

**KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON INDIVIDUALS**

**Please fill this form in ENGLISH and in BLOCK LETTERS.**

**Note: All Fields Are Required.**

**PHOTOGRAPH**

Please affix the recent  
passport size photographs  
and sign across it.

1. Name of the Applicant: \_\_\_\_\_

2. Father / Spouse Name: \_\_\_\_\_

3. a. Gender: \_\_\_\_\_

b. Marital status: \_\_\_\_\_

c. Date of birth: \_\_\_\_\_

4. a. Nationality: \_\_\_\_\_

b. Status: \_\_\_\_\_

5. a. PAN: \_\_\_\_\_

b. Unique Identification Number (UID)/ Aadhaar, if  
any: \_\_\_\_\_

6. Specify the proof of Identity submitted: \_\_\_\_\_

**B. ADDRESS DETAILS**

1. Address for correspondence: \_\_\_\_\_

City/town/village: \_\_\_\_\_

Pin Code: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

2. Contact Details: Tel. (Off.) or Tel. (Res.): \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email id: \_\_\_\_\_

3. Specify the proof of address submitted for correspondence

address: \_\_\_\_\_

\_\_\_\_\_

4. Registered Address (if different from above): \_\_\_\_\_

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 Net-worth as on (date) \_\_\_\_\_. ( \_\_\_\_\_ ) (Net worth should not be older than 1 year).

2. Occupation (please tick any one and give brief details): Private Sector/ Public Sector/ Government Service/Business/ Professional/ Agriculturist/ Retired/ Housewife/ Student/ Others.

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

4. Any other information: \_\_\_\_\_

### 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 accept all terms & condition of company.

\_\_\_\_\_

Name & Signature of the Authorized Signatory

Date: \_\_\_\_\_ (dd/mm/yyyy)

**FOR OFFICE USE ONLY**

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

\_\_\_\_\_  
Name & Signature of the Authorized Signatory

Date: \_\_\_\_\_ (dd/mm/yyyy)

Seal/Stamp of the intermediary