

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