


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 <small>Signature of 1st Holder</small>
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			
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

S-Service (Private Sector Public Sector Govt Sector)
 O-Others (Professional Self Employed Retired Housewife Student)
 B-Business X-Not Categorised

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	 4/15	Applicant Wet Signature	 4/15
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	