

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

Please fill the form in ENGLISH & BLOCK letters
Fields marked* are mandatory
Fields marked* are pertaining to CKYC and mandatory only if processing CKYC also.



ANESH
STOCKINVEST PVT. LTD.

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 attached copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Father's/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Marital Status* Single Married

Occupation* Private Sector Service Public Sector Govt. Sector

(Please tick ✓)

Business Professional Agriculturist Retired

Housewife Student Others _____

Nationality* Indian Others _____

Residential Status* Resident Individual Non Resident Indian

(Please tick ✓)

Foreign National Person of Indian Origin*

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not KRA KYC.
Select NRI or Foreign National based on Nationality of the Individual)



Cross Signature across photograph

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

A - Aadhaar Card XXXX XXXX _____

B - Passport Number _____ (Expiry Date) _____

C - Voter ID Card _____

D - Driving License _____ (Expiry Date) _____

E - NREGA Job Card _____

F - NPR _____

Z - Others _____ (any documents notified by Central Government)

Identification Number _____

2. ADDRESS DETAILS* (Please refer guidelines overleaf)

A. Correspondence/Local Address*

Line 1* _____

Line 2* _____

Line 3* _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

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

Line 1* _____

Line 2* _____

Line 3* _____

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 - Aadhaar Card XXXX XXXX _____
 - B - Passport Number _____ (Expiry Date) _____
 - C - Voter ID Card _____ (Expiry Date) _____
 - D - Driving License _____ (Expiry Date) _____
 - E - NREGA Job Card _____
 - F - NPR _____ (any documents notified by Central Government)
 - Z - Others _____ (any documents notified by Central Government)
- Identification Number _____

3. Contact Details (in CAPITAL)

E-mail ID* _____

Mobile No.* _____


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

4. APPLICANT DECLARATION

- I hereby declare that the KYC details furnished by me are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.
- I hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.
- I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my 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.

Applicant e-SIGN

Applicant Wet Signature

(2) 

DATE : _____ (DD-MM-YYYY)

PLACE : _____

5. FOR OFFICE USE ONLY

In-Person Verification (IPV) carried out by*

IPV Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Employee Signature & Stamp

Intermediary Details*

Self certified document copies received (OVD)

True Copies of documents received (Attested)

AMC / Intermediary Name :

Institution Name & Stamp