## **Know Your Client (KYC) Arihant**Capîtal Application Form (For Individuals Only) Please fill the form in ENGLISH and in BLOCK letters Fields marked \* are mandatory Application Number: CKYC Number: Fields marked are pertaining to CKYC and mandatory only if Application Type\*: ☑ New KYC ☐ Modification KYC processing CKYC also KYC Mode\*: (Please Tick (□) □ Digilocker ☐ Online KYC ☐ Offline EKYC Normal ☐ EKYC Biometric ☐ EKYC OTP 1. Identity Details (please refer guidelines overleaf) PAN\* KUSNP5534R Please enclose a duly attested copy of your PAN Card MR. KARTIK SHARMA Name\* (same as Id proof) Mother Maiden Name (If any) MR. YOGENDRA SHARMA Fathers/Husband Name\* 07/04/1993 Date of Birth\* ✓ Male ☐ Female ☐ Transgender Gender\* ₩ Married Residential Status\* (Please Tick ( ) Foreign National ☐ Non Resident Indian Person of Indian Origin (Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. ✓ Private Sector ☐ Publice Sector ☐ Government Sector Occupation Type\* S-Service ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Studen O-Others KY I Michael (1) B-Business Cross Signature across photograp ☐ X-Not Categoriesd GROSS ANNUAL INCOME DETAILS 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 0 D Driving License E NREGA Job Card F NPR (any document notified by Central Government) Z Others Identification Number 2. Address Details\* (please refer guidelines overleaf) A. Correspondence/Local Address\* Line 1\* MADHUPURA LALAWADA BANASKANTHA Line 2 City/Town/Village\* INDORE District INDORE Pin Code\* 453002 M. P. Country\* INDIA Address Type\* ☐ Residentia /Business ☑ Residential ☐ Business ☐ Registered Office ☐ Unspecified Applicant SIGN D D iving License NREGALI-b Card (02)

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