



# Stock Holding Corporation of India Limited

Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai- 400 012.

Phone : 91-22-6177 9400 to 09, Fax : 91-22-6177 9022

Website : www.shcil.com

## KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals) CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED

PHOTOGRAPH

Please affix your recent  
passport size photograph  
and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS.

### A. IDENTITY DETAILS

Name of Applicant*																		
Father/Husband Name																		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female						Marital Status			<input type="checkbox"/> Single <input type="checkbox"/> Married								
Date of Birth	D	D	M	M	Y	Y	Y	Y	PAN									
Nationality							Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National										
Unique Identification Number(UID) /Aadhar, if any																		
Specify the proof of Identity submitted																		

### B. ADDRESS DETAILS

Correspondence Address																	
City/Town/Village							State										
Country							PIN code										
Telephone No. (R)							Fax No.										
Telephone No. (O)							Mobile No.										
E-mail ID																	
Specify the proof of address Submitted for correspondence address																	
Permanent Address (if different from Correspondence Address)																	
City/Town/Village							State										
Country							PIN Code										
Specify the proof of Address submitted for Permanent Address																	

\* Please fill separate KYC application form for each holders / guardian if any.

**C. OTHER DETAILS**

Gross Annual Income (please specify)		Income Range per annum :	
OR		<input type="checkbox"/> Below '1,00,000	<input type="checkbox"/> '1,00,001 to '5,00,000
		<input type="checkbox"/> '5,00,001 to '10,00,000	<input type="checkbox"/> '10,00,001 to '25,00,000
		<input type="checkbox"/> More than '25,00,000	
Net-Worth as on (date) should not be older than 1 year		Net Worth (Amount)	
Occupation	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist/I <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____		
Please tick if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person		
Any other information			

**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
Name	
Signature	

(Signature should be preferably in black ink)

Date : \_\_\_\_\_ (dd/mm/yyyy)

**IN PERSON VERIFICATION DETAILS.**

- (a) Name of the DP and DP id, .....
- (b) Name /Details of Branch /Service Centres .....
- (c) Details of the DP staff who has carried out 'in - person' verification.  
(Name, Employee code, Signature), .....
- (d) Date and place where 'in-person' verification was carried out .....
- (e) Signature of the Applicant (Signed in the presence of DP Staff) .....

**FOR OFFICE USE ONLY**

- (Originals verified) True copies of documents received
- (Self-Attested) Self Certified Document copies received

( \_\_\_\_\_ )  
Signature of the Authorised Signatory

Date \_\_\_\_\_

Seal/Stamp of the intermediary