CENTRAL KYC REC	GISTRY Know Your Custor	ner (KYC) A	pplication Form	Individual		<u> </u>		
 Important Instructions: A) Fields marked with '*' :are mandatory fields. B) Please fill the form in English and in BLOCK letters. C) Please fill the date in DD-MM-YYYY format. D) Please read section wise detailed guidelines / instructions at the end. 		 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. F) List of two character ISO 3166 country codes is available at the end. G) KYC number of applicant is mandatory for update application. H) For particular section update, please tick(*) in the box available before the section number and strike off the sections not required to be updated. 						
For Office use only (To be filled by financial	Application Type* institution) KYC Number Account Type*	□ New □ □ □ □	Update		for KYC up] Small	date request)		
1. PERSONAL D	ETAILS (Please refer instruction	A at the end)						
☐ Name* (Same as ID		irst Name		Middle Name		Last Name		
Maiden Name (If any*)	· · · ·							
Father / Spouse Nam								
Mother Name*								
Date of Birth*		YY						
Date of Birth		YY				РНОТО		
Gender*	M- Male		F- Female	T-Transgender				
Marital Status*	Married		Unmarried	Others				
Citizneship*	🔲 IN- Indian		☐ Others (ISO	3166 Country Code				
Residential Status*	Resident Individual Foreign National		Non Resident Person of Ind					
Occupation Type*	□ S-Service □ Privat □ O-Others □ Profe □ B-Business □ X- Not Categorised	te Sector ssional	Public Sector Self Employe Housewife		X	Signature / Thmb Impression		
2. TICK IF APPL		R TAX PURP	OSES IN JURISC	ICTION(S) OUTSIDE INDIA (P	ease refer	nstruction B at the end)		
	S REQUIRED* (Mandatory only							
	de of Jurisdiction of Residence	_) T					
Tax Identification Nun Place / City of Birth*	nber or equivalent (If issued by j	urisdiction)*	ISO 3166 Coun	try Code of Birth*				
□ 3. PROOF OF I	DENTITY (Pol)* (Please refer	Instruction C	at the end)					
	e of the following Proof of Identity[
 A- Passport Num B- Voter ID Card C- PAN Card 				Passport Expiry Date	D D — D D	$ \begin{array}{c c} \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		
 D- Driving Licence E- UID (Aadhaar) F- NREGA Job Cardinal Content of the second se				Driving Licence Expiry Da	te DD-	$ \begin{array}{c} \hline M \\ \hline \end{array} \\ \begin{array}{c} \hline Y \\ Y \\$		
	cument notified by the central gove	urnment)		Identification Numb				
	sures Account - Dcoument Ty			Identification Numb				
	ADDRESS (PoA)*			Taon an oat of the tail of the				
	RMANENT / OVERSEAS ADDRE	SS DETAILS	(Please see Instru	ction D at the end)				
(Certified copy of <u>any or</u>	ne of the following Proof of Identity	[PoA] needs t	o be submitted)					
Address Type* Proof of Address* Address	 Residential / Business Passport Voter Identity Card Simplified Measures Account 		g Licence A Job Card	UID (Aadhaar)	istered Offi	ce Unspecified		
Line 1* Line 2								
Line 2				City / Town /	/illage*			
District*	Pin /	Post Code*		State / U.T Code*	0	66 Country Code*		

4.2 CORRE	ESPONDENC	E / LOCAL ADDRESS DET.	AILS * (Please see Inst	truction E a	t the end)				
Same as C	urrent / Perma	anent / Overseas Address d	etails (In case of multip	le correspo	ndence / local addresses, please fi	II Annexure A1')			
Line 1*									
Line 2									
Line 3 _	City / Town / Village*								
District* _	Pin / Post Code* State / U.T Code* ISO 3166 Country Code*								
						SES* (Applicable if section 2 is ticked)			
	urrent / Perma	anent / Overseas Address d	etails [Same as	s Correspondence / Local Address	details			
Line 1* _									
Line 2 _ Line 3					City / Town / Vil	lage*			
State*				Zip / Po	ust Code*	ISO 3166 Country Code*			
				o. / Email-ID	D) (Please refer instruction F at the end				
Tel. (Off)	_		•		, (,			
-	-		First il ID	-					
			Email ID	ala a a Cil (A					
		, , , , , , , , , , , , , , , , , , ,	•		Annexure B1') (please refer instruction	G at the end)			
Addition of Re		Deletion of Related Perso		YC Number	of Related Person (If available*)				
Related Person	Туре*	Guardian of Minor Prefix	Assignee First Name		Authorized Representative Middle Name	Last Name			
Name*									
		(If KYC number and name a			are optional)				
PROOF OF I	DENTITY [Pol]	OF RELATED PERSON* (Ple	ease see Instruction (H) at	the end)					
A- Passpo	rt Number				Passport Expiry Date				
B- Voter ID						DD MM YYYY			
C- PAN Ca									
D- Driving	Licence				Driving Licence Expiry Date				
🗌 E- UID (Aa	idhaar)					DD MM YYYY			
F- NREGA	Job Card								
	-	t notified by the central gove			Identification Number				
S- Simplifie	ed Measures	Account - Dcoument Ty	/pe code		Identification Number				
7. REMAR	KS (If any)								
8. APPLIC	CANT DECL	ARATION							
		shed above are true and correct to the							
therein, immedia for it.	tely. In case any of	the above information is found to be fa	lse or untrue or misleading or mi	srepresenting, I	am aware that I amy be held liable	[Signature / Thumb Impression]			
 I hereby consent 	to receiving inform	ation from Central KYC Registry throug	h SMS/Email on the above regis	stered number/e	mail address.				
Date : DD			ce :			Signature / Thumb Impression of Applicant			
D D		YYYY							
9. ATTEST	TATION / FO	R OFFICE USE ONLY							
Documents Re	eceived	Certified Copies							
		EICATION CARRIED OUT BY			INSTITUTION	DETAILS			
Date					Name Pravin Ratilal Share And Stock Brokers Ltd				
	D	D M M Y Y Y Y		Name	Pravin Katilal Share	And Stock Brokers Ltd			
Emp. Name				Code					
Emp. Code									
Emp. Designa									
Emp. Branch									
					[Institution]	Stamp]			
	[E	mployee Signature]							