

**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 Number: \_\_\_\_\_

CKYC Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC

**KYC Mode\***: (Please Tick )

Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker  KRA

**1. Identity Details** (please refer guidelines overleaf)

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as Id proof) \_\_\_\_\_

Mother Maiden Name (If any) \_\_\_\_\_

Fathers/Husband Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender\*  Male  Female  Transgender

Marital Status\*  Single  Married

Nationality\*  Indian  Other \_\_\_\_\_

Residential Status\*  Resident Individual  Non Resident Indian

(Please Tick )  Foreign National  Person of Indian Origin†

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC.  
Select NRI or Foreign National based on Nationality of the individual)

**Occupation Type\***  S-Service  Private Sector  Public Sector  Government Sector  
 O-Others  Professional  Self Employed  Retired  Housewife  Student  
 B-Business  
 X-Not Categorized

Recent passport size  
Applicant Photo

Cross Signature across photograph

**GROSS ANNUAL INCOME DETAILS**

**Income Range per annum** (Please tick (✓) any one :  Below ₹ 1 Lac  ₹ 1 - 5 Lacs  ₹ 5 - 10 Lacs  ₹ 10 - 25 Lacs  More than ₹ 25 Lacs

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A Aadhaar Card XXXX XXXX \_\_\_\_\_

B Passport Number \_\_\_\_\_ (Expiry Date)

C Voter ID Card \_\_\_\_\_

D Driving License \_\_\_\_\_ (Expiry Date)

E NREGA Job Card \_\_\_\_\_

F NPR \_\_\_\_\_

Z Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**2. Address Details\*** (please refer guidelines overleaf)

**A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Applicant SIGN



**B. Permanent residence address of applicant, if different from above A / Overseas Address\*** (Mandatory for NRI Applicant)

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

- A Aadhaar Card XXXX XXXX \_\_\_\_\_
- B Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- C Voter ID Card \_\_\_\_\_
- D Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- E NREGA Job Card \_\_\_\_\_
- F NPR \_\_\_\_\_
- Z Others \_\_\_\_\_ (any document notified by Central Government)
- Identification Number \_\_\_\_\_

**3. Contact Details (in CAPITAL)**

Email ID\* \_\_\_\_\_

Mobile No.\* \_\_\_\_\_

Tel (Off) \_\_\_\_\_ Tel (Resi) \_\_\_\_\_

**4. Application 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/ Central KYC Registry 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.

Date \_\_\_\_ (DD-MM-YYYY)

PLACE :

Applicant e-SIGN

Applicant Wet Signature

**5. For Office use Only****In Person Verification (IPV) Carried Out By\***

IPV Date \_\_\_\_

Emp. Name \_\_\_\_\_

Emp. Code \_\_\_\_\_

Emp. Designation \_\_\_\_\_

**Intermediary Details\*** Self certified document copies received (OVD) True Copies of documents received (Attested)

AMC/ Intermediary Name :

ARIHANT CAPITAL MARKETS LTD

Employee Signature and Stamp



Institution Name and Stamp