

KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Individuals

Please fill this form in ENGLISH and in BLOCK LETTERS.

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

A. IDENTITY DETAILS

1. **Name of the Applicant:** _____
2. **Father's/ Spouse Name:** _____
3. **a. Gender:** Male/ Female **b. Marital status:** Single/ Married **c. Date of birth:** _____(dd/mm/yyyy)
4. **a. Nationality:** _____ **b. Status:** Resident Individual/ Non Resident/ Foreign National
5. **a. PIN:** _____
6. **Specify the proof of Identity submitted:** _____

B. ADDRESS DETAILS

1. **Residence Address:** _____
_____ City/town/village: _____ Pin Code: _____ State: _____ Country: _____
2. **Contact Details:** Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____ Fax: _____ Email id: _____
3. **Specify the proof of address submitted for residence address:** _____
4. **Permanent Address** (if different from above or overseas address, mandatory for Non-Resident Applicant): _____
_____ City/town/village: _____ Pin Code: _____ State: _____ Country: _____

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.

Signature of the Applicant

Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

Originals verified and Self-Attested Document copies received

(.....)
Name & Signature of the Authorised Signatory

Date

Seal/Stamp of the intermediary

EQT WEALTH
Management Limited

KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Non-Individuals

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PHOTOGRAPH

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A. IDENTITY DETAILS

1. **Name of the Applicant:** _____
2. **Date of incorporation:** _____ (dd/mm/yyyy) **& Place of incorporation:** _____
3. **Date of commencement of business:** _____ (dd/mm/yyyy)
4. **a. PIN:** _____ **b. Registration No:** _____
5. **Status (please tick any one):**
 Private Limited Co./Public Ltd. Co./Body Corporate/Partnership/Trust/Charities/NGO's/FI/ FII/HUF/AOP/ Bank/Government Body/Non-Government Organization/Defense Establishment/BOI/Society/LLP/ Others (please specify) _____

B. ADDRESS DETAILS

1. **Address for correspondence:** _____
 _____ City/town/village: _____ Pin Code: _____ State: _____ Country: _____
2. **Contact Details:** Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____ Fax: _____ Email id: _____
3. **Specify the proof of address submitted for correspondence address:** _____
4. **Registered Address** (if different from above): _____
 _____ City/town/village: _____ Pin Code: _____ State: _____ Country: _____

C. OTHER DETAILS

1. **Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:**

2. **a) DIN of whole time directors:** _____
b) Aadhaar number of Promoters/Partners/Karta: _____

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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.

Name & Signature of the Authorised Signatory

Date: _____ (dd/mm/yyyy)

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(.....)
Name & Signature of the Authorised Signatory
 Date

Seal/Stamp of the intermediary