

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

ISO 9001 : 2008 Certified



Registered Office:

'SIHL House' Opp. Ambawadi Jain Temple, Nehrunagar Cross Roads, Ahmedabad-15.

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Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

1		Name of the Applicant											
2		Father's / Husband's Name											
3		a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth		D	D	M	M	Y	Y	Y	Y
4		a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)	b) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National									
5		a) PAN	b) Unique Identification Number (UID) / Aadhaar, if any										
6		Specify the proof of identity submitted	<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify; _____)										

Photograph
Please affix your recent passport size photograph

Signature Across photograph

B. ADDRESS DETAILS

1		Correspondence Address	_____ _____ _____										
		City/town/village					PIN Code						
		State					Country						
2		Specify the proof of address submitted for correspondence address											
3		Contact Details	Tel. (Off.)					Tel. (Res.)					
			Fax No.					Mobile No.					
			Email ID										
4		Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)	_____ _____ _____										
		City/town/village					PIN Code						
		State					Country						
5		Specify the proof of address submitted for permanent address											

Signature of the Applicant _____

C. OTHER DETAILS

1	Gross Annual Income Details (please specify):												
	Income Range per annum <input type="checkbox"/> Below ₹ 1 lac <input type="checkbox"/> ₹ 1- 5 lac <input type="checkbox"/> ₹ 5- 10 lac <input type="checkbox"/> ₹ 10- 25 lac <input type="checkbox"/> More than ₹ 25 lac	OR	Networth Amount (₹) _____ As on (date) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y						
	(Networth should not be older than 1 year)												
	Occupation (please tick any one and give brief details): _____												
2	<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Private Sector</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Agriculturist</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Public Sector</td> <td style="border: none;"><input type="checkbox"/> Retired</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Government Service</td> <td style="border: none;"><input type="checkbox"/> Housewife</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Business</td> <td style="border: none;"><input type="checkbox"/> Student</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Professional</td> <td style="border: none;"><input type="checkbox"/> Others (Please specify; _____)</td> </tr> </table>			<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)
<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist												
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<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife												
<input type="checkbox"/> Business	<input type="checkbox"/> Student												
<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)												
3	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)												
4	Any other information												

D. 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.

Signature of the Applicant _____ **Date**

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

<input type="checkbox"/> (Originals verified) True copies of documents received <input type="checkbox"/> (Self-Attested) Self Certified Document copies received	IPV Done?
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Seal/Stamp of the intermediary should contain
 Staff Name
 Designation
 Name of the Organization
 Signature
 Date