

## Know Your Client (KYC) Application Form-for Individuals

**CENTRUM**

Please fill this form in English and BLOCK Letters

|  |            |  |
|--|------------|--|
| <b>A. Identity details</b>   |            | <b>Photograph</b><br>Please affix your recent passport size photograph and sign across it<br><br><b>F1</b> |
| 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>B. Contact details</b>  |            |  |
| Mobile No: ISD code + Number   |            | Telephone no:  |
| Email ID:  |            |  |
| <b>C. Correspondence Address (specify proof submitted):</b>  |            |  |
| Address _____  |            |  |
| City : _____ District : _____ Pin : _____  |            |  |
| State : _____ Country : _____  |            |  |
| <b>D. Permanent Address (specify proof submitted):</b>   |            |  |
| Address _____  |            |  |
| City : _____ District : _____ Pin : _____  |            |  |
| State : _____ Country : _____  |            |  |
| <b>E. Jurisdiction Address -applicant is taxing paying outside India. (specify proof submitted):</b>   |            |  |
| Address _____  |            |  |
| City : _____ District : _____ Pin : _____  |            |  |
| State : _____ Country : _____  |            |  |
| <b>F. Declaration</b>  |            |  |
| 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. |            |  |
| Place :  |            | <b>F2</b> Wet Signature  |
| Date :   | DD/MM/YYYY |  |
|  |            | Digital Signature  |
| <b>FOR OFFICE USE ONLY</b>   |            | <b>Signature of Person</b>   |
| Originals Verified Documents and In-Person verification details:   |            |  |
| Name and Emp Id: _____   |            |  |
| Designation: _____   |            |  |
| Place: _____ Date : DD/MM/YYYY   |            |  |
| <b>Name of the Organization: CENTRUM FINVERSE LIMITED</b>  |            |  |