KNOW YOUR CLIENT (KYC) APPLICATION FORM

		For Individuals	PHOTOGRAPH
Please fill this form in ENGLISH and in BLOCK LETTERS.			Please affix your
A. IDENTITY DETAILS			recent passport size photograph
1. Name of the Applicant:			and sign across it
2. Father's/SpouseName:			
3. a. Gender: Male/ Female b. Man			_(dd/mm/yyyy)
4. a. Nationality: b. Status: Resident Individual/ Non Resident/ Foreign National			
5. a. PAN:b. Aadhaar Number, if any:			
6. Specify the proof of Identity submitted:			
B. ADDRESS DETAILS			
1. Residence Address:			
City/town/village:	Pin Code:Stat	te:Country:	
2. Contact Details: Tel. (Off.)			l:
3. Specify the proof of address submitted for residence address:			
4. Permanent Address (if different fr	rom above or overseas address, ma	ndatory for Non-Resident Applicant): Country:	
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.			
	FOR OFFICE USEON	LY	
Originals verified and Self-Attested Document copies received			
() Name & Signature of the Authorised Signatory Date		Seal/Stamp of the intermediary	
RUL			