



# SVS SECURITIES PRIVATE LIMITED

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## CENTRAL KYC REGISTRY | KNOW YOUR CLIENT (KYC) APPLICATION FORM | INDIVIDUAL

For Office Use Only (To be filled by financial institution)	Application Type <input type="checkbox"/> New <input type="checkbox"/> Update
	KYC Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mandatory for KYC update request)
	Account Type <input type="checkbox"/> Normal <input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

### 1. PERSONAL DETAILS (Please fill the form in English and in BLOCK letters.)

<b>Name*</b> (same as POI proof)	Prefix	First Name	Middle Name	Last Name	<b>PHOTOGRAPH</b> Please Affix your recent passport size photograph and sign across it.
<b>Maiden Name (if any)</b>	Prefix	First Name	Middle Name	Last Name	
<b>Father/Spouse Name</b>	Prefix	First Name	Middle Name	Last Name	
<b>Mother Name</b>	Prefix	First Name	Middle Name	Last Name	
<b>Date of Birth*</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Marital Status*</b> <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others _____			
<b>Gender*</b>	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender	<b>Citizenship/Nationality *</b> <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others _____			
<b>Residential Status*</b>	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual #please specify separately in case nationality in different.				
	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin				
<b>Occupation Type*</b>	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> B-Business				
	<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> X-Not Categorized <input type="checkbox"/> O-Others				
<b>PAN Card*</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

### 2. CONTACT DETAILS (All communications will be send on provided Mobile no./Email-ID)

<b>Mobile No. :</b>	<b>Tel. (Off) :</b>
<b>Tel. (Res) :</b>	<b>Fax :</b>
<b>Email ID :</b>	

### 3. PROOF OF IDENTITY AND ADDRESS\*

<input type="checkbox"/> A- Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> F- Proof of Possession of Aadhaar	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<input type="checkbox"/> B- Voter ID Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> G- E-KYC Authentication	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<input type="checkbox"/> C- Driving Licence	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
<b>Line 1</b>																					
<b>Line 2</b>																					
<b>Line 3</b>																		<b>City/ Town/ Village</b>			
<b>District</b>						<b>Pin/Postal Code</b>										<b>State</b>		<b>Country</b>			

### 4. CURRENT ADDRESS DETAILS\*

<input type="checkbox"/> A- Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> F- Proof of Possession of Aadhaar	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<input type="checkbox"/> B- Voter ID Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> G- E-KYC Authentication	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<input type="checkbox"/> C- Driving Licence	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
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<b>District</b>						<b>Pin/Postal Code</b>										<b>State</b>		<b>Country</b>			

**5.FATCA /CRS Information** (Tick if Applicable)  Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

<b>Line 1</b>				
<b>Line 2</b>				
<b>Line 3</b>			<b>City/ Town/ Village</b>	
<b>District</b>		<b>Pin/Postal Code</b>	<b>State</b>	<b>Country</b>

**6.DETAILS OF RELATED PERSON (Optional)** (Please fill the form in English and in BLOCK letters.)

Related Person  Deletion of Related Person  KYC Number of Related Person (if available\*

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

<b>Name*</b> (same as POI proof)	<b>Prefix</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<input type="checkbox"/> A- Passport Number	<input type="text"/>	<input type="checkbox"/> F- Proof of Possession of Aadhaar	X X X X X X X X	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	<input type="checkbox"/> G- E-KYC Authentication	X X X X X X X X	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar	X X X X X X X X	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>			
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>			
<b>Line 1</b>				
<b>Line 2</b>				
<b>Line 3</b>			<b>City/ Town/ Village</b>	
<b>District</b>		<b>Pin/Postal Code</b>	<b>State</b>	<b>Country</b>

**7.REMARKS (If any)**

\_\_\_\_\_

\_\_\_\_\_

**8.APPLICANT DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake 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 aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Place : _____	Signature of Applicant
Date : ____/____/____	

**9.ATTESTATION / FOR OFFICE USE ONLY**

Documents Received:  Certified Copies  (Originals verified) self-Certified Document Copies Received

IN-PERSON VERIFICATION (IPV) CARRIED OUT BY		IN-PERSON VERIFICATION DETAILS	
<b>Date</b>		<b>Branch Name</b>	
<b>IPV. Name</b>		<b>Branch Code</b>	
<b>IPV. Code</b>		[IPV Signature & Stamp]	
<b>IPV. Designation</b>			
<b>IPV. Branch</b>			

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
<b>Date</b>		<b>Name</b>	<b>SVS SECURITIES PRIVATE LIMITED</b>
<b>Emp. Name</b>		<b>Code</b>	<b>IN0072</b>
<b>Emp. Code</b>		[Institution Stamp]	
<b>Emp. Designation</b>			
<b>Emp. Branch</b>			
[Employee Signature]			