

**Know Your Client (KYC)  
Application Form (For Individuals Only)**

Application No. :

Systematix ARN: 64917 EUIN: E-029678

Ver. 02-2012

Please fill this form in ENGLISH and in BLOCK LETTERS.

**A. Identity Details (please see guidelines overleaf)**

**1. Name of Applicant** (As appearing in supporting identification document)

Name

Father's / Spouse's Name

**2a. Gender** Please tick (✓)  Male  Female **2b. Marital Status** Please tick (✓)  Single  Married

**2c. Date of Birth** / /

**3. Nationality** Please tick (✓)  Indian  Others  Please specify

**4. Status** Please tick (✓)  Resident Individual  Non Resident  Foreign National (Passport copy mandatory for NRIs and Foreign Nationals)

**5. PAN**  Please enclose a duly attested copy of your PAN Card.

Unique Identification Number (UID)/Aadhaar, if any

**6. Proof of Identity submitted for PAN exempt cases** Please tick (✓)

UID (Aadhaar)  Passport  Voter ID  Driving License  Others  Please specify (please see guideline 'D' overleaf)

**PHOTOGRAPH**  
Please affix  
a recent passport  
size photograph and  
sign across it

**B. Address Details (please see guidelines overleaf)**

**1. Address for Correspondence**

City / Town / Village  State  Country  Postal Code

**2. Contact Details**

Tel. (Off.) (ISD)  (STD)  Tel. (Res.) (ISD)  (STD)

Mobile (ISD)  (STD)  Fax (ISD)  (STD)

E-Mail Id.

**3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**

Passport  Ration Card  Registered Lease / Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank Account Statement/Passbook  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others  Please specify \*Not more than 3 months old.

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

City / Town / Village  State  Country  Postal Code

**5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**

Passport  Ration Card  Registered Lease / Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank Account Statement/Passbook  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others  Please specify \*Not more than 3 months old.

**C. Other Details (please see guidelines overleaf)**

**1. Gross Annual Income Details** Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs

[OR]

**Net-worth in ₹** (\* Net worth should not be older than 1 year)  **as on (date)** / /

**2. Occupation Details** (Please tick (✓) any one and give brief details)

Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired  Housewife  
 Student  Forex Dealer  Others (Please specify)

**3. Please tick if applicable:**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP) For definition of PEP, please refer guideline overleaf

**4. Any other information:**

**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 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 aware that I may be held liable for it. I hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies.

Place :  Date :

**SIGNATURE OF APPLICANT**

**FOR OFFICE USE ONLY**

AMC/Intermediary name OR code

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Seal/Stamp of the intermediary should contain  
Staff Name  
Designation  
Name of the Organization  
Signature  
Date

Documents Attestation

IPV Done  on / /

Seal/Stamp of the intermediary should contain  
Staff Name  
Designation  
Name of the Organization  
Signature

In Person Verification



**KYC Details Change form  
(For Individuals Only)**



Place for  
Intermediary Logo

Application No. :  
Systematix ARN: 64917 EUIN: E-029678

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

**A Name of Applicant** (As per original KYC records)

Title  Mr.  Ms.  Other (Please specify) \_\_\_\_\_ UID/Aadhaar, if any: \_\_\_\_\_ PAN \_\_\_\_\_

Name \_\_\_\_\_

Please Provide the new KYC details which should be updated in your KYC records.

**B. Mandatory fields for KYCs done before 1<sup>st</sup> January 2012**

1. Father's/Spouse Name \_\_\_\_\_

2. Current Marital status  Single  Married

3. Current Nationality  Indian  Other (Please specify) \_\_\_\_\_

4. Current Gross Annual Income Details (Please tick (✓):  Below 1 Lac  1-5 Lac  5-10 Lac  10-25 Lac  > 25 Lacs OR

Net-worth in ₹. (\*Net worth should not be older than 1 year) as on (date) | d | d | / | m | m | / | y | y | y | y |

"FOR OFFICE USE ONLY" Columns at the bottom of the form is Mandatory-IPV for all KYCs done before 1st January, 2012 & Original Seen and Verified for change in Identity & Address Details.

**C. Identity Details (please see guidelines overleaf)**

1. New Name (As appearing in supporting identification document).

Name \_\_\_\_\_

2. New Status Please tick (✓)  Resident Individual  Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)

UID (Aadhaar)  Passport  Voter ID  Driving Licence  Others \_\_\_\_\_ (Please see guideline 'D' overleaf)

**D. Address Details (please see guidelines overleaf)**

1. New Address for Correspondence

City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

2. Contact Details

Tel. (Off.) (ISD) (STD) \_\_\_\_\_ Tel. (Res.) (ISD) (STD) \_\_\_\_\_

Mobile (ISD) (STD) \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_

E-Mail Id. \_\_\_\_\_

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank A/c Statement/Passbook

\*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank A/c Statement/Passbook

\*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

**E. Other Details (please see guidelines overleaf)**

2. New Occupation (Please tick(✓) any one and give brief details):

Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired

Housewife  Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

3. Please tick, if applicable:  Politically Exposed Person  Related to a Politically Exposed Person

For definition of PEP, please refer guideline overleaf

4. Any other information: \_\_\_\_\_

**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.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGNATURE OF APPLICANT**

\_\_\_\_\_

**FOR OFFICE USE ONLY**

IPV Done  on | d | d | / | m | m | / | y | y | y | y |

AMC/Intermediary name OR code \_\_\_\_\_

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received  
Main Intermediary \_\_\_\_\_

Seal/Stamp of the intermediary should contain  
Staff Name  
Designation  
Name of the Organization  
Signature  
Date

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Staff Name  
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