



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	<div style="text-align: right;"> </div> Application Number: _____ CKYC Number: _____ Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC
KYC Mode*: (Please Tick <input type="checkbox"/>) <input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> Digilocker <input type="checkbox"/> 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* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married Nationality* <input type="checkbox"/> Indian <input type="checkbox"/> Other _____ Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian (Please Tick <input type="checkbox"/>) <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin† <small>(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)</small> Occupation Type* <input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categoriesd	
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div> Recent passport size Applicant Photo Cross Signature across photograph	
GROSS ANNUAL INCOME DETAILS	
Income Range per annum (Please tick (✓) any one : <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1 - 5 Lacs <input type="checkbox"/> ₹ 5 - 10 Lacs <input type="checkbox"/> ₹ 10 - 25 Lacs <input type="checkbox"/> More than ₹ 25 Lacs	
Proof of Identity (POI) submitted for PAN exempted cases (Please tick) <input type="checkbox"/> A Aadhaar Card XXXX XXXX _____ <input type="checkbox"/> B Passport Number _____ (Expiry Date) _____ <input type="checkbox"/> C Voter ID Card _____ <input type="checkbox"/> D Driving License _____ (Expiry Date) _____ <input type="checkbox"/> E NREGA Job Card _____ <input type="checkbox"/> F NPR _____ <input type="checkbox"/> Z Others _____ (any document notified by Central Government) <input type="checkbox"/> 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* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	
<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto;"></div> 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* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified		
Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)		
<input type="checkbox"/> A Aadhaar Card XXXX XXXX _____		
<input type="checkbox"/> B Passport Number _____ (Expiry Date) _____		
<input type="checkbox"/> C Voter ID Card _____		
<input type="checkbox"/> D Driving License _____ (Expiry Date) _____		
<input type="checkbox"/> E NREGA Job Card _____		
<input type="checkbox"/> F NPR _____		
<input type="checkbox"/> Z Others _____ (any document notified by Central Government)		
<input type="checkbox"/> Identification Number _____		
3. Contact Details (in CAPITAL)		
Email ID* _____		
Mobile No.* _____		
Tel (Off) _____ Tel (Resi) _____		
4. Application Declaration		
<p>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.</p> <p>I/We hereby consent to receiving information from CVL KRA/ Central KYC Registry through SMS/Email on the above registered number/Email address.</p> <p>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.</p> <p>Date ____ (DD-MM-YYYY)</p> <p>PLACE :</p>	Applicant e-SIGN	Applicant Wet Signature
		
5. For Office use Only		
In Person Verification (IPV) Carried Out By*		Intermediary Details*
IPV Date ____	<input type="checkbox"/> Self certified document copies received (OVD)	
Emp. Name _____	<input type="checkbox"/> True Copies of documents received (Attested)	
Emp. Code _____	AMC/ Intermediary Name :	
Emp. Designation _____	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> ARIHANT CAPITAL MARKETS LTD </div>	
Employee Signature and Stamp	 Institution Name and Stamp	