

Know Your Client (KYC) Application Form - for Individuals

Please fill this form in English and BLOCK Letters

(Please tick the box on the left margin of the appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding window)

For office use only	
Application Type*	<input type="checkbox"/> New <input type="checkbox"/> Update KYC Number <input type="text"/>
Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small

A. Identity details

1. Name (Same as ID Proof)	<input type="text"/>
1a. Maiden Name (If any)	<input type="text"/>
2. Father's/Spouse's Name	<input type="text"/>
2a. Mother's Name	<input type="text"/>

Photograph
Please affix your recent passport size photograph and sign across it
F1

3a. Gender Male Female Transgender 3b. Marital Status Single Married Other 3c. DOB

4a. Citizenship Indian Other _____ (ISO 3166 Country Code)

4b. Residential Status Resident Individual Non Resident Indian Person of Indian Origin Foreign National

Tick if applicable <input type="checkbox"/> Residence for tax purposes in jurisdiction(s) outside India
ISO 3166 Country Code of Jurisdiction of residence <input type="text"/> Place of birth <input type="text"/>
Tax Identification Number or Equivalent <input type="text"/> ISO3166 Country Code of Birth <input type="text"/>

5a. PAN

5b. Unique Identification Number (UID) / AADHAR

6. Proof of Identity Submitted Pan Card Other (Please Specify) _____

B. Address details

1. Contact Details

Telephone (Office)	<input type="text"/>	Mobile No	<input type="text"/>
Telephone (Residence)	<input type="text"/>	Email ID	<input type="text"/>

2. Residence/Correspondence Address Address Type Residential Business Unspecified

Address	<input type="text"/>		
City/Town	District	Pin Code	<input type="text"/>
State/U.T Code	Country/ISO Code	<input type="text"/>	<input type="text"/>

Specify the Proof of Address Submitted for Residence / Correspondence Address

3. Permanent Address (if different from Correspondence Address or overseas address, mandatory for Non-Resident Applicant):

Address	<input type="text"/>		
City/Town	District	Pin Code	<input type="text"/>
State/U.T Code	Country/ISO Code	<input type="text"/>	<input type="text"/>

4. Address in the jurisdiction details where applicant is resident outside India for tax purpose (if applicable)

Address	<input type="text"/>		
City/Town	District	Pin Code	<input type="text"/>
State/U.T Code	Country/ISO Code	<input type="text"/>	<input type="text"/>

Specify the Proof of Address Submitted for Residence / Permanent Address

Originals Verified and Self-Attested Document Copies Received

C.Details of related person (In case of additional related persons, please fill below details)

Addition of Related Person Deletion of Related Person

KYC Number of Related Person (if available)

Related Person Type Guardian of Minor Assignee Authorized Representative

Name

(If KYC number & name are provided, below details are optional)

Proof Of Identity Of Related Person

Identity Proof Submitted	<input type="text"/>	Number	<input type="text"/>
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Expiry Date :

Others (any document notified by the Central Govt.)	<input type="text"/>	Identification No	<input type="text"/>
Simplified Measures Account-Document Type Code	<input type="text"/>	Identification No	<input type="text"/>

D.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.

I hereby consent to receiving information from Central KYC Registry through SMS/email on the above registered number/email address.

F2	Client Signature
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Date :

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the Person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: CENTRUM BROKING LIMITED

Date of the IPV: Signature of the Person who has done the IPV _____ Seal/Stamp of the Intermediary _____

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