CENTRAL KYC REGISTRY - KNOW YOUR CLIENT (KYC) APPLICATION FORM - INDIVIDUAL **MANDATORY**

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for update application.
J) The 'OPT based E-KYC' check box is to be checked for accounts opened using OTP based EKYC in non face to face mode.

SPS Share Brokers Private Limited (First Holder)

CERSAI

For office use only
(To be filled by financial institution)

Application Type* ❑ New ❑ Update
KYC No. (Mandatory for KYC update required)
Account Type* ❑ Normal ❑ Minor ❑ Aadhaar OTP based E-KYC (in non-face to face mode)

❑ 1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
❑ Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name*				
Mother Name*				

Date of Birth* __ - __ - ____

Gender* ❑ M- Male ❑ F- Female ❑ T-Transgender

Marital Status* ❑ Married ❑ Unmarried ❑ Others

PAN* ❑ Form 60 furnished

Citizenship* ❑ IN-Indian ❑ Others (ISO 3166 Country Code)

Residential Status* ❑ Resident Individual ❑ NRI ❑ Foreign National ❑ Person of Indian Origin

Occupation Type* ❑ S-Service (❑ Private Sector ❑ Public Sector ❑ Government Sector)
❑ O-Others (❑ Professional ❑ Self Employed ❑ Retired ❑ Housewife ❑ Student)

❑ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

(Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs)

❑ A- Passport Number
❑ B- Voter ID Card
❑ C- Driving Licence
❑ D- NREGA Job Card
❑ E- National Population Register Letter
❑ F- Proof of Possession of Aadhaar XXXXXXXX
❑ E- KYC Authentication XXXXXXXX
❑ Offline verification of Aadhaar XXXXXXXX

PHOTO

Signature/Thumb impression

Address
Line 1*
Line 2
Line 3
District* PIN/Post Code* State /U. T. Code* ISO 3166 Country Code*

❑ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

❑ Same as above mentioned address (In such cases address details as below need not be provided)

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
❑ B- Voter ID Card
❑ C- Driving Licence
❑ D- NREGA Job Card
❑ E- National Population Register Letter

❑ F- Proof of Possession of Aadhaar X X X X X X X X

II ❑ E- KYC Authentication X X X X X X X X

III ❑ Offline verification of Aadhaar X X X X X X X X

IV ❑ Deemed proof of Address - Document Type code

Address

Line 1*

Line 2

Line 3

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

❑ 4. CONTACT DETAILS (All communications will be sent to Mobile no. / Email-ID) (Please refer instruction C at the end)

Tel. (Off) – Tel. (Res) – Mobile –

Email ID

❑ 5. REMARKS (If any)

❑ 6. 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. Incase 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: D D – D D – Y Y Y Y Place:

Signature / Thumb Impression of Applicant

❑ 9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ❑ Certified Copies ❑ E-KYC data received from UDAI ❑ Data received from Offline verification

❑ Equivalent e-document

Pos Code:

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date:	– – IPV Done	Name	**SPS Share Brokers Private Limited**
Emp. Name:		Code	
Emp. Code:		[Institution Stamp]	
Emp. Designation:			
Emp. Branch:			
[Employee Signature]			