Know Your Client (KYC)

Application Form (For Individuals Only)





Please fill the form in ENGLISH and in BLOCK letters	•			Your success is our success
	Application Numbers			
Fields marked † are pertaining to CKYC and mandatory only if processing CKYC also	plication	Type: With	nout Supporting I	KYC Modification
KYC Mode*: Please Tick (✓)				
□ Normal □ EKYC OTP □ EKYC Biome	etric [Online KYC	Offline EKYO	☐ Digilocker
1. Identity Details (please refer guidelines overleat	f)			
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)		
		- TCI (Nes)		
3. Applicant Declaration	Г			
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		Applicar	nt e-SIGN	Applicant Wet Signature
may be held liable for it.				
I/We hereby consent to receiving information from CVL KRA through SM the above registered number/Email address.	1S/Email on			
I am/We are also aware that for Aadhaar OVD based KYC, my KYC reque validated against Aadhaar details. I/We hereby consent to sharing my/c				
Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML	L file, along			
with passcode and as applicable, with KRA and other Intermediaries wi have a business relationship for KYC purposes only.	vith whom I			
DATE:(DD-MM-YYYY)				
PLACE:				
4. For Office Use Only				
In-Person Verification (IPV) carried out by*		Intermediary Details*		
IPV Date		Self certified document copies received (OVD)		
		True Copies of documents received (Attested)		
Emp. Name		AMC / Intermediary Name :		
Emp. Code				
Emp. Designation				