of Person		
Originals Verified Documents and In-Person verification details:		
Name and Emp Id: _____		
Designation: _____		
Place: _____ Date : DD/MM/YYYY		
Name of the Organization: CENTRUM FINVERSE LIMITED		