

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

**ArihantCapital**
Generating Wealth

Application Number:

CKYC Number:

Application Type*: ☒ New KYC ☐ Modification KYCKYC Mode*: (Please Tick ☐)☒ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker ☐ KRA**1. Identity Details** (please refer guidelines overleaf)PAN* KUSNP5534R Please enclose a duly attested copy of your PAN Card

Name* (same as Id proof)

MR. KARTIK SHARMA

Mother Maiden Name (If any)

Fathers/Husband Name*

MR. YOGENDRA SHARMA

Date of Birth*

07/04/1993

Gender*

☒ Male☐ Female☐ Transgender

Marital Status* (KYC)

☐ 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 SectorKYC Mode* (Please Tick ☐)☐ O-Others☐ Professional☐ Self Employed☐ Retired☐ Housewife☐ Student☐ Normal☐ B-Business☐ X-Not Categorized☐ Online KYC☐ Offline EKYC

Cross signature across photograph

GROSS ANNUAL INCOME DETAILSIncome 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* MADHUPURA IALAWADA BANASKANTHA

Line 2

Line 3

City/Town/Village* INDOREDistrict* INDOREPin Code* 453002State* M.P.Country* INDIA

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

SAME AS ABOVE

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

9070

☐ 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)

State

Email ID* SARTHAK RAVINA@GMAIL.COM

Address Type*

Mobile No. *

XXXXXXXXX1355

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 CIBIL/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 25/07/25 (DD-MM-YYYY)

PLACE: INDORE

Applicant e-SIGN

Applicant Wet Signature

Karthik

5. For Office use Only

In Person Verification (IPV) Carried Out By*

Intermediary Details*

IPV Date

25/07/25

Mobile No.

Emp. Name

ANKIT SHARMA

Emp. Code

990

Emp. Designation

MANAGER

☒

Self certified document copies received (OVD)

☒

True Copies of documents received (Attested)

AMC/ Intermediary Name :

ARIHANT CAPITAL MARKETS LTD

Ankit
Employee Signature and Stamp

Institution Name and Stamp

Date

(DD-MM-YYYY)

(03)

PLACE