

**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**  **I**  **D**  **D**  **L**  **E**  **N**  **A**  **M**  **E**  **L**  **A**  **S**  **T**  **N**  **A**  **M**  **E**

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**  **Y**  **Y**  **Y**

PAN No.(Mandatory for demat/ISA)  Evidence/Documents Provided in case of PAN exemption

Aadhaar No., if any

STATUS  Resident Individual  Non Resident  Foreign National

NATIONALITY  Indian  Other, please specify

Specify the proof of identity submitted  PAN  Other Proof  Valid Till  **D**  **D**  **M**  **M**  **Y**  **Y**  **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)

City/Town/Village  PIN (Mandatory)

State  Yrs at Current City  **Y**  **Y**  **M**  **M**  Residence  **Y**  **Y**  **M**  **M**

Country  India  Other  Specify the proof of address submitted for residence/correspondence address  Valid till  **D**  **D**  **M**  **M**  **Y**  **Y**  **Y**  **Y**

Contact details Country Code  STD/Area code  Number  Extn.

Tel.(off)  -  -  -

Tel.(Res)  -  -  -  Country code  Number

Fax  -  -  -  Mobile  -

E-mail ID (Mandatory)  **I**  **N**  **C**  **A**  **P**  **I**  **T**  **A**  **L**  **L**  **E**  **T**  **E**  **R**  **S**  **O**  **N**  **L**  **Y**

Please tick if permanent address is the same as above address

Permanent Address  Mandatory to be filled if different from above

Landmark (Mandatory)  Mandatory to be filled if different from above

City/Town/Village  PIN (Mandatory)

State

Country  India  Other

Tel.(Res)  **9**  **1** -  **S**  **T**  **D**   **N**  **U**  **M**  **B**  **E**  **R**   Mobile No.  **9**  **1**

**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\*  Country Name

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

Place / City of Birth\*  ISO 3166 Country Code of Birth\*  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.

FOR OFFICIAL USE

(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

**D**  **D**  **M**  **M**  **Y**  **Y**  **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**  **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.



Annexure 3.1 Account Details Addition / Modification / Deletion Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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<b>Depository Participant Name / Address</b>
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Please fill all the details in Block Letters in English

DP ID								Client ID							
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<b>Account Holder's Details</b>	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

- I/We request to carry out the change of address / signature in the demat account
- I/We request to carry out the change of address / signature in the KRA and demat account

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

DETAILS (Please specify change of address, bank details, telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

===== (Please Tear Here) =====  
**Acknowledgement Receipt**

Received Account Details Addition / Modification / Deletions request as per details given below :

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP ID								Client ID		
Name of the Sole / First Holder										
Name of Second joint Holder										
Name of Third joint Holder										
Modification requested for: [Specify reason]										

**Depository Participant Seal and Signature**