Know Your Client (KYC)

Application Form (For Individuals Only)



Please fill the form in ENGLISH and in BLOCK letters Fields marked * are mandatory	Application Number:
Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also	Application Type: Without Supporting KYC Modification
KYC Mode*: Please Tick (✓) ☐ Normal	
1. Identity Details (please refer guidelines overleaf)	
PAN*	
Name (same as ID proof)	
Fathers/Spouse's Name	
Marital Status Single	☐ Married
	Recent passport size Applicant Photo Cross Signature across photograph
2. Contact Details (in CAPITAL)	
Email ID	
Mobile No.	
Tel (off)	Tel (Res)
3. Applicant Declaration	
I/We hereby declare that the KYC details furnished by me are tru I/we under-take to inform you of any changes therein, immediate untrue or misleading or misrepresenting, I am/We are aware that I/We hereby consent to receiving information from Karvy KRA address. I am/We are also aware that for Aadhaar OVD based KYC, my hereby consent to sharing my/our masked Aadhaar card with rea with passcode and as applicable, with KRA and other Intermedian only. DATE:(DD-MM-YYYY) PLACE:	kly. In case any of the above information is found to be false or t I/We may be held liable for it. A through SMS/Email on the above registered number/Email KYC request shall be validated against Aadhaar details. I/We adable QR code or my Aadhaar XML/Digilocker XML file, along
4. For Office Use Only	
In-Person Verification (IPV) carried out	by* Intermediary Details*
IPV Date Emp. Name Emp. Code Emp. Designation	Self certified document copies received (OVD) True Copies of documents received (Attested) AMC / Intermediary Name :
Employee Signature and Stamp	Institution Name and Stamp