

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

KK SECURITIES LIMITED

Regd. Office : 76-77, Scindia House, Janpath, New Delhi-110001, Phones : 011-46890000 (25 Lines) Fax : 011-23723571
 E-mail : kksl@kksecurities.com Website : www.kksecurities.com, For Investor Grievance : kkslig@hotmail.com. DP ID - IN300468 CIN - U74899DL1994PLC060238



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 (✓) in the box available before the section number and strike ffo the sections not required to be updated.

For Office use only <i>(To be filled in financial Institution)</i>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update KYC Number _____ <i>(Mandatory for KYC update request)</i> Account Type* <input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small
--	---

<input type="checkbox"/> 1. PERSONAL DETAILS							
	Prefix	First Name	Middle Name	Last Name			
<input type="checkbox"/>	Name*(Same as ID proof)	_____	_____	_____			
	Maiden Name (if any*)	_____	_____	_____			
	Father / Husband Name*	_____	_____	_____			
	Mother Name*	_____	_____	_____			
<input type="checkbox"/>	Date of Birth*	<table border="1" style="display: inline-table; text-align: center; width: 100px; height: 20px;"> <tr><td>DD</td><td>MM</td><td>YYYY</td></tr> </table>	DD	MM	YYYY		
DD	MM	YYYY					
	Gender	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender			
	Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others			
	Citizenship*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Other _____				
	Residential Status*	<input type="checkbox"/> Residential Individual	<input type="checkbox"/> Non Resident Indian				
		<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin				
	Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> Student (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> B-Business <input type="checkbox"/> Others <input type="checkbox"/> X-Not Categorised					
		Sign →					

**Please Affix your recent
Passport
size photograph**

**Signature across
Photograph**

<input type="checkbox"/> 2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION (S) OUTSIDE INDIA
ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
Country of Jurisdiction of Residence * _____
Tax Identification Number of equivalent (if issued by Jurisdiction)* _____
Place / City of Birth * _____ Country of Birth * _____

<input type="checkbox"/> 3. PROOF OF IDENTITY (PoI)*					
<i>(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)</i>					
<input type="checkbox"/> A- Passport Number _____	Passport Expiry Date <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 20px;"> <tr><td>DD</td><td>MM</td><td>YYYY</td></tr> </table>	DD	MM	YYYY	
DD	MM	YYYY			
<input type="checkbox"/> B- Voter ID Card _____					
<input type="checkbox"/> C- PAN Card _____					
<input type="checkbox"/> D- Driving Licence _____	Driving Licence Expiry Date <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 20px;"> <tr><td>DD</td><td>MM</td><td>20</td><td>YY</td></tr> </table>	DD	MM	20	YY
DD	MM	20	YY		
<input type="checkbox"/> F- NREGA Job Card _____					
<input type="checkbox"/> Z- Others (any document notified by the central government) _____	Identification Number _____				
<input type="checkbox"/> Z- Simplified Measures Account - Document Type _____	Identification Number _____				

<input type="checkbox"/> 4. PROOF OF ADDRESS (PoA) *	
<input type="checkbox"/> 4.1 CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS	
<i>(Certified copy of any one of the following Proof of address [PoI] needs to be submitted)</i>	
Address Type*	<input type="checkbox"/> Residence / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address *	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others _____ <input type="checkbox"/> Simplified Measures Account - Document Type _____

Address (For Permanent Address)	
Line 1*	_____
Line 2*	_____
Line 3*	_____ City / Town / Village* _____
District*	_____ Pin/Post Code* _____ Country _____

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS & Address Proof Required Compulsary
 Same as Current / Permanent / Overseas Address Details (Aadhar / Bank Statement / Passport / Voter ID / Driving Licence / Validity Bill & Other Proofs)
 Line 1* _____
 Line 2* _____
 Line 3* _____ City / Town / Village* _____
 District* _____ Pin/Post Code* _____ State/U.T. _____ Country _____

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)
 Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details
 Line 1* _____
 Line 2* _____
 District* _____ Pin/Post Code* _____ City / Town / Village* _____

5. CONTACT DETAILS (All communication will be sent on provided Mobile No. / Email-ID)
 Tel. (Off) _____ Tel. (Res.) _____ 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
 Name* Prefix First Name Middle Name Last Name

 (If KYC Number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY (PoI)* OF RELATED PERSON*

A- Passport Number _____ Passport Expiry Date
 B- Voter ID Card _____
 C- PAN Card _____
 D- Driving Licence _____ Driving Licence Expiry Date
 F- NREGA Job Card _____
 Z- Others (any document notified by the central government) _____ Identification Number _____
 Z- Simplified Measures Account - Document Type _____ Identification Number _____

7. REMARKS (if any)

Gross Annual Income Details Income Range Per annum (please tick any one)

Below 1 lac 1 - 5 lac 5 - 10 lac 10 - 25 lac More than 25 lac

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 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 consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : Place : _____

Sign

9. ATTESTATION / FOR OFFICE USE ONLY (Self Attested)

Documents Received Self Attested Document Copies Received

INSTITUTION DETAILS & KYC VERIFICATION CARRIED OUT BY

Name **KK. SECURITIES LTD.** Code _____
 Date
 Emp. Name _____
 Emp. Code _____
 Emp. Designation _____
 Emp. Branch _____

**IN-PERSON VERIFICATION (IPV)
 DOCUMENTS VERIFIED WITH ORIGINALS
 CLIENT INTERVIEWED BY**

Date :
 Employee/Sub-Broker/Ap Details :
 Name: _____
 Code: _____
 Designation: _____
 Signature: _____