

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- A) Fields marked with '**' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only <i>(To be filled by financial institution)</i>	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
	KYC Number	_____ (Mandatory for KYC update request)	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)

1. PERSONAL DETAILS (Please refer instruction **A** at the end)

<input type="checkbox"/> Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	DD - MM -	YYYY		
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code _____)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Us Citizen or Green Card Holder	
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
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 Categorised			

PHOTO

Signature / Thumb Impression

Gross Annual Income Details (please specify):

Income Range per annum Below ` 1 Lac ` 1-5 Lac ` 5-10 Lac ` 10-25 Lacs Above ` 25 Lacs

OR Net-worth as on ____ (Net worth should not be older than 1 year)

Please tick, if applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Any Other Information :

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence* _____

Tax Identification Number or equivalent (If issued by jurisdiction)* _____

Place / City of Birth* _____ ISO 3166 Country Code of Birth* _____

3. PROOF OF IDENTITY (PoI)* (Please refer instruction **C** at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	_____ Passport Expiry Date	DD - MM - YYYY	
<input type="checkbox"/> B- Voter ID Card	_____		
<input type="checkbox"/> C- PAN Card	_____		
<input type="checkbox"/> D- Driving Licence	_____	DD - MM - YYYY	
<input type="checkbox"/> E- UID (Aadhaar)	_____		
<input type="checkbox"/> F- NREGA Job Card	_____		
<input type="checkbox"/> Z- Others (any document notified by the central government)	_____		Identification Number
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	_____		Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others _____ please specify

Simplified Measures Account - Document Type code _____

Address

Line 1* _____

Line 2 _____

Line 3 _____

District* _____ Pin / Post Code* _____ State / U.T Code* _____ ISO 3166 Country Code* _____



4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*																						
Line 2																						
Line 3																						
District*																						

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*																						
Line 2																						
Line 3																						
State*																						

5. CONTACT DETAILS (All communications will be sent on provided)

T																						
FAX																						

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative
Name*	Prefix	First Name	Middle Name
(If KYC number and name are provided, below details of section 6 are optional) el. (Off)			

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

<input type="checkbox"/> A- Passport Number		Passport Expiry Date								
<input type="checkbox"/> B- Voter ID Card										
<input type="checkbox"/> C- PAN Card										
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date								
<input type="checkbox"/> E- UID (Aadhaar)										
<input type="checkbox"/> F- NREGA Job Card										
<input type="checkbox"/> Z- Others (any document notified by the central government)		Identification Number								
<input type="checkbox"/> S- Simplified Measures Account - Document Type code		Identification Number								

7. REMARKS (If any) Mobile no. / Email-ID (Please refer instruction F at the end)

8. APPLICANT 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 may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : -- Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

IPV Done / Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
IPV Done on Date	Name
Emp. Name	Code
Emp. Code	[Institution Stamp]
Emp. Designation	
Emp. Branch	
[Employee Signature]	



Account Details Addition / Modification / Deletion Request Form

ALMONDZ GLOBAL SECURITIES LTD . F 33/3 Okhla Industrial Area Phase - II, New Delhi-110020
--

Application No.		Date									
-----------------	--	------	--	--	--	--	--	--	--	--	--

Please fill all the details in Block Letters in English

DP ID	1	2	0	4	1	9	0	0	Client ID							
Trading id																

Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

- I/We request to carry out the change of address / signature in the demat account
- I/We request to carry out the change of address / signature in the KRA and demat account

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

Details (Pl. specify change of address, bank details, telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

======(Please Tear Here)=====

Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below :

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP ID		Client ID								
Name of the Sole / First Holder										
Name of Second joint Holder										
Name of Third joint Holder										

Depository Participant Seal and Signature