



Max Stock Broking 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) Please read section wise detailed guidelines / instructions at the end.

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only

(To be filled by financial institution)

Application Type*

☐ New

☐ Update

KRA Acknowledgement No.:

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal

☐ Simplified (for low risk customers)

☐ Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	_____	_____	_____	_____
Maiden Name (If any*)	_____	_____	_____	_____
Father / Spouse Name*	_____	_____	_____	_____
Mother Name*	_____	_____	_____	_____
Date of Birth*	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"/> Others (ISO 3166 Country Code _____)		
Residential Status*	<input type="checkbox"/> Resident 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"/> O-Others (<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"/> Student)		
	<input type="checkbox"/> X- Not Categorised			

Signature
Thumb Impression

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PHOTO

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*	_____	Country of Tax Residency	_____
Tax Identification Number or equivalent (If issued by jurisdiction)*	_____	Identification Type	_____
Place / City of Birth*	_____	ISO 3166 Country Code of Birth*	_____

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	_____	Passport Expiry Date	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	DD - MM - YYYY
<input type="checkbox"/> E- UID (Aadhaar)	_____		
<input type="checkbox"/> F- NREGA Job Card	_____		
<input type="checkbox"/> Z- Others (any document notified by the central government)	_____	Identification Number	_____
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	_____	Identification Number	_____

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / 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	_____	please specify
	<input type="checkbox"/> Simplified Measures Account - Document Type code	_____			

Address

Line 1*	_____			
Line 2	_____			
Line 3	_____			
District*	_____	Pin / Post Code*	_____	State / U.T Code* _____ ISO 3166 Country Code* _____

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*																				
Line 2																				
Line 3																				
District*						Pin / Post Code*						State / U.T Code*			ISO 3166 Country Code*					

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																				
Line 3																				
State*						ZIP / Post Code*						ISO 3166 Country Code*								

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)						Tel. (Res)						Mobile									
FAX						Email ID															

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor		<input type="checkbox"/> Assignee		<input type="checkbox"/> Authorized Representative	
	Prefix	First Name	Middle Name	Last Name		
Name*						

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

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

<input type="checkbox"/> A- Passport Number											Passport Expiry Date				
<input type="checkbox"/> B- Voter ID Card															
<input type="checkbox"/> C- PAN Card															
<input type="checkbox"/> D- Driving Licence											Driving Licence Expiry Date				
<input type="checkbox"/> E- UID (Aadhaar)															
<input type="checkbox"/> F- NREGA Job Card															
<input type="checkbox"/> Z- Others (any document notified by the central government)											Identification Number				
<input type="checkbox"/> S- Simplified Measures Account - Document Type code											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 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 :

D	D	-	M	M	-	Y	Y	Y	Y
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 Place :

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Signature / Thumb Impression of Applicant

9. ATTESTATION AND IN PERSON VERIFICATION (IPV) DETAIL / FOR OFFICE USE ONLY**Documents Received** ☐ Certified Copies (Self Attested) ☐ (Original Verified) true Copies of Document's**IPV and C-KYC VERIFICATION CARRIED OUT BY**

Date										
Emp. Name										
Emp. Code										
Emp. Designation										
Emp. Branch										

[Sign of person who has done IPV / Attestation]

INSTITUTION DETAILS

Name	Max Stock Broking Private Limited														
Code															

Max Stock Broking Private Limited**Registered & Correspondence Office :**

2 Desai Society, Nr. Mahadev Temple, College Road, Nadiad 387001. Gujarat.

Ph. : 0268-2527609, Fax : 0268-2527611 Website : www.maxbroking.com