



# KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)



Please fill this form in ENGLISH and in BLOCK LETTERS

## A. IDENTITY DETAILS

1. Name of the Applicant				<b>Photograph</b>  Please affix your recent passport size photograph and sign across it
2. Father's/Spouse Name				
3. Mother's Name				
4. a. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	
b. Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	c. Date Of Birth <span style="float: right;">dd/mm/yyyy</span>	
5. Nationality				
6. Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Foreign National	
	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable		
7. a. PAN		b. UID/Aadhaar		
8. Specify the proof of identity submitted				
9. GST No. (If Applicable)		State:		

## B. ADDRESS DETAILS

1. Correspondence Address			
City/Town/Village		Pin Code	
State		Country	
2. Contact Details Tel.(Off)		Tel. (Res)	
Mobile No.		Email ID	
3. Permanent Address <small>(if different from above or overseas address, mandatory for Non-Resident Applicant)</small>			
City/Town/Village		PinCode	
State		Country	
4. Specify the proof of address submitted for correspondence address			
5. Specify the proof of address submitted for permanent address			

## DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We 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/We aware that I may be held liable for it and for termination and suitable action.

I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Place		Signature of Applicant/ Authorized Signatory	
Date			

## INSTITUTIONAL DETAILS

Name	R	E	L	I	T	R	A	D	E	S	T	O	C	K	B	R	O	K	I	N	G	P	V	T	L	T	D	
Ref. No.																												
	Institution Code										I	N	2	0	4	I												

## FOR OFFICE USE ONLY

Details of Employee/ Authorized Signatory	Clients Interviewed by & In-Person Verification done by	Documents Verified with Original	Signature of Authorized Signatory	Seal/Stamp of Relitrade Stock Broking Pvt. Ltd.
Name & Employee Code				
Designation				
Date				
Signature				

