

Know Your Client (KYC)
Application Form (For Individual Only)
 Please fill the form in **ENGLISH** and in **BLOCK** letters

SOUTH GUJARAT SHARES & SHAREBROKERS LTD.

3rd Floor Belgium Chambers Opp Linear Bus Stop
 Ring Road Surat - 395003 Gujarat



KRA KYC No : _____
 KRA KYC Date : _____
 CKYC No : _____
 CKYC Date : _____

Application Type*: ☐ New KYC ☐ Modification KYC

1. Identity Details (please see guidelines overleaf)

PAN* _____

Name (same as ID proof) _____

Father/Spouse's 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)

PHOTOGRAPH

Please affix the
 recent passport
 size photograph
 and sign across

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 _____

Occupation Type: ☐ Service (☐ Private ☐ Public ☐ Government) ☐ Business ☐ Professional ☐ Housewife

☐ Retired ☐ Agriculture ☐ Student ☐ Other (Specify) _____

Income & Other Details (Please tick)

☐ Up to Rs. 1,00,000 ☐ Rs. 1,00,000 to 5,00,000 ☐ Rs. 5,00,000 to Rs. 10,00,000 ☐ Rs. 10,00,000 to Rs. 25,00,000

☐ Rs. 25,00,000 to Rs. 1,00,00,000 ☐ More than Rs. 1,00,00,000. Net worth (If any): _____ As on _____

2. FATCA & CRS Declaration

☐ I am tax resident of INDIA and not resident of any other country
 Or

☐ I am tax resident of the other country/ies mentioned details in below

Country : _____

TIN Number : _____

FATCA DECLARATION DATE : _____

City of Birth _____

Contry of Birth _____

3. Address Details (please see guidelines overleaf)

A. Correspondence/Local Address*

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Line 1* _____

Line 2 _____

* Line 3 _____

City/Town/Village* _____ District _____ Pin Code* _____

State* _____ Country* _____

(PTO)

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
☐ Same As Correspondence Address

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District _____ Pin Code* _____

State* _____ Country* _____

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 _____

4. Contact Details (Email Id Written In CAPITAL)

Email ID* _____

Mobile No.* _____

Tel (Off) _____ Tel (Res) _____

5. Applicant 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 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: _____

Signature of Applicant**For Office Use Only**

☐ True Copies of documents received (Attested)

In-Person Verification (IPV) carried out by*