

KNOW YOUR CLIENT (KYC) / CENTRAL KYC REGISTRY APPLICATION FORM (For Individuals)

Jyoti Broking Pvt. Ltd.
Corp. Office : B-78, 3rd Floor,
Defence Colony, New Delhi-110024
Tel.: 011-46059400 (30 Lines)
Fax : 011-24337131

Application Number:

Application Type* ☐ New KYC ☐ Modification KYC

Please fill the form in **ENGLISH** and in **BLOCK** letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also



KYC Mode*: Please Tick (✓)

☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name* (if any)

Fathers/Spouse's Name*

Mother Name*

Date of Birth*

Gender* ☐ Male ☐ Female ☐ Transgender

Marital Status* ☐ Single ☐ Married

Nationality* Residential ☐ Indian ☐ Other

Status* ☐ Resident Individual ☐ Non Resident Indian

Please tick (✓) ☐ Foreign National ☐ Person of Indian Origin*

Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC.

Select NRI or Foreign National based on Nationality of the individual)

PHOTOGRAPH

Please affix your recent passport size photograph



Signature Across Photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card XXXX XXXX _ _ _ _

☐ B — Passport Number (Expiry Date)

☐ C — Voter ID Card

☐ D — Driving License (Expiry Date)

☐ E — NREGA Job Card

☐ F — NPR Letter

☐ Z — Others (Any document notified by Central Government)

Identification Number

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1*

Line 2

Line 3

City/Town/Village* District* Pin Code*

State* Country*

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant E-Sign



B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*
 Line 2
 Line 3
 City/Town/Village* District* Pin Code*
 State* Country*
 Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX _ _ _ _
☐ B — Passport Number (Expiry Date)
☐ C — Voter ID Card
☐ D — Driving License (Expiry Date)
☐ E — NREGA Job Card
☐ F — NPR Letter
☐ Z — Others (Any document notified by Central Government)
 Identification Number

3. Contact Details (in CAPITAL)

Email ID*
 E-MAIL ID given by me belong to ☐ Me ☐ Spouse ☐ Dependent Children ☐ Dependent Parent
 E-MAIL ID is registered in name of Who's PAN No. is
 Mobile No.*
 MOBILE (Primary) given by me belong to ☐ Me ☐ Spouse ☐ Dependent Children ☐ Dependent Parent
 MOBILE is registered in name of Who's PAN No. is
 Tel (OFF) Tel (Resi)

4. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.

I/We hereby consent to receiving information from KRA through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: (DD-MM-YYYY)
 PLACE:

Applicant e-Sign

Applicant Wet Signature

**5. For Office Use Only**

In-Person Verification (IPV) carried out by*

Intermediary Details*

IPV Date
 Emp. Name
 Emp. Code
 Emp. Designation

☐ Self certified document copies received (OVD)
☐ True Copies of documents received (Attested)
 AMC / Intermediary Name:

Jyoti Broking Pvt. Ltd.

Employee Signature and Stamp

Institution Name & Stamp

KNOW YOUR CLIENT (KYC) / CENTRAL KYC REGISTRY APPLICATION FORM (For Non-Individuals)**Jyoti Broking Pvt. Ltd.**

Corp. Office : B-78, 3rd Floor,
Defence Colony, New Delhi-110024
Tel.: 011-46059400 (30 Lines)
Fax : 011-24337131

Application Number: Application Type* ☐ New KYC ☐ Modification KYCPlease fill the form in **ENGLISH** and in **BLOCK** letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**1. Entity Details** (please refer guidelines)PAN* Please enclose a duly attested copy of your PAN CardName* (same as ID proof) Date of Incorporation* Plate of Incorporation* Date of Commencement* Registration Number*

Entity Type* ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership
Please Tick(✓) ☐ Trust/Charity/NGO ☐ HUF ☐ FPI Category I ☐ FPI Category II
☐ AOP ☐ Bank ☐ Government Body ☐ Defence Establishment
☐ Body of Individuals ☐ Society ☐ LLP
☐ Non-Government Organization ☐ Others

2. Proof of Identity* (please refer the guidelines)

☐ Officially Valid Document(s) in respect of person authorized to transact
☐ Certificate of Incorporation/Formation ☐ Registration Certificate
☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed
☐ Board Resolution ☐ Power of Attorney granted to its manager, office, employees to transact on its behalf
☐ Activity Proof-1* (For Sole Proprietorship Only) ☐ Activity Proof-2* (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)**A. Registered Address***Line 1* Line 2 Line 3 City/Town/Village* District* Pin Code* State* Country* **B. Correspondence/Local Address in India** (If different from above)*Line 1* Line 2 Line 3 City/Town/Village* District* Pin Code* State* Country*

Applicant Digital Signature (DSC)



Proof of Address* (attested copy of any one POA to be submitted - *Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other Document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) _ _ _ _ _	
<input type="checkbox"/> Any Other Proof of Address document (as listed overleaf) _____		

4. Contact Details (in CAPITAL)

Email ID*

E-MAIL ID given by me belong to ☐ Me ☐ Spouse ☐ Dependent Children ☐ Dependent Parent

E-MAIL ID is registered in name of Who's PAN No. is

Mobile No.*

MOBILE (Primary) given by me belong to ☐ Me ☐ Spouse ☐ Dependent Children ☐ Dependent Parent

MOBILE is registered in name of Who's PAN No. is

Tel (OFF) Tel (Resi)

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information

7. Applicant 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 or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from KRA through SMS/Email on the above registered number/Email address.

DATE: (DD-MM-YYYY)

PLACE:

Applicant Digital Sign. (DSC)

Applicant Wet Signature

**8. For Office Use Only**

KYC Carried Out by*	Intermediary Details*
KYC Date	<input type="checkbox"/> Self certified document copies received (Originals Verified)
Emp. Name	<input type="checkbox"/> True Copies of documents received (Attested)
Emp. Code	AMC / Intermediary Name OR Code:
Emp. Designation	<div>Jyoti Broking Pvt. Ltd.</div>
Employee Signature and Stamp	Institution Name & Stamp

KNOW YOUR CLIENT (KYC) — Annexure (For Non-Individuals Only) / Related Person

Jyoti Broking Pvt. Ltd.
 Corp. Office : B-78, 3rd Floor,
 Defence Colony, New Delhi-110024
 Tel.: 011-46059400 (30 Lines)
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Please fill the form in **ENGLISH** and in **BLOCK** letters
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1. Identity Details of Related Person (please refer guidelines overleaf)

PAN* Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name* (if any)

Fathers/Spouse's Name*

Mother Name*

Date of Birth*

Gender* ☐ Male ☐ Female ☐ Transgender

Nationality* Residential ☐ Indian ☐ Other

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

☐ Director ☐ Promoter ☐ Karta ☐ Karta ☐ Trustee ☐ Partner

☐ Court Appointed Official Proprietor ☐ Beneficiary ☐ Authorized Signatory

☐ Beneficial Owner ☐ Power of Attorney Proprietor

☐ Others (please specify) DIN: (Mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

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☐ B — Passport Number (Expiry Date)

☐ C — Voter ID Card

☐ D — Driving License (Expiry Date)

☐ E — NREGA Job Card

☐ F — NPR Letter

☐ Z — Others (Any document notified by Central Government)

Identification Number

PHOTOGRAPH

Please affix your recent passport size photograph

Signature Across Photograph

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1*

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State* Country*

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

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B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

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 E-MAIL ID is registered in name of Who's PAN No. is
 Mobile No.*
 MOBILE (Primary) given by me belong to ☐ Me ☐ Spouse ☐ Dependent Children ☐ Dependent Parent
 MOBILE is registered in name of Who's PAN No. is
 Tel (OFF) Tel (Resi)

4. Applicant 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 or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from KRA through SMS/Email on the above registered number/Email address.

DATE: (DD-MM-YYYY)

PLACE:

Applicant e-Sign

Applicant Wet Signature

**5. For Office Use Only**

KYC carried out by*

Intermediary Details*

KYC Date

☐ Self certified document copies received (OVD)

Emp. Name

☐ True Copies of documents received (Attested)

Emp. Code

Emp. Designation

Jyoti Broking Pvt. Ltd.

Employee Signature and Stamp

Institution Name & Stamp

DETAILS OF AUTHORISED SIGNATORY(IES) / PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON-INDIVIDUALS


Name of Applicant										
PAN of the Applicant										

1. Name											PHOTOGRAPH Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / Aadhaar No.*					
	Residential/Registered Address										
	City / Town / Village					PIN					
	State					Country					
	Contact Details	Phone No.					Mobile No.				
Email ID											
Whether Politically Exposed <input type="checkbox"/> RPEP: Related to Politically Exposed Person <input type="checkbox"/> PEP: Politically Exposed Person <input type="checkbox"/> NO											

2. Name											PHOTOGRAPH Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / Aadhaar No.*					
	Residential/Registered Address										
	City / Town / Village					PIN					
	State					Country					
	Contact Details	Phone No.					Mobile No.				
Email ID											
Whether Politically Exposed <input type="checkbox"/> RPEP: Related to Politically Exposed Person <input type="checkbox"/> PEP: Politically Exposed Person <input type="checkbox"/> NO											

3. Name											PHOTOGRAPH Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / Aadhaar No.*					
	Residential/Registered Address										
	City / Town / Village					PIN					
	State					Country					
	Contact Details	Phone No.					Mobile No.				
Email ID											
Whether Politically Exposed <input type="checkbox"/> RPEP: Related to Politically Exposed Person <input type="checkbox"/> PEP: Politically Exposed Person <input type="checkbox"/> NO											

***DIN for Directors / Aadhaar No. for others**

	Name & Signature of the Authorised Signatory(ies)																	
	Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>										D	D	M	M	Y	Y	Y	Y
	D	D	M	M	Y	Y	Y	Y										
In person Verification (IPV) Details: Name of the person who has done the IPV: _____ Designation: _____ Employee ID: _____ Name of Authorised Person _____ Name of the Organization: Jyoti Broking Pvt. Ltd. Date of IPV: <table border="1"><tr><td>D</td><td>D</td></tr></table> / <table border="1"><tr><td>M</td><td>M</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Signature of the person who has done the IPV _____											D	D	M	M	Y	Y	Y	Y
D	D																	
M	M																	
Y	Y	Y	Y															