

6. REMARKS (If any)

7. 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 Central KYC Registry and KRAs 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 KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

(1) 

Signature of Authorised Person

Date : _____

Place : _____

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

Identity Verification Done Date --
Emp. Name _____
Emp. Code _____
Emp. Designation _____
Emp. Branch _____

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
Code IN0344

[Institution Stamp]

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

For office use only Application Type* New Update Delete
(To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

Addition of Related Person Deletion of Related Person Update Related Person Details
KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify) _____

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any)		First Name	Middle Name	Last Name
Father / Spouse Name		First Name	Middle Name	Last Name
Mother Name		First Name	Middle Name	Last Name

Date of Birth* DD MM YYYY Place of Birth _____, Country of Birth _____

Gender* M - Male F- Female T-Transgender

Marital Status* Married Unmarried Others _____

Citizenship IN-Indian Others _____ **Nationality** IN-Indian Others _____

PAN Card* Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A- Passport Number F - Proof of Possession of Aadhaar

B- Voter ID Card G - E-KYC Authentication

C- Driving Licence H- Offline verification of Aadhaar

D- NREGA Job Card

E - National Population Register Letter

Address

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin / Post Code* _____ State* _____

Country* _____ Landmark _____

1.3 CURRENT ADDRESS DETAILS

Same as above mentioned address (in such cases address details as below need not be provided)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A- Passport Number F - Proof of Possession of Aadhaar

B- Voter ID Card G - E-KYC Authentication

C- Driving Licence H- Offline verification of Aadhaar

D- NREGA Job Card I - Deemed Proof of Address

E - National Population Register Letter J - Self Declaration

Address

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin / Post Code* _____ State* _____

Country* _____ Landmark _____

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) - Tel. (Res) - Mobile -
 Email ID

1.5 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 Civil Servant Bureaucrat Current / Former MP, MLA or MLC
 Politician Not a PEP / Related to PEP Current / Former Head of State

B. Job Category: Chairman Director CEO CFO COO Others_____

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 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.
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PHOTO

(1)

Signature of Applicant

Date : _____

Place : _____

1.7 ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

Date DD MM YYYY
 Emp. Name _____
 Emp. Code _____
 Emp. Designation _____
 Emp. Branch _____

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
 Code IN0344

[Institution Stamp]