**Know Your Client (KYC)**

**Application Form (For Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

JAINAM
Prosperity with Security

**Jainam Broking Limited**

FIRST/SOLE HOLDER

Application Number:

select this if new account opening

Application Type*: ☐ New KYC select this if change in Account ☐ Modification KYC

**KYC Mode*:** Please Tick (✓) select relevant option

☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker

## 1. Identity Details (please refer guidelines overleaf) fill the relevant details

PAN* PAN no. Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) Name as per Id proof (As per the latest PAN on income tax website)

Maiden Name+ (if any) Before marriage name of female

Fathers/Spouse's Name* if married → spouse name if not married → Fathers name

Date of Birth*

Gender* ✓ Male ☐ Female ☐ Transgender

Marital Status* ☐ Single ✓ Married

Nationality* ✓ Indian ☐ Other

Residential Status* ✓ Resident Individual ☐ Non Resident Indian

Please Tick (✓) ☐ Foreign National ☐ Person of Indian Origin+

Recent passport size Applicant Photo

Cross Signature across photograph

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)

Proof of Identity (POI) submitted for PAN exempted cases

☐ A — Aadhaar Card XXXX XXXX

☐ B — Passport Number (Expiry Date)

☐ C — Voter ID Card

☐ D —Driving License (Expiry Date)

☐ E —NREGA Job Card

☐ F — NPR

☐ Z —Others (any document notified by Central Government)

Identification Number

## 2. Address Details* (please refer guidelines overleaf)

**A. Correspondence/ Local Address***

Line 1*

Line 2 Correspondence address details

Line3

City/Town/Village* District* Pin Code*

State* Country*

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

signature of applicant

**B. Permanent residence address of applicant, if different from above A / Overseas Address*** (Mandatory for NRI Applicant)

Line 1* usually same as per Correspondence address

Line 2 _____

Line3 _____

City/ Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX __ __ __ __ tick on box and mention last 4 digit aadhaar card

☐ B — Passport Number _____ (Expiry Date) _____

☐ C — Voter ID Card _____

☐ D —Driving License _____ (Expiry Date) _____

☐ E —NREGA Job Card _____

☐ F — NPR Letter _____

☐ Z—Others _____ (any document notified by Central Government)

Identification Number _____

## 3. Contact Details (in CAPITAL)

Email ID* Email id

Mobile No. * ____ Contact no.

Tel (Off) ____ _____ Tel (Res) ____ _____

## 4. Applicant Declaration

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 may be held liable for it.

I/We hereby consent to receiving information from CVL KRA 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 and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

| Applicant e-SIGN | Applicant Wet Signature |
|---|---|
| ~~E-sign signature~~ | Physical signature of applicant |

## 5. For Office Use Only

office use only

| In-Person Verification (IPV) carried out by* | Intermediary Details* |
|---|---|
| IPV Date _____ | ☐ Self certified document copies received (OVD) |
| Emp. Name _____ | ☐ True Copies of documents received (Attested) |
| Emp. Code _____ | AMC / Intermediary Name : |
| Emp. Designation _____ | |
| Employee Signature and Stamp | Institution Name and Stamp |