

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

Application Type*

☐ New☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal☐ Simplified (for low risk customers)☐ Small☐ 1. PERSONAL DETAILS

(Please refer instruction A at the end)

	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"/> <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			

PHOTO

Signature / Thumb Impression

☐ 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)

- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C- PAN Card
- ☐ D- Driving Licence
- ☐ E- UID (Aadhaar)
- ☐ F- NREGA Job Card
- ☐ Z- Others (any document notified by the central government)
- ☐ S- Simplified Measures Account - Document Type code

Passport Expiry Date

Driving Licence Expiry Date

Identification Number

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
- ☐ Simplified Measures Account - Document Type code

Address

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>	City / Town / Village*	<input type="text"/>
District*	<input type="text"/>	Pin / Post Code*	<input type="text"/>
		State / U.T Code*	<input type="text"/>
		ISO 3166 Country Code*	<input type="text"/>

☐ 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 City / Town / Village*

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

☐ 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 City / Town / Village*

State* ZIP / Post 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)

Tel. (Off) Tel. (Res) Mobile

FAX Email ID

☐ 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* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

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

☐ A- Passport Number Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

☐ 7. REMARKS (If any)

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

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]



Suresh Rathie

Wealth Creator thru Systematic Investment

MEMBER : BSE / NSE / DERIVATIVES / CDSL / NCDEX / MCX

Registered Office:

11 & 12 "A", Wing, Mithila Apartment,
J. B. Nagar, Andheri (E),
Mumbai – 400059.

Tel. : 022-28354000, Fax:022-28205533

Website: www.sureshrathi.com

Corporate Office:

Mahesh Hostel Complex,
Opp. Bombay Motors, Chopasni Road,
Jodhpur - 342003.

Tel. : 0291-26 54000, Fax: 0291-24 30913

Email id: info@sureshrathi.in

FATCA DECLARATION

Please seek appropriate advice from your tax professional on your tax residency and related FATCA & CRS guidance

PAN* Mob.

Name Gender M F O

DPID 1 2 0 1 2 1 0 BO ID 0 0

Trading Code Branch

Type of address given at KYC KRA Residential Residential or Business Business

Place of Birth

Country of Birth

Nationality

Gross Annual Income Details in INR Below 1 Lakh 5 - 10 Lacs 25 Lacs - 1 Crore 1 - 5 Lacs 10 - 25 Lacs > 1 Crore Net Worth in INR. In Lakhs ₹. Net Worth as on D D M M Y Y Y Y

(Date should not be older than one year)

Occupation Details Business Professional Public Sector Housewife Retired Others [Please specify] Private Sector Government Service Agriculturist Student Forex Dealer

Politically Exposed Person [PEP] Yes Related to PEP Not Applicable

Are you a tax resident of any country other than India? Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

[#]To also include USA, where the individual is a citizen / green card holder of The USA

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

DECLARATION:

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it. I/We hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to / any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries / or any regulated intermediaries registered with SEBI / RBI / to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required by domestic or overseas regulators / tax authorities.

Signature

Date

Place

