Know Your Client (KYC) **Application Form**



Please fill in ENGLISH and in BLOCK LETTERS with black ink

1. Name of Applicant (As appearing in supporting identification	document).											
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2. Gender Male Female B. Marital status Sin	igle Marr	ned C.	Date of B	irth 🔝	d /	m m	1 1	у у	1.7		size pho	tograph
3. Nationality Indian Other (Please specify)												
4. Status Please tick (✓) ☐ Resident Individual ☐ Non Resid	ient 🗆 Fo	reign Nation	nal (Passpor	t Copy I	Mandato	ry for NR	s & Foreig	gn Natio	nals)	65		
5. PAN P								1	P900	3-		
Unique Identification Number (UID)/Aadhaar, if any:								- 19	3			
6. Proof of Identity submitted Please Tick (✓)										(1)	8	
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B. Address Details (please see guidelines overle	afi											
1. Address for Correspondence	,											
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City / Town / Village				Court					Pin Cox	de		
State				Country								
2. Contact Details	100				52500							
Tel. (Off.) (ISD) (STD)	\perp		1	bl. (Res.)		(STD)		_	\vdash	\perp		
Mobile Mendatory (ISD) (STD)		\rightarrow	\vdash	Fax	(ISD)	(STD)		-	-	-	_	_
E-Mail Id.												
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