



# Application Form (For Individuals Only)

Please fill in ENGLISH and BLOCK LETTERS with black ink

KYC Number of Applicant: \_\_\_\_\_

## A. IDENTITY DETAIL

1.	Name Of the Applicant													
	Name of Father/Spouse													
	Mother Name													
2.	A. Gender	<input type="checkbox"/> M <input type="checkbox"/> F	B. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	C.DOB	D	D	M	M	Y	Y			
3.	A.Nationality / Citizenship	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____	B. Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Individual <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin										
4.	PAN No.	_____	Please enclosed a duly attested copy of your PAN Card											
5.	Specify the proof of Identity Submitted													

**PHOTOGRAPH**  
Please affix your recent passport size photograph and sign across

## B. ADDRESS DETAILS

1.	Correspondence Address												
		City/Town/Village							Pin Code	_____			
		State							Country	_____			
2.	Proof of Correspondence Address												
3.	Contact details	Telephone(Office)							Telephone(Res.)				
	Mobile No.							Fax. No.					
	Mobile given by me belongs to	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Parent											
	Email ID												
	Email Id given by me belongs to	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Parent											
	No E-mail/Mobile Declaration	I hereby declare that I do not have any Email Id/Mobile No. <input type="checkbox"/>											
4.	Permanent Address (if differ from above)												
		City/Town/Village							Pin Code	_____			
		State							Country	_____			
5.	Proof of Permanent Address												

C.	Fatca & CRS Detail	Nationality/Tax Residency/Citizen ship Other than India						No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
	Country of Birth	Place/City of Birth										
	Country of Citizenship /Nationality	Country of Tax Residency (Other Than India)										
	Tax Payer Identification Number (Other than India)											
2.	Occupation(Please Tick any one)	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student			
		<input type="checkbox"/> Government Service	<input type="checkbox"/> Others(Please specify) _____									
3.	Please tick, if Applicable	<input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to a Political Person										

## 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.

Place:		
Date : __/__/__	Signatures of Applicant	Sign

## FOR OFFICE USE ONLY

<input type="checkbox"/> (Original Verified)Self Certified Documents Copies Received	IPV Done <input type="checkbox"/> on _____/_____/_____
<input type="checkbox"/> (Attested) True copies of Documents Received	Name: _____
Intermediary name Or Code:-	Designation: _____ Seal/Stamp of the Intermediary