

KNOW YOUR CLIENT (KYC) APPLICATION FORM
SHAREKHAN LIMITED



Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East),
Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000 | Fax No. 022 - 6748 1899 | Website: www.sharekhan.com

A. IDENTITY DETAILS

Please fill this form in ENGLISH and in BLOCK LETTERS).

Name of The Applicant: _____

Name of Father/Husband: _____

PAN Number: [C][o][m][p][u][t][e][r][i][s][o][r][y] Date of Birth: [d][d][m][m][y][y][y][y] Gender Male Female


Aadhaar Number: _____ Marital Status: Single Married

Status: Resident Individual

Nationality: Indian Other (Please Specify:)

PAN Card Other (Specify the proof of identity submitted) : _____

Please affix
your recent
passport size
photograph

(2)  Sign
across

B. ADDRESS DETAILS

Residence / Correspondence Address: _____ [As per address proof]

Landmark: _____

City: _____ Pin Code: _____

State _____ Country: _____

Specify the proof of address submitted for Residence / Correspondence Address: _____

Contact Details : Tel. No. (Off) : [STD Code] _____ Tel. No. (Resi) : [STD Code] _____

Fax No: [STD Code] _____ Mobile No.: _____

Email ID: _____

Permanent Address: _____

Landmark: _____

City: _____ Pin Code: _____

State _____ Country: _____

Specify the proof of address submitted for Permanent Address: _____

C. 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.

Date [d][d][m][m][y][y][y][y]

Signature of the Applicant (3)  _____

FOR OFFICE USE ONLY

SHAREKHAN LTD.

Originals Verified & Self-Attested Document Copies Received.

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

Name of Branch / Sub Broker / Authorised Person : _____

Name of Branch Staff / Sub Broker / Authorised Person : _____ Staff Code: _____

Designation : _____

Signature of the Branch Staff / Sub-Broker / Authorised Person : _____

Date : _____ Place : _____

Date [d][d][m][m][y][y][y][y]

Name & Signature of the Authorised Signatory

Seal/Stamp of intermediary