

CKYC & KYC KRA FORM

	App	olication	New				
Know Your Client Application Form (For Individuals only)		e*	□Update KYC Number*				
(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields		C Type*	□ Normal (PAN is mandatory) □ PAN Exempt Investors (Refer instruction K)				
	•						
1. Identity Details (Please refer instruction A at the end) PAN Please enclose a duly attested copy of your PAN Card							
PAN							
Name* (same as ID proof	Prefix First N	varrie 	Middle Name Last Name				
Maiden Name (if any*)	,						
, ,	.						
Father / Spouse Name							
Mother Name*							
Date of Birth*	d d m m y y y y		Photo				
Gender*			F- Female				
Marital Status*	☐ Married		Unmarried Others				
Citizenship*	☐ IN- Indian		Others – CountryCountry Code				
Residential Status*	Resident Individual		Non Resident Indian				
0 " T 1	☐ Foreign National		Person of Indian Origin				
Occupation Type*	S-Service Private Sector O-Others Professional		Public Sector Government Sector				
	O-OthersProfessionalB-Business		Self Employed				
			////ici dategeneda (1)				
			opy not provided) (Please refer instruction C & K at the end)				
☐ A- Passport Number	of the following Proof of Identity [Pol] need	is to be su	passport Expiry Date ddd mm y y y y y				
☐ B- Voter ID Card							
☐ C- PAN Card							
☐ D- Driving Licence			Driving Licence Expiry Date d d m m y y y y				
☐ E- Aadhaar Card / Vir	tual ID * * * * * * *		* Please note for Aadhar number only last 4 digit are to be written				
☐ F- NREGA Job Car	rd						
· · ·	ument notified by the central gove	,					
S- Simplified Measures Account - Document Type Code							
3. Proof of Address (P	'oA) * nent / Overseas Address Details (Ple	250 500	instruction D at the end				
Address	Tient / Overseas Address Details (Fie	ase see	instruction of at the end)				
Line 1*							
Line 2							
Line 3			City / Town / Village*				
District*	Zip / Post	Code*	State/UT Code as per Indian Motor Vehicle Act, 1988				
State/UT*		ountry*	Country Code as per ISO 3166				
Address Type*	Resi dential / Business	Resid	ential Business Registered Office Unspecified				
(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)							
Proof of Address* ☐ Passport Number			Passport Expiry Date				
☐ Voter ID Card			Fassport Expiry Date				
☐ Driving Licence							
☐ Aadhaar Card / Virtual	ID * * * * * * *		* Please note for Aadhar number only last 4 digit are to be written				
☐ NREGA Job Card			* Flease note for Adular number only last 4 light are to be written				
	nt notified by the central government)	Identification Number				
_ 0 (a) 0.000	gerennen af mie eenman gerenninen,	,					
3.2 Correspondence	e / Local Address Details* (Please see	e instruct	ion E at the end)				
Same as Current / Pern	nanent / Overseas Address details (In	case of mul	tiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)				
Line 1*							
Line 2							
Line 3			City / Town / Village*				
District*	Zip / Post	Code*	State/UT Code as per Indian Motor Vehicle Act, 1988				
State/UT*	Co	ountry*	Country Code as per ISO 3166				



4. Contact Details (All comm	munications will be sent on provided	d Mobile no. / Email-ID) (F	Please refer instruction F at the end	d)	
Email ID Mobile	Tel. (Off)		Tel. (Res)		
5. FATCA/CRS Information	PART I (Tick if Applicable) 🗌 Re	sidence for Tax Purposes	s in Jurisdiction(s) Outside India (Pl	ease refer instruction B at the end)	
Additional Details Required Country of Jurisdiction of F	d* (Mandatory only if above opti Residence*		untry Code of Jurisdiction of Re	sidence as per ISO 3166	
Tax Identification Number	or equivalent (If issued by juriso	diction)*			
TIN issued country			Date of Birth	d d lmlml y l y l y l y	
Place / City of Birth*				Country Code as per ISO 3166	
US person YES OR	NO Country of Birth*				
Address Line 1*					
Line 2					
Line 3			City / Town / V	illage*	
District*	Zip / Post Co	ode*	State/UT Code	as per Indian Motor Vehicle Act, 1988	
State/UT*	Count	try*		Country Code as per ISO 3166	
6. Details of Related Perso	n (Optional) (please refer instructio	n G at the end) (in case c	of additional related persons, please	e fill 'Annexure B1')	
Related Person	Deletion of Related Person	KYC Number of Rela	ated Person (if available*)		
Related Person Type*	☐ Guardian of Minor	Assignee	Authorized Representative		
,,	Prefix First Name	•	Middle Name	Last Name	
Name*	(1510/0	halam data'la af a ati a O a			
Proof of Identity [Pol] of	(If KYC number and name are provided Related Person* (Please see instru		re optional)		
	following Proof of Identity [Pol] needs to	, , , , , , , , , , , , , , , , , , , ,			
☐ A- Passport Number			Passport Expiry Date	d d m m y y y y	
B- Voter ID Card			r assport Expiry Date	a a mm y y y y	
C- PAN Card					
☐ D- Driving Licence			Driving Licence Expiry Dat	te d d m m y y y	
☐ E- Aadhaar Card / Virtual ID	* * * * * * * *		* Please note for Aadhar number only la		
☐ F- NREGA Job Card					
, -	t notified by the central governm count - Document Type Code	nent)	Identification Numbe		
7. Remarks (If any)					
8. Applicant Declaration					
therein, immediately. In case any of liable for it. I hereby declare that I legislation or any notifications/directi I hereby consent to receiving informations.	ished above are true and correct to the best of the above information is found to be false or a am not making this application for the purpo ions issued by any governmental or statutory a ation from Central KYC Registry through SMS/	untrue or misleading or misrepres ose of contravention of any Act, uthority from time to time.	senting, I am aware that I may be held Rules, Regulations or any statute of	[Signature / Thumb Impression]	
Date: d d m m y y	y y y Place:			Signature / Thumb Impression of Applicant	
9. Attestation / For Office U	se Only				
Documents Received] Certified Copies				
In-Person Verification (IPV) &	KYC Verification Carried Out by (Refe	r Instruction J&I)	Institution [Details	
Date d d	m m y y y y	Name	Name KHANDWALA SECURITIES LIMITED		
Emp. Name		Code	I N 1 0 8 5		
Emp. Code					
Emp. Designation			SECU	RIZ	
	[Employee Signature]		MANAMA	RITHS LIMITED	
			*		