



CKYC & KRA KYC FORM
Know Your Client (KYC) Application Form (For Individuals Only)



R.K. STOCKHOLDING (P) LTD. (KYC Application No. _____)

A. Identity Details Please fill in ENGLISH and BLOCK LETTERS with black ink

	Prefix	First Name	Middle Name	Last Name
1. Name of Applicant	_____	_____	_____	_____
Name as per Income Tax Record	_____	_____	_____	_____
Maiden Name (if any)	_____	_____	_____	_____
Father / Spouse Name	_____	_____	_____	_____
Mother Name	_____	_____	_____	_____
2. A. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	B. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____			
3. PAN _____	Nationality / Citizenship <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify) _____			
4. Residential Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin				
Occupation (Please tick (3) any one and give brief details):				
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____				
5. UID/Aadhaar : _____	Date of Birth _____			
6. Proof of Identity submitted for PAN exempt cases (see guideline 'D' in check list.)				

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

B. Address Details

1. Address for Correspondence

_____ City/Town/Village _____
 State _____ Country _____ Pin Code _____

2. Contact Details

Mobile (ISD) (STD) _____ **Mobile** (ISD) (STD) _____
 (Primary) (Secondary)
Tel. (ISD) (STD) _____ **Fax** (ISD) (STD) _____

MOBILE (Primary) given by me belongs to Me Spouse Dependent children Dependent Parent

E-Mail ID.
 (In Capital Letters only) _____

E-MAIL ID given by me belongs to Me Spouse Dependent children Dependent Parent

3. Specify the Proof of Address submitted for Residence / Correspondence Address UID Bank Statement Other _____

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

_____ City/Town/Village _____
 State _____ Country _____ Pin Code _____

5. Specify the Proof of Address submitted for Residence / Permanent Address _____

C. Fatca & CRS Detail Nationality/Tax Residency/Citizen ship Other than India No Yes

Country of Birth _____ **Place/City of Birth** _____

Country of Citizenship/Nationality _____

Country of Tax Residency (Other Than India) _____

Tax Payer Identification Number (Other Than India) _____

Declaration : I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/ directions issued by any governmental or statutory authority from time to time. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered number/email address.

I / We hereby provide my / our consent for sharing / disclosed of the Aadhaar number(s) including demographic information with RK group of companies, SEBI, Exchanges, CKYC, KRA, Depositories and any other institutions / agencies as per requirement.

FATCA - CRS Terms and Conditions : I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform R.K. Stockholding (P) Ltd. for any modification to this information promptly. I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

SIGNATURE OF APPLICANT

②

Place: _____

Date: _____

FOR OFFICE USE ONLY - EMPLOYEE/AP/SB DETAILS

Intermediary name OR code _____

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received Main Intermediary

<input type="checkbox"/> IN-PERSON VERIFICATION (IPV)	<input type="checkbox"/> DOCUMENTS VERIFIED WITH ORIGINALS	<input type="checkbox"/> CLIENT INTERVIEWED BY
Date : _____	Institution Name & Code : R.K. STOCKHOLDING PVT. LTD.	
Name : _____	Code : _____	
Designation : _____	Signature : _____	