

Know Your Client (KYC) Application Form-for Individuals

CENTRUM

Please fill this form in English and BLOCK Letters

A. Identity details		<p>Photograph Please affix your recent passport size photograph and sign across it</p> <p align="right">F1 </p>													
1. Name (Same as ID Proof)															
2. Father / Spouse Name															
2a. Mother Name															
3.a Gender - <input type="checkbox"/> Male <input type="checkbox"/> Female, <input type="checkbox"/> Transgender 3.b. DOB: DD/MM/YYYY															
3.c. Marital status: _____ 4. Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Others															
5. Residential status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual															
6. PAN _____ 7. Aadhaar no: XXXX XXXX															
B. Contact details															
Mobile No: ISD code + Number		Telephone no:													
Email ID: _____															
C. Correspondence Address (specify proof submitted):															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Address</td> <td colspan="3"></td> </tr> <tr> <td colspan="4" style="text-align: center;">City : _____ District : _____ Pin : _____</td> </tr> <tr> <td colspan="4" style="text-align: center;">State : _____ Country : _____</td> </tr> </table>				Address				City : _____ District : _____ Pin : _____				State : _____ Country : _____			
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D. Permanent Address (specify proof submitted):															
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E. Jurisdiction Address -applicant is tax paying outside India. (specify proof submitted):															
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F. Declaration															
<p>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, untrue, misleading, or misrepresenting, I am/We are aware that I/We may be held liable for it. I am aware of other modes of KYC, which are available, and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA & CKYC only for the specific purpose of validating / maintaining / sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record. I/We hereby consent to receiving information from KRA & CKYC 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 KRA & CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only.</p>															
Place :		F2 Wet Signature	Digital Signature												
Date :	DD/MM/YYYY														
FOR OFFICE USE ONLY		Signature of Person													
Originals Verified Documents and In-Person verification details:		<div style="border: 1px solid black; padding: 5px; width: 100%; height: 100%;"></div>													
Name and Emp Id: _____															
Designation: _____															
Place: _____	Date : DD/MM/YYYY														
Name of the Organization: CENTRUM FINVERSE LIMITED															