

## Know Your Client (KYC) Application Form (For Individuals Only)



Discon fill the form in ENCLICIT and in DLOCK latters															
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															
<b>KYC Type:</b> □ Normal □ Minor □ Related Person Application Type*: □ New KYC □Update KYC □ Delete															
CKYC No. (To be filled by financia institution )															Mandatory for KYC Update Request
KYC Mode* : Please Tick (√) □ Normal □ EKYC OTP □ EKYC Biometric □ Online KYC □ Offline EKYC □ Digilocker									ne EKYC 🛛 Digilocker						
Related Person Type:	ype:       Image: Trustee In Partner In Court Appointment Official In Proprietor In Beneficiary In Authorised Signatory         Image: Imag														
DIN (Director Identification Number (Mandatory if Related Pertion is Director															
□ 1. Personal Details (please refer guidelines overleaf)															
PAN*			□ Form 60 Furnished												
		Prefix			First N	Name	9			Middle Name					Last Name
Name* (same as ID pro	oof)														
Maiden Name* (if ar	Maiden Name* (if any)														
Father /Spouse Name*															
Mother Name															
Date of Birth*			1						Geno	ender*				emale	e 🗆 Transgender
Marital Status*		□ Single □ Married													
Nationality*		□ Indian □ Other													
Residential Status	*										Recent passport size Applicant Photo				
2. Proof of Identity and Address submitted (Please tick)															
□ A — Aadhaar Card				Х	Х	Х	Х	Х	Х	Х					Cross Signature across photograph
□ B — Passport Number											(Ex	piry Date	)		
□ C — Voter ID Card			D D – NREGA Job Card												
E — Driving License				(Expiry Date)											
													,		
□ Z —Others Identification Number												(any document notified by Central Government)			
□ 3. Address Details* (please refer guidelines overleaf)															
A. Corresponden	ce/ L	ocal A	ddre	SS*											
Line 1*															
Line 2*															
Line 3*															
City/Town/Village*		District*													
Pin Code*								State	e*						
Country*															
Address Type*   Residential/Business  Residential  Business  Registered Office  Unspecified															
												Α	ppli	can	t e-SIGN

B. Permanent Residence Address of Applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)													
Same as above mentioned address (in such cases address details as below need not to be printed													
Line 1*													
Line 2*													
Line 3*													
City/Town/Village*									District*				
Pin Code*									State*				
Country*		· _ ·											
Address Type*	□ Re	□ 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		X X X	x x	X	X X	X			□ B — Vote	er ID Card			
□ C — Passport Number									(Expiry Date)				
D — Driving Licens	е									e)			
□ E —NREGA Job Ca	ırd												
□ Z —Others Identification Number								(any docum	v document notified by Central Government)				
□ 3. Contact Details (in CAPITAL)													
Email ID*													
Mobile No. *	Tel (Off)												
Tel (Res)													
4. 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.							Applicant e	-SIGN	Applicant Wet Signature				
I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.													
request shall be validat to sharing my/our mas Aadhaar XML/Digilocl	hat for Aadhaar OVD based KYC, my KYC against Aadhaar details. I/We hereby consent Aadhaar card with readable QR code or my XML file, along with passcode and as other Intermediaries with whom I have a YC purposes only. (DD-MM-YYYY)												
PLACE:													
5. Attestation (For Office Use Only)													
Documents Receive	<b>Documents Received:</b> Certified Copy $\Box$ e-KYC Data Received from UIDAI $\Box$ Data Received from offline Verification $\Box$ Digital KYC Process $\Box$ Equivalent e-Documents $\Box$ Video Based KYC												
In-Person Verification (IPV) carried out by*								Intermediary Details*					
IPV Date								□s	elf-certified o	pies received (OVD)			
Emp. Name							True Copies of documents received (Attested)						
Emp. Code								AMC / Intermediary Name : Signatureglobal Comtrade Private Limited					
Emp. Designation													
Employee Signature and Stamp								Institution Name and Stamp					