AFFINITY SECURITIES PRIVATE LIMITED

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- d) For particular section update, please tick(\checkmark) in the box available before the section number and strike ffo the sections not required to be updated.



Maiden Name (If any') Father / Spouse Name' Date of Birth' Gender' Mr. Male Marital Status' Married Mr. Indian Mr. I					STATE BARRE
The Billion by financial institution KYC Number	For office use only	Application Type*	□New□∪	Jpdate	
1. PERSONAL DETAILS	-	KYC Number		(Mandato	ory for KYC update request)
Name* (Same as ID proof)		Account Type*	□ Normal □ :	Simplified (for low risk customers)	Small
Name* (Same as ID proof) Maidon Name (If any*) Maidon Name (If any*) Maidon Name (If any*) Mather Name* Dute of Birth* Gender* M- Maile Maried Status* Gender* M- Maried Others Others Geovernment Sector) O-Others Geovernment Sector) O-Others Gender* Geovernment Sector) O-Others Gender* Gender* Gender* M- Maried Maried Sector Geovernment Sector) O-Others Gender* Gender* M- Maried Medical Housewille Status* Maried Medical	☐ 1. PERSONAL DETAILS				
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Father / Spouse Name* Mother Name* Date of Birth* Gender* M- Male Married Gender* M- Male Married Gender* M- Married Gender Gender Gender Germander	☐ Name* (Same as ID proof)				
Mother Name* Date of Birth* Date of	Maiden Name (If any*)				
Date of Birth* Gender* M- Male F- F- Female T- Transgender Mandatal Status* Married Unmarried Others Citizenship* IN- Indian Others Others Others Citizenship* IN- Indian Others Others Others Citizenship* IN- Indian Others Others Others Cocupation Type* S- Service (Private Sector Public Sector Government Sector D- Others (Professional B- Business B- Business IN- Indian Others Student) D- Others (Professional Self Employed Retired Indusewife Student) D- Others (Professional Self Employed Retired Indusewife Student) D- Others (Professional Self Employed Retired Indusewife Indusewife Indianal D- Others (Professional Self Employed Retired Indusewife Indusewife Indusewife Indusewife Indusewife Induseminate D- Others (Professional Induseminate Ind	Father / Spouse Name*				
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Residential Status* Resident Individual Person of Indian Origin	Marital Status* Married		Unmarried	Others	
Occupation Type* S-Service (Private Sector	Citizenship*	1	Others		
Occupation Type* S-Service (Private Sector Self Employed Retired Housewife Student)	Residential Status*☐ Resident	Individual	☐ Non Residen	t Indian	
O-Others (Professional Self Employed Retired Housewife Student)	☐ Foreign N	lational	Person of Ind	ian Origin	
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X- Not Categorised (1)			Self Employe	d □Retired □Housewife □S	tudent)
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Line 2 Line 3 Line 3 District* Pin / Post Code* State / U.T City /Town / Village* Country Country	Address				
Line 3 District* Dis					
District* Pin / Post Code* State / U.T Country				City /Town / Vil	llage*
		Pin / Post Code	*		
Validity / Expiry Date of proof of address submitted /					

MANDATORY

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *	
Same as Current / Permanent / Overseas Address details	
Line 1*	
Line 2	
Line 3	City /Town / Village*
District* Pin / Post Code* Sta	ate / U.T Country
Validity / Expiry Date of proof of address submitted / / / /	
4.3ADDRESS IN THE JURISDICTION DEATILS WHERE APPLICANT IS RESIDENT C	DUTSIDE INDIA FOR TAX PURPOSES*(Applicable if section 2 is ticked)
	as Correspondence / Local Address details
Line 1*	
Line 2	
Line 3	City /Town / Village*
State* ZIP/ Post C	code* Country
5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Ema	ail-ID)
Tel. (Off)	Mobile
FAX Email ID	
☐ 6. DETAILS OF RELATED PERSON	
Addition of Related Person Deletion of Related Person KYC Number of	Related Person (if available*)
Related Person Type* Guardian of Minor Assignee	☐ Authorized Representative
Prefix First Name	Middle Name Last Name
Name* (If KYC number and name are provided, below details of sect	ion 6 are optional)
· · · · · · · · · · · · · · · · · · ·	ion o are optionally
PROOF OF IDENTITY [Pol] OF RELATED PERSON*	Provide to the Park
A- Passport Number	Passport Expiry Date
B-Voter ID Card	
C-PAN Card	
D- Driving Licence	Driving Licence Expiry Date DD - MM - YYYY
E- UID (Aadhaar)	
☐ F- NREGA Job Card	
Z- Others (any document notified by the central government)	Identification Number
☐ S- Simplified Measures Account - Document Type	Identification Number
☐ 7. REMARKS (If any)	
8. APPLICANT DECLARATION	
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I under	
therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I for it.	am aware that I may be held liable
 I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered numbers. 	umber/email address.
Date: DD-MM-20YY Place:	(2)
9. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received	
INSTITUTION DETAILS A KYC VERIFICATION CARRIED OUT BY	IN-PERSON VERIFICATION (IPV)
Name AFFINITY SECURITIES PRIVATE LIMITED Code	DOCUMENTS VERIFIED WITH ORIGINALS
Date DD-MM-20YY	
Emp. Name	CLIENT INTERVIEWED BY
Emp. Code	Date: d d / m m / 2 0 y y
Emp. Designation	
Emp. Branch	Employee/Sub-Broker/AP Details:
Emp. Ordinor	Name:
	Code:
	Designation:
[Employee Signature]	Signature: