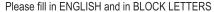
## Know Your Client (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY) Please fill in ENGLISH and in BLOCK LETTERS







Application Type         □ New KYC         □ Modification KYC   Application Type										n No.:		
KYC Mode ☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC											C 🔲 Digilocker	
Identity Details												
Name of Applicant												
Maiden Name (if any)									PHOTOGRAPH			
Father's / Spouse Name												
Gen	der	☐ Male ☐	□ Male □ Female □ T			Marital Status			☐ Single ☐ Married		Please affix the recent passport	
Date of Birth		DD / MM / YYYY	DD / MM / YYYY		Nationality		□ Indian □		Other		size photograph and sign across it	
PAN No. Aadh					ar No.	. XXXX XXXX						
Proof of Identity submitted Aadhaar Card D						1						
D Desident he dividual D New Desident												
Stat	Resident Individual Non Resident 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)											
Address Details												
A. Correspondence Address												
City/Town/Village PIN Code State Country								ountry				
, ,			ial/Business	□ Reside			Busines		□ Registered Offic		☐ Unspecified	
B. Permanent Address												
(if different from above correspondence address)												
City/	Town/Villa				PIN Code		State				ountry	
Addr	ess Type	☐ Resident	☐ Residential/Business		ential		☐ Business ☐ Registered		☐ Registered Office	ce	☐ Unspecified	
Proof of address to be submitted												
□ Passport □ Ration Card □ Registered Lease /Sale Agreement of Residence □ Driving Licence □ Voter Identity Card												
□ Aadhaar □ * Latest Telephone Bill (only Land line) □ * Latest Electricity Bill □ * Latest Bank A/c Statement / Passbook												
□ NREGA Job Card □ NPR Letter □ Other (please specify) * Not more than 2 Months old.												
Contact Details Email id						Mobile No. Tel. (Res./ Off.)						
APPLICANT DECLARATION  I/We hereby declare that the KYC details furnished by me are true and correct to the Applicant e-SIGN Applicant Wet Signature											l' (W (0) (	
best of my/our knowledge and belief and I/we under-take to inform you of any changes									oplicant Wet Signature			
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.												
Place: Date:												
FOR OFFICE USE ONLY												
In-Person Verification (IPV) carried out by						Intermediary Details						
s I	IPV Date   DD / MM / YYYY			w <sub>j</sub>	☐ Self certified document copies received (OVD				VD)			
Detail	Vame				☐ True Copies of documents received (Attested)					Institution Name		
Employee Details	Code	Designation				. ,					and Stamp	
Emple	Sign				AMC / Intermediary Name							