

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

IN-DP-20-2015 NSDL IN301485, SEBI Regn. No; INZ000004234 NSE & BSE

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.
- I) KYC number of applicant is mandatory for update application.
- J) The "OTP" based "E-KYC" check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode



CLIENT ID

TRADING CODE

For office use only (To be filled by financial institution)

Application Type* New Update KRA Acknowledgment No.:

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small DPM Instruction No. (For Office Use Only)

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<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			
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 Furnished		

Please affix your recent passport size photograph and Sign across it

2. Gross Annual Income Details Income Range per Annum (please tick any one)

- Below Rs. 1 Lac Rs. 1 - 5 Lac Rs. 5 - 10 Lac Rs. 10 - 25 Lac Rs. 25 - 50 Lacs
- Rs. 50 Lacs - 1 Crore More than Rs. 1 Crore.

Net Worth (Net Worth should not be older then 1year) Amount Rs. / as on (date)

3. Proof Of Identity And Address* (Please refer instruction C at the end)

- i (Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- A- Passport Number Passport Expiry Date
 - B- Voter ID Card
 - C- Driving Licence Driving Licence Expiry Date
 - D- NREGA job Card
 - E- National Population Register Letter
 - F- Proof of Possession of Aadhar
- ii E-KYC Authentication
- iii Offline verification of Aadhar

3.1 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

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

Signature of Applicant :

Sole/1st Holder 2nd Holder 3rd Holder

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

4.1. 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 (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

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

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

1st Holder Mobile Email ID
 I / we hereby declare that the aforesaid mobile number or E-mail ID belongs to Me spouse dependent children dependent parents Authorized Person in case of Non Ind Ac

2nd Holder Mobile Email ID
 I / we hereby declare that the aforesaid mobile number or E-mail ID belongs to Me spouse dependent children dependent parents Authorized Person in case of Non Ind Ac

6. MODE OF RECEIVING STATEMENT OF ACCOUNT

Physical Form Electronic Form [Email ID to Be Provide]

Note 4: For receiving Statement of Account in electronic form:

- (I). Client must ensure the confidentiality of the password of the email account. (II). Client must promptly inform the Participant if the email address has changed.
- (III). Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice

7. BANK DETAIL Default Add (Please tick (✓) the box whichever is applicable) Savings Current Cash Credit / OD

Bank Name			
Account No.			
MICR Code	<input type="text"/>	IFSC/NEFT/RTGS Code	<input type="text"/>
Bank Address			Pin Code

Note: Copy of passbook / Statement and Original Cancelled / Copy of Cheque of the new bank account are must enclosed.

8. FATCA-CRS Declaration & Supplementary KYC Information

- Is Country for tax Residency other than India Yes No
 - Self Declaration - Are you US Person Yes No
 - Place of Birth _____
 - Specify Country residence for tax purpose _____
 - Specify Tax Identification Number / Other (SSN/CIN/Others) : _____
- I/We agree that as may be required by domestic regulatory, you may also be required to report, reportable details to CBDT or such other Income Tax Authorities as may be applicable in India or close/suspend my/our Account. I/We agree to submit a new form within 30 days if any information/certification on this form becomes incorrect.

9. REQUEST FORM FOR REACTIVATION / MODIFICATION / UNFREEZING OF CLIENT CODE OR SEGMENT ADDITION INTO CLIENT CODE

Exchanges	NSE & BSE	NSE & BSE	NSE
All Segments	CASH / MUTUAL FUND	F & O	CURRENCY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. REMARKS (If any)

11. APPLICANT DECLARATION

2nd Holder Name PAN

3rd Holder Name PAN

- I hereby declare that the KYC 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 / KRA through SMS/Email on the above registered number/email address.
- I am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA and Central KYC Registry for the specific purpose of validating/maintaining/sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record.
- I am also aware that for aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML / Digilocker XML file, along with passport and as applicable, with KRA and other intermediaries with whom I have a business relationship for KYC purposes only.
- I hereby consent to KIFS Trade Capital Private Limited to download and utilize my personal data from CKYC / KRA for verification and data update purposes.**

Date : -- Place :

I / We request you to make change in our Demat, Trading, Commodity Account and C-KYC / KRA details. Please tick (✓)
 The box on left margin of appropriate row where Change / Modification are required and provide the details in the corresponding row:-

Sole/1st Holder 2nd Holder 3rd Holder

12. ATTESTATION AND IN PERSON VERIFICATION (IPV) DETAIL / FOR OFFICE USE ONLY

Documents Received Certified Copies (Self Attested) (Original Verified) true Copies of Document's

IPV and C-KYC VERIFICATION CARRIED OUT BY

Date Of IPV/Attestation

Emp. / IPV Person Name

Emp. / AP Code

Emp. / AP Designation

Emp. / AP Branch

[Sign of person who has done IPV / Attestation]

INSTITUTION DETAILS

Name **KIFS TRADE CAPITAL PRIVATE LIMITED**

Code **I N O 1 4 4 / NDML MIID - P1192**

 **KIFS** CIN NO : U65923GJ2012PTC115683
KIFS TRADE CAPITAL PRIVATE LIMITED
 R.O.: Office Nos. PO6-01A, 01B & 01C, 6th Floor, WTC Tower-A, Block No. 51, Road 5 E, Zone 5, Gift City, Gandhinagar-382355, Gujarat, India. H.O.: 4th Floor, KIFS Corporate House, Iscon-Ambli Road, Beside Hotel Planet Landmark, Nr. Ashok Vatika BRTS, Ambli, Ahmedabad-380054. Tel.: 079-69240000 - 9.