

Annexure – J
PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Name and address of intermediary (pre-printed)

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

1		Name of the Applicant		Photograph Please affix your recent passport size photograph Signature Across photograph														
2		Father's / Husband's Name																
3	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth													
4	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)		b) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National													
5	a) PAN																	
6	Specify the proof of identity submitted		<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify; _____)															

B. ADDRESS DETAILS

1	Correspondence Address																	
		City/town/village				PIN Code												
		State				Country												
2	Specify the proof of address submitted for correspondence address																	
3	Contact Details	Tel. (Off.)				Tel. (Res.)												
		Fax No.				Mobile No.												
		Email ID																
4	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)																	
		City/town/village				PIN Code												
		State				Country												
5	Specify the proof of address submitted for permanent address																	

C. OTHER DETAILS

1	Gross Annual Income Details (please specify):																
	Income Range per annum								OR	Networth							
	<input type="checkbox"/> Below ₹ 1 lac <input type="checkbox"/> ₹ 1- 5 lac <input type="checkbox"/> ₹ 5- 10 lac <input type="checkbox"/> ₹ 10- 25 lac <input type="checkbox"/> More than ₹ 25 lac									Amount (₹) _____ As on (date) _____ (Networth should not be older than 1 year)							

Occupation (please tick any one and give brief details): _____

- 2
- | | |
|---|---|
| <input type="checkbox"/> Private Sector | <input type="checkbox"/> Agriculturist |
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Government Service | <input type="checkbox"/> Housewife |
| <input type="checkbox"/> Business | <input type="checkbox"/> Student |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Others (Please specify: _____) |

3 Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

4 Any other information

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.

Signature of the Applicant

Date

FOR OFFICE USE ONLY

- (Originals verified) True copies of documents received
 (Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory

Date

Seal/Stamp of the intermediary