



KYC_B

KNOW YOUR CLIENT (KYC) | APPLICATION FORM (FOR INDIVIDUALS ONLY)

Application No. :

Please fill in ENGLISH & in BLOCK LETTERS with black/blue ink & tick the appropriate options

A. IDENTITY DETAILS

1. Name of Applicant				PHOTOGRAPH Paste color passport size photo & sign across it
Father's/ Spouse Name				
2. Mother Name				
3. a. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b. Date of birth	DD / MM / YYYY	
c. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	4. Nationality	<input checked="" type="checkbox"/> Indian	
5. State	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual			
6. PAN		7. Aadhar		FH 3/16
8. Specify the proof of identity submitted				

B. ADDRESS DETAILS

1. Correspondence Address			
City/Town/Village		Pin Code	
State		Country	
2. Contact Mobile No		Tel (Res.)	
Tel (Off.)		Email id	
3. Specify the proof of address submitted for Correspondence Address:			
4. Permanent Address	<input type="checkbox"/> Same as correspondence address		
City/Town/Village		Pin Code	
State		Country	
5. Occupation (Please tick)	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised		
6. Specify the proof of address submitted for Permanent Address:			

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		Signature of Applicant	
Date	DD / MM / YYYY		

FOR OFFICE USE ONLY

Details of Employee/SB/AP	Wealthstreet Financial Services Private Limited		Wealthstreet Financial Services Private Limited Seal/ Stamp of the Intermediary
Name & E Code	Documents verified with Originals & In-Person Verification done by		
Designation			
Date / Place	DD / MM / YYYY	PLACE	
Signature			