

SHAREKHAN LIMITED

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

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 Fax : 022-2432 7343 | Website: www.sharekhan.com

For office use only Application Type* New Update
 (To be filled 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)

1. PERSONAL DETAILS (Please fill the form in English and in BLOCK letters)

Name* (Same as per PAN card/PAN Site)	Prefix	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* DD MM YYYY Marital Status* Married Unmarried Others _____
 Gender* M - Male F- Female T-Transgender *Citizenship / Nationality IN-Indian Others _____
 Residential Status* Resident Individual Non Resident Indian #Please specify separately in case Nationality and Citizenship is different.
 Foreign National Person of Indian Origin
 Occupation Type* S-Service (Private Sector Public Sector Government Sector)
 O-Others (Self Employed Retired Housewife Student Professional)
 B-Business
 X-Not Categorized (Please Specify _____)
 A- PAN Card*

2. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Mobile Tel. (Off)
 Tel. (Res) Fax
 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 F - Proof of Possession of Aadhaar
 B- Voter ID Card G - E-KYC Authentication
 C- Driving Licence H- Offline verification of Aadhaar
 D- NREGA Job Card
 E - National Population Register Letter

Address
 Line 1* _____
 Line 2 _____
 Line 3 _____ City / Town / Village* _____
 District* _____ Pin / Post Code* _____ State _____
 Country _____ Landmark _____

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
 B- Voter ID Card G - E-KYC Authentication
 C- Driving Licence H- Offline verification of Aadhaar
 D- NREGA Job Card I - Deemed Proof of Address
 E - National Population Register Letter

Address
 Line 1* _____
 Line 2 _____
 Line 3 _____ City / Town / Village* _____
 District* _____ Pin / Post Code* _____ State _____
 Country _____ Landmark _____

5. FATCA Details

Place of Birth _____ Country of Birth INDIA Other _____

Are you a US person? Yes No Is your Tax Residency Other than India Yes No Any other information _____

If any of the above is yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below :

Sr. No	Country of Tax Residency	Tax Identification 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

(1) 

Signature of Applicant

Date : _____

Place : _____

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

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

KYC VERIFICATION CARRIED OUT BY

Date DD MM YYYY
Emp. Name _____
Emp. Code _____
Emp. Designation _____
Emp. Branch _____

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
Code IN0344

[Institution Stamp]