

**KNOW YOUR CLIENT (KYC) I APPLICATION FORM (FOR INDIVIDUALS ONLY)**

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

Application No. :

**A. IDENTITY DETAILS**

<b>1. Name of Applicant</b>		<b>PHOTOGRAPH</b> Paste color passport size photo & sign across it <i>signature of 1st Holder</i> signature of 1st Holder	
Father's/ Spouse Name			
<b>2. a. Mother Name</b>	<b>b. Mother's Maiden Name</b>		
<b>3. a. Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
<b>b. Date of Birth</b>	DD / MM / YYYY		<b>c. Marital Status</b>
<b>4. Nationality</b>	<input type="checkbox"/> Indian		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Resident Individual
<b>6. PAN</b>			<b>7. Aadhar</b>
<b>8. Specify the proof of identity submitted :</b>			

**B. ADDRESS DETAILS**


<b>1. Correspondence Address</b>			
City/Town/ village		Pin Code	
State		Country	
<b>2. Contact/Mobile No.</b>		Tel (Res.)	
Tel (Off.)		Email id	
3. Specify the proof of address submitted for Correspondence Address:			
4. Permanent Address (if different from above correspondence address)		<input checked="" type="checkbox"/> Same as correspondence address	
City/Town/Village		Pin Code	
State		Country	
<b>5. Occupation (Please tick)</b>	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt Sector) <input type="checkbox"/> O-Other ( <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 Categorized		
<b>6. Specify the proof of address submitted for Permanent Address:</b>			

**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 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	<b>PROSPERA FINSTOCKS PVT LTD</b>		
Name & E Code	Documents verified with Originals & In-Person Verification done by		
Designation			
Date / Place	DD / MM / YYYY	PLACE	
Signature			