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

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

Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC

KYC Mode*: ☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____ _____ _____ _____

Maiden Name+ (if any) _____ _____ _____ _____

Fathers/Spouse's Name* _____ _____ _____ _____

Mother Name _____ _____ _____

Date of Birth* D D M M Y Y Y Y

Photo

Gender* ☐ Male ☐ Female ☐ Transgender

Marital Status* ☐ Single ☐ Married

Nationality* ☐ Indian ☐ Other _____

Residential Status* ☐ Resident Individual ☐ Non Resident Individual

Please Tick (✓) ☐ Foreign National ☐ Person of Indian Origin
(Passport mandatory for NRIs, PIOs and Foreign Nationals)

3 _____
Required Cross Sign on Photo

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A - Adhaar Card XXXX XXXX __ __ __ __

☐ B - Passport No. _____

☐ C - Voter ID Card _____ Expiry Date D D M M Y Y Y Y

☐ D - Driving License _____ Expiry Date D D M M Y Y Y Y

☐ E - NREGA Job Card _____

☐ F - NPR Letter _____

☐ Z - Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

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

Gross Annual Income Details (Please tick (✓) :

☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ More than 25 Lacs

Net-worth in ₹ (*Net worth should not be older than 1 year) **as on (date)** d d / m m / y y y y

Applicant Wet Sign

4 _____

Applicant e-SIGN

5 _____

INDIRA
Gateway to Prosperity

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

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* ☐ 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 - Adhaar Card XXXX XXXX __ __ __ __

☐ B - Passport No. _____

☐ C - Voter ID Card _____ Expiry Date D D M M Y Y Y Y

☐ D - Driving License _____ Expiry Date D D M M Y Y Y Y

☐ E - NREGA Job Card _____

☐ F - NPR Letter

☐ Z - Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details

Email Id _____

Mobile No. _____

Tel. (Off.) _____ Tel (Resi.) _____

Occupation (Please tick (✓) any one and give brief details) : ☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

4. Applicant Declaration

	Applicant e-SIGN	Applicant Wet Signature
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: _____		6 _____

5. For Office Use Only

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date _____ Emp./AP Name _____ Emp. Code/AP Reg. No. _____ Emp. Desig./AP Emp. Desig. _____	☐ Self certified document copies received (OVD) ☐ True Copies of documents received (Attested) AMC / Intermediary Name : INDIRA SECURITIES PVT. LTD.
[Employee/AP Signature]	Indira Securities Private Limited Indore (M.P.)