KNOW YOUR CLIENT (KYC) APPLICATION FORM – FOR INDIVIDUAL (Please fill this form in ENGLISH and in BLOCK LETTERS)

| A. IDEN | A. IDENTITY DETAILS | | | | | | | | | | | | | | your recent Password | | | | | | | | | | | | | |
|--|---|-----------|-----------------|--------|---------|----------|----------------|--------|-------|--------|---------|--|--------------------|--|-------------------------|-------|------|------|-------|-------------|---------|------|-------|----------|----------|------|---------|------|
| 1. Name | | | | | | | | | | | | | | | | | | | | | | | | | | | size | Word |
| 2. a. Father's/ Spouse Name: b. Mother's Name: | | | | | | | | | | | | | | | ograph | | | | | | | | | | | | | |
| 3. a. Gender: Male/ Female b. Marital status: Single/ Married c. Date of birth | | | | | | | | | | | | Г |) [| / | М | Υ | Υ | Υ | Υ | 1 | and | • . | | | | | | |
| 4. Annua | Annual income: | | | | | | | | | | | |] | acro | _ | | | | | | | | | | | | | |
| 6. a. Nationality: | | | | | | | | | | | | | | 33 IL | | | | | | | | | | | | | | |
| b. a. Nati | onalli | y: | nt Inc | اندنط | | Non F | Poold | nnt / | For | oian I | Nlatia | امما | | | | | | | | | | | | | | | | |
| 7. a. PAN | | esiae | ent mic | iiviat | ıaı / ı | NOII F | Reside | 311L / | FOIE | eign | เงลแบ | mai | | | | | | | | | | | | | | | | |
| b. Unio | | lontifi | catio | Nlur | mbor | · /۱ IID | \/ \ 20 | dhar | ifa | mv. | | | | | | | | | | | | | | | | | | |
| 8. Specify | | | | | | | | | | | | | | | | | _ | | | | | | | | | | | |
| B. ADI | DRE | SS | DE ⁻ | ΓΑΙΙ | _S | | | | | | | | | | | | | | | | | | | | | | | |
| Address for correspondence | | | | | | | | | | | | | (i O | Permanent Address (if different from correspondence address C Overseas address (mandatory) for Non- Resident Applicant) | | | | | | | | | | | R | | | |
| | | | | | | | | | | | | | | | _ | | | | | | | | | | | | | |
| | | | | | | | | | | | | | City/town/village: | | | | | | | | | | | | | | | |
| City/town/village: Pin Code: | | | | | | | | | | | | Pin Code: | | | | | | | | | | | | | | | | |
| State: Country: | | | | | | | | | | | | State: Country: | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile No. 3. Specify | 2. Contact Details: Tel. (Off.) Tel. (Res.) Mobile No.: Email id: 3. Specify the proof of address submitted for correspondence address: 4. Specify the proof of address submitted for permanent address: | | | | | | | | | | | | | | | | | | | | | | | - | | | | |
| DECLAR I hereby inform yo misrepres | decla | re th | hange | es the | erein | ı, imm | nediat | ely. | In ca | ase a | any of | | | | | | | | | | | | | | | | | |
| Signature of Applicant Date: D D M M Y Y Y | | | | | | | | | | | | | / Y | ′ Y | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR STAFF ONLY (Self-Attested) Self Certified Document copies received True copies of documents received (Originals verified) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (36) | I-Alle | sieu |) Seli | Certi | iieu | Docu | mem | copi | 162 1 | eceiv | eu | | | True | Copie | 25 UI | i uu | Culi | ienis | i lec | eive | u (C | лідіі | iais | verille | eu) | | |
| IVP details Signature In Person Verification done by Relationship | | | | | | | | | | ship v | vith th | ith the intermediary/Designation Date of I | | | | | | | | | | | | | | | | |
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| Signatu | ire o | f Διι | thori | | Sin | | nrv | | N | ame | f | Inte | ····· | edia | rv | | | | Sea | 1/5 | tan | | f th | e in | iterm | | arv | |
| Jigilatu | | . /\u | . 101 | u | Oig | Tiall | ,, y | | 1 N: | aiiic | , 01 | | ,,,,,,,, | Guid | ·y | | | , | Jua | <i>.,</i> O | un | ıp U | | U III | itoi i i | icul | ام y | |
| Date | D | D | М | M | Υ | Υ | Υ | Υ | | | | | | | | | | | | | | | | | | | | |

Please affix

^{*}Note Attachments: Pan and Aadhar card clear copy with self attested. Sign bottom of all pages of the mailed documents. Scan and mail it to info@podiumresearch.in