

SHAREKHAN LIMITED

CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | INDIVIDUAL

Registered office address: 1st Floor, Tower No. 3, Equinox Business Park, LBS Marg, Off BKC, Kurla (West), Mumbai - 400 070, Maharashtra, India. | Tel: 022-6750 2000 | Website: www.sharekhan.com

	ation Type* □ New □ Update	e				
(To be filled by financial institution) KYC N	lled by financial institution) KYC Number (Mandatory for KYC update request)					
Account Type* □ Normal □ Minor □ Aadhaar OTP based E-KYC (in non-face to face mode)						
·	form in English and in BLOCK letters)					
Name* (Same as per PAN card/PAN Site)	First Name	Middle Name	Last Name			
Maiden Name (If any*)	First Name	Middle Name	Last Name			
Father / Spouse Name*	First Name	Middle Name	Last Name			
Mother Name	First Name	Middle Name	Last Name			
Date of Birth*	Marital Status* Marital Status	ried Unmarried Othe	ers			
Gender*						
Residential Status* Resident Indiv		n #Please specify separately in case Na	tionality and Citizenship is different.			
Occupation Type*	nal Person of Indian O Private Sector D Public Sector D G					
☐ 0-0thers (☐	Self Employed Retired Housewi	,				
☐ B-Business	deed (Diese Consell)	1				
A- PAN Card*	rised (Please Specify					
2. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)						
Mobile Tel. (Off) Tel. (Off)						
Tel. (Res)						
Email ID						
3. PROOF OF IDENTITY AND ADDRESS*						
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 ☐ ☐ ☐		\square F - Proof of Possession of Aadhaar $\boxed{\times}$	XXXXXXX			
☐ B- Voter ID Card ☐ G - E-KYC Authentication ☐ G - E-KYC Authentication						
☐ C- Driving Licence ☐ ☐ H- Offline verification of Aadhaar ☐ X X X X X X X X X X X X X X X X X X						
☐ D- NREGA Job Card ☐ ☐ ☐		· · · · · · · · · · · · · · · · · · ·				
☐ E - National Population Register Letter ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
Address Line 1*						
		City / Town / Vill	age*			
District*		•	· ·			
Country			ı			
4. CURRENT ADDRESS DETAILS						
Same as above mentioned address (in such cases address details as below need not be provided)						
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 ☐ ☐ F - Proof of Possession of Aadhaar ☐ X X X X X X X X X X X X X X X X X X						
□ B- Voter ID Card □ □ G - E-KYC Authentication □ X X X X X X X X X X X X X X X X X X						
☐ C- Driving Licence ☐ ☐ H- Offline verification of Aadhaar ☐ ☐ H- Offline verification of Aadhaar ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
□ D- NREGA Job Card □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
E - National Population Register Letter						
Address Line 1*						
		City / Town / Vill	age*			
District*		•	· ·			
Country						

5. FATCA Details Place of Birth Country of Birth					
Sr. No	Country of Tax Residency	Tax Idenfication No (TIN)	Identification Type		
1					
2					
3					
Note: # In case of outside tax residency, kindly refer website https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759 for correct TIN structure. Please note this data is uploaded to KRA and reportable to Income Tax authorities, accuracy is of utmost importance.					
6. REMARKS (If any)					
 7. APPLICANT DECLARATION 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 Central KYC Registry and KRAs 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 KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only. 			PHOTO		
Date :		Place :	Signature of Applicant		
8. ATTESTATION / FOR OFFICE USE ONLY Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process					
Pote D.D. M.M. V.V.V.V.		STITUTION DETAILS			
Emp. Name Emp. Code	tion	Code IN0344	[Institution Stamp]		
	[Employee Signature]				

Individual 2