



KNOW YOUR CLIENT (KYC) APPLICATION FORM

(For Individuals)

Annexure 1 Part I

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

New Change Request (Please tick ✓ the appropriate)

Acknowledgment No. _____

Please fill the form in ENGLISH and in BLOCK LETTERS

(Please tick the box on left margin of appropriate row where CHANGE / CORRECTION is required and provide the details in the corresponding row)

A. IDENTITY DETAILS

1. Name of the Applicant							
2. Father's/Spouse Name							
3. a. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		b. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married			
c. Date of birth	D	D	M	M	Y	Y	Y
4. a. Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Pl. specify) _____			b. Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National		
5. a. PAN							
b. UID / Aadhar, if any							
6. Specify Proof of Identity submitted	<input type="checkbox"/> PAN Card		<input type="checkbox"/> Other (Pl. specify) _____				

B. ADDRESS DETAILS

1. Residence / Correspondence Address							
	City/Town/Village			PIN Code			
	State			Country			
2. Specify the Proof of Address submitted for Residence / Correspondence Address :	<input type="checkbox"/> Passport <input type="checkbox"/> Aadhar Card <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Gas Bill <input type="checkbox"/> Driving License <input type="checkbox"/> Ration Card <input type="checkbox"/> Registered Lease/Sale Agreement of Residence <input type="checkbox"/> Others _____ <input type="checkbox"/> *Latest Telephone Bill (only Landline) <input type="checkbox"/> Voter ID <input type="checkbox"/> *Latest Bank A/C Statement/Passbook _____						
	*Not more than 3 Months old. Validity/Expiry date of Proof of Address submitted (dd/mm/yyyy) ____/____/____						
3. Contact Details	Tel. (Off.)		Tel. (Resi.)		Fax		
	Mobile No.		E-mail ID				
4. Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant)							
	City/Town/Village			PIN Code			
	State			Country			
5. Specify the Proof of Address submitted for Residence / Correspondence Address :	<input type="checkbox"/> Passport <input type="checkbox"/> Aadhar Card <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Gas Bill <input type="checkbox"/> Driving License <input type="checkbox"/> Ration Card <input type="checkbox"/> Registered Lease/Sale Agreement of Residence <input type="checkbox"/> Others _____ <input type="checkbox"/> *Latest Telephone Bill (only Landline) <input type="checkbox"/> Voter ID <input type="checkbox"/> *Latest Bank A/C Statement/Passbook _____						

Signature of Client _____

C. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake 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 aware that I/we may be held liable for it.

Place _____

Date _____



Signature of Applicant

FOR OFFICE USE ONLY

IN PERSON VERIFICATION (IPV) DETAILS:

Name of the person who has done the IPV:			
Designation:		Employee ID:	
Name of the Organisation :	ADWEALTH COMMODITIES & DERIVATIVES PRIVATE LIMITED		
Date of IPV:			
Signature of the person who has done the IPV			

Originals Verified and Self Attested Documents copies received