



KNOW YOUR CUSTOMER (KYC) Application Form (For Individuals Only)

* Please fill in BLOCK LETTERS with BLACK Ink.

A. Identity Details (As appearing in supporting identification document)

1. A.Name (First Applicant)																		
B.Father's/Spouse's Name																		
2.A. Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female					B. Date of Birth					D	D	M	M	Y	Y	Y	Y
C. Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married					3. Nationality					<input type="checkbox"/> Indian <input type="checkbox"/> Others							
4. Status Please Tick(v)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National*																	
5.PAN No.**																		
6. Proof of Identity submitted for PAN exempt cases. Please Tick(v) :																		
<input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar <input type="checkbox"/> Others																		
7. Is there a Co- Applicant ? Yes <input type="checkbox"/> No <input type="checkbox"/>																		

Affix a recent Passport
Size Colored Photograph
of First Applicant and Sign
Across it.

If yes, kindly fill the details of Co-Applicant on the Second Page of the Application Form

*Passport Copy mandatory for NRIs and Foreign Nationals.

**Enclose a self attested copy of relevant document

B. Property Details

(Kindly fill in separate blocks for multiple property in different projects.)

Project Name	Property Code	Customer ID
Project Name	Property Code	Customer ID
Project Name	Property Code	Customer ID

C. Address Details

1.Address for Correspondence															
	City/Town/Village										PIN				
	State					Country									

2. Contact Details

Telephone No(Office)	Resi
Mobile No.	Fax
Email Id.	

3. Permanent Address of Resident Applicant/Overseas Address For NRI Applicant

City/Town/Village										PIN						
State					Country											

4. Proof of Address to be provided by the applicant. Please submit ANY ONE of the following valid documents and tick (v) against the same .

<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Registered Lease/ Sale Agreement of Residence	<input type="checkbox"/> Driving License	<input type="checkbox"/> Voter Identity Card
<input type="checkbox"/> Latest Bank Account Statement*	<input type="checkbox"/> Latest Landline telephone Bill*	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Gas Bill*	
<input type="checkbox"/> Others(.....)				*Not more than 3 months old.

D. Other Details (Please Tick (v) the relevant box)

Gross Annual Income Details	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25Lacs	<input type="checkbox"/> 25-50 Lacs	<input type="checkbox"/> 50-100 Lacs	<input type="checkbox"/> > 1 Crore
Occupational Details	<input type="checkbox"/> IT	<input type="checkbox"/> IT-ES/BPO/KPO	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Automobiles	<input type="checkbox"/> Telecom	<input type="checkbox"/> Media/Entertainment
	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Govt./PSU	<input type="checkbox"/> Power/Energy	<input type="checkbox"/> Travel/Transport	<input type="checkbox"/> Retail	<input type="checkbox"/> Medical/ Pharmaceuticals
	<input type="checkbox"/> Banking/Financial	<input type="checkbox"/> Construction/Real Estate	<input type="checkbox"/> Others (Please Specify)			

Any other information

DECLARATION	SIGNATURE OF APPLICANT
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 information is found to be false or untrue or misleading or misrepresenting, I am aware that i may be held liable for it.	
Place: <input style="width: 200px;" type="text"/>	Date: <input style="width: 100px;" type="text"/>

FOR OFFICE USE ONLY

In Person Verification carried out on		at		am/pm	by:
Name of Official					
Designation					
Originals Verified	<input type="checkbox"/> Self Attested Copies of the Documents Received <input type="checkbox"/>				

Signature of verifier



KNOW YOUR CUSTOMER (KYC) Application Form (For Individuals Only)

To be filled by the Co-Applicant

* Please fill in BLOCK LETTERS with BLACK Ink.

A. Identity Details (As appearing in supporting identification document)

1. A. Name (Co- Applicant)																				
B. Father's/Spouse's Name																				
2.A. Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female					B. Date of Birth					D	D	M	M	Y	Y	Y	Y		
C. Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married					3. Nationality					<input type="checkbox"/> Indian <input type="checkbox"/> Others									
4. Status Please Tick(v)	<input type="checkbox"/> Resident individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National*																			
5. PAN No.**																				
6. Proof of Identity submitted for PAN exempt cases. Please Tick(v) :																				
<input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar <input type="checkbox"/> Others																				

Affix a recent Passport Size Colored Photograph of Co- Applicant and Sign Across it.

*Passport Copy mandatory for NRIs and Foreign Nationals. **Enclose a self attested copy of relevant document

B. Address Details

1. Address for Correspondence															
	City/Town/Village										PIN				
	State					Country									
2. Contact Details															
Telephone No(Office)											Resi				
Mobile No.											Fax				
Email Id.															
3. Permanent Address of Resident Applicant/Overseas Address For NRI Applicant															
	City/Town/Village										PIN				
	State					Country									

4. Proof of Address to be provided by the applicant. Please submit ANY ONE of the following valid documents and tick (v) against the same .

<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Registered Lease/ Sale Agreement of Residence	<input type="checkbox"/> Driving License	<input type="checkbox"/> Voter Identity Card
<input type="checkbox"/> Latest Bank Account Statement*	<input type="checkbox"/> Latest Landline telephone Bill*	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Gas Bill*	
<input type="checkbox"/> Others(.....)				*Not more than 3 months old.

C. Other Details (Please Tick (v) the relevant box)

Gross Annual Income Details	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25Lacs	<input type="checkbox"/> 25-50 Lacs	<input type="checkbox"/> 50-100 Lacs	<input type="checkbox"/> > 1 Crore
Occupational Details	<input type="checkbox"/> IT	<input type="checkbox"/> IT-ES/BPO/KPO	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Automobiles	<input type="checkbox"/> Telecom	<input type="checkbox"/> Media/Entertainment
	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Govt./PSU	<input type="checkbox"/> Power/Energy	<input type="checkbox"/> Travel/Transport	<input type="checkbox"/> Retail	<input type="checkbox"/> Medical/ Pharmaceuticals
	<input type="checkbox"/> Banking/Financial	<input type="checkbox"/> Construction/Real Estate	<input type="checkbox"/> Others (Please Specify)			

DECLARATION	SIGNATURE OF CO-APPLICANT
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 information is found to be false or untrue or misleading or misrepresenting, I am aware that i may be held liable for it.	
Place: <input style="width: 200px;" type="text"/>	Date: <input style="width: 100px;" type="text"/>

FOR OFFICE USE ONLY	
In Person Verification carried out on <input style="width: 100px;" type="text"/>	at <input style="width: 100px;" type="text"/> am/pm by: <input style="width: 100px;" type="text"/>
Name of Official <input style="width: 100px;" type="text"/>	Signature of verifier
Designation <input style="width: 100px;" type="text"/>	
Originals Verified <input type="checkbox"/> Self Attested Copies of the Documents Received <input type="checkbox"/>	

GUIDELINES FOR FILLING UP THE KYC APPLICATION FORM

- The Application Form should be completed in **ENGLISH** and in **BLOCK LETTERS** in **BLACK INK** only.
- Please **tick** in the **appropriate box** wherever applicable.
- Please fill the form in **legible handwriting** so as to avoid errors in your application processing. Please **do not overwrite**. Corrections should be made by canceling and re-writing, and such corrections should be countersigned by the applicant.
- The **name in the KYC Form** should **match exactly with the name as mentioned in the PAN Card** and other supporting documents; otherwise the Application is liable to be rejected.
- It is **MANDATORY** to mention your PAN in the space provided and attach a **self attested photocopy** of the PAN Card.
- Passport copy mandatory for NRI's and Foreign Nationals.
- While furnishing Gross Annual Income details, please tick the applicable box indicating your Gross Annual Income (including both taxable and tax-free incomes).
- Below mentioned documents for **Identity and address proof** indicated here is **MANDATORY**. Please ensure that you submit the documents as under:

Mandatory Self Attested Documents to be Submitted (As Applicable)	
<i>(Please Tick(✓) against the documents attached/submitted)</i>	
Identity Proof	<input type="checkbox"/> Passport
	<input type="checkbox"/> Voter ID
	<input type="checkbox"/> Driving Licence
	<input type="checkbox"/> UID Aadhar
	<input type="checkbox"/> PAN
	<input type="checkbox"/> Others (.....)
Address Proof	<input type="checkbox"/> Passport
	<input type="checkbox"/> Ration Card
	<input type="checkbox"/> Driving Licence
	<input type="checkbox"/> Voter ID
	<input type="checkbox"/> Latest Telephone Bill*
	<input type="checkbox"/> Latest Electricity Bill*
	<input type="checkbox"/> Latest Gas Bill*
	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/Sale Agreement of Residence	

** Not more than 3 months old*

- After you have completed filling up the Form, please submit the same **along with** the entire set of **supporting documents** to designated person

Please do submit a photocopy of the Form for acknowledgement purposes, which you can retain for your records.