


KNOW YOUR CLIENT (KYC) | APPLICATION FORM (FOR INDIVIDUALS ONLY)

Please fill the form in ENGLISH and in BLOCK letters | Fields marked * are mandatory | Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

| | | |
|-------------------|----------------------------------|---|
| Application Type* | <input type="checkbox"/> New KYC | <input type="checkbox"/> Modification KYC |
| KYC Mode | <input type="checkbox"/> Normal | <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> Digilocker |

A. IDENTITY DETAILS

| | | | | |
|--|---|---|--|---|
| PAN* | Please enclose a duly attested copy of your PAN Card | | | PHOTOGRAPH Paste color passport size photo & sign across it  2/15 |
| Name* (same as ID proof) | | | | |
| Maiden Name (if any) | | | | |
| Fathers/Spouse's Name* | | | | |
| Date of Birth* | DD / MM / YYYY | | | |
| Gender* | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender | | | |
| Nationality* | <input type="checkbox"/> Indian <input type="checkbox"/> Other _____ | | | |
| Marital Status* | <input type="checkbox"/> Single <input type="checkbox"/> Married | | | |
| Residential Status* | <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin <small>Passport mandatory for NRIs & Foreign Nationals. PIO selection is only for CKYC & not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual</small> | | | |
| Proof of Identity (POI) submitted for PAN exempted cases (Please Tick) | <input type="checkbox"/> A - Aadhaar | | | |
| | <input type="checkbox"/> B - Passport Number | (Expiry Date) | | |
| | <input type="checkbox"/> C - Voter ID Card | | | |
| | <input type="checkbox"/> D - Driving License | (Expiry Date) | | |
| | <input type="checkbox"/> E - NREGA Job Card | | | |
| | <input type="checkbox"/> F - NPR | | | |
| | <input type="checkbox"/> Z - Others | (any document notified by Central Government) | | |
| | Identification Number | | | |

B. ADDRESS DETAILS*

| | | | | |
|---|--|-----------|--|--|
| 1. Correspondence/ Local Address* | | | | |
| City/Town/Village* | District* | Pin Code* | | |
| State* | Country* | | | |
| Address Type* | <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified | | | |
| 2. Permanent Address (if different from above 1 / Overseas*) (Mandatory for NRI Applicant) | | | | |
| City/Town/Village* | District* | Pin Code* | | |
| State* | Country* | | | |
| Address Type* | <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified | | | |

 3/15

Signature of 1st Holder

| | | |
|---|--|---|
| Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted) | <input type="checkbox"/> A - Aadhaar | |
| | <input type="checkbox"/> B - Passport Number | (Expiry Date) |
| | <input type="checkbox"/> C - Voter ID Card | |
| | <input type="checkbox"/> D - Driving License | (Expiry Date) |
| | <input type="checkbox"/> E - NREGA Job Card | |
| | <input type="checkbox"/> F - NPR | |
| | <input type="checkbox"/> Z - Others | (any document notified by Central Government) |
| Identification Number | | |

C. CONTACT DETAILS (in CAPITAL)

| | | | |
|------------|--|------------|--|
| Email ID* | | | |
| Mobile No* | | | |
| Tel (Off.) | | Tel (Res.) | |

D. OCCUPATION DETAILS

| | | | |
|-------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> S-Service | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Govt Sector |
| <input type="checkbox"/> O-Others | <input type="checkbox"/> Professional | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> B-Business | <input type="checkbox"/> X-Not Categorised | <input type="checkbox"/> Housewife | <input type="checkbox"/> Student |

E. APPLICANT DECLARATION

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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/We are aware that I/We may be held liable for it. I/We hereby consent to receiving information from CVL KRA and CKYC through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

| | | | |
|------------------|---|-------------------------|--|
| Applicant e-SIGN |  | Applicant Wet Signature |  |
| Place | | Date | DD / MM / YYYY |

F. FOR OFFICE USE ONLY

| In-Person Verification (IPV) carried out by* | | Intermediary Details* | |
|--|----------------|--|--|
| IPV Date | DD / MM / YYYY | <input type="checkbox"/> Self certified document copies received (OVD) | |
| Emp. Name | | <input type="checkbox"/> True Copies of documents received (Attested) | |
| Emp. Code | | AMC/Intermediary Name | |
| Emp. Designation | | | |
| Employee Signature & Stamp | | Tradebulls Securities (P) Limited Seal/Stamp of the Intermediary | |