

PART - I

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

No.153/2, M.R.B. Arcade, Bagalur Main Road, Dwaraka Nagar, Yelahanka, Bangalore – 560063. Karnataka.



Part-(A) IDENTITY DETAILS

PLEASE FILL THIS FORM IN ENGLISH AND IN BLOCK LETTERS

Prefix Mr. Mrs. Others

Applicant name (as per ID proof)

F	I	R	S	T	N	A	M	E		M	I	D	D	L	E	N	A	M	E		L	A	S	T	N	A	M	E
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Father/Spouse name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mothers Name/Mothers Maiden Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender Male Female Marital status Single Married

Date of birth

D	D	M	M	Y	Y	Y	Y
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PAN No. (Mandatory for demat/ISA)

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 Evidence/Documents Provided in case of PAN exemption _____

Aadhaar No., if any

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STATUS Resident Individual Non Resident Foreign National

NATIONALITY Indian Other, please specify _____

Specify the proof of identity submitted PAN Other Proof

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 Valid Till

D	D	M	M	Y	Y
---	---	---	---	---	---

(Signature across the photograph)

Please affix your recent passport size photograph

81 Signature of Client

Need Signature On The Photograph

Part-(B) ADDRESS AND CONTACT DETAILS

Below mentioned address is my Present Residence Address Office Address Mandatory : Please attach Self Attested proof of below address

Local/Residence /Correspondence Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Landmark (Mandatory)

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City/Town/Village

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 PIN (Mandatory)

--	--	--	--	--	--

State

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Yrs at Current City

Y	Y	M	M
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 Residence

Y	Y	M	M
---	---	---	---

Country India Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Valid till

D	D	M	M	Y	Y
---	---	---	---	---	---

Specify the proof of address submitted for residence/correspondence address _____

Country Code STD/Area code Number Extn.

Tel.(off)

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 Country code Number

Tel.(Res)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Mobile

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Fax

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E-mail ID (Mandatory)

I	N	C	A	P	I	T	A	L	L	E	T	E	R	S	O	N	L	Y										
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Please tick if permanent address is the same as above address

Permanent Address

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 Mandatory to be filled if different from above

Landmark (Mandatory)

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 Mandatory to be filled if different from above

City/Town/Village

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 PIN (Mandatory)

--	--	--	--	--	--

State

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country India Other

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Tel.(Res) 91 - STD NUMBER Mobile No. 91

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Part-(C) TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

ADDITIONAL DETAILS REQUIRED*(Mandatory only if section C ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

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 Country Name _____

Tax Identification Number or equivalent (if issued by jurisdiction)*

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Place / City of Birth*

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 ISO 3166 Country Code of Birth*

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 Country Name _____

Part-(D) OCCUPATION (Please tick any one and give brief details):

Private Sector service Public Sector Service Government Service Business Retired Professional Agriculturist Housewife Student Others(specify) _____

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 any changes there in, 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 receive the following from central KYC Registry through SMS/Email.

(Originals verified) and Self-Attested Document copies received

In-Person-Verification(IPV) details:

Name of the Person doing IPV _____

Signature of the person doing IPV _____

Designation & Emp.code _____

Name and Signature of Authorised Signatory _____

Seal/Stamp of
Alice Blue
Securities (P) Ltd

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Alice Blue Financial services (P) Ltd
Alice Blue Financial services

82 Signature of Client

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place _____

Note:

* If customer provides the KRA registered letter the documents for KYC shall not be taken from the customer.
* The KYC form shall be filled for all the holders of the account.