

KNOW YOUR CLIENT (KYC) APPLICATION FORM - GUARDIAN (IN CASE SOLE HOLDER OF DEMAT ACCOUNT IS MINOR)
A. IDENTITY DETAILS (Please see guidelines overleaf)
1. Name of the Applicant: (As appearing in supporting Identification document)

Prefix		First Name		Middle Name		Last Name	
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2. Maiden Name (If any):
3. Father/ Husband :
4. Mother Name :
5. Relationship with Applicant : _____

6. (a) Gender: Male Female **(b) Marital Status:** Single Married **(c) Date of Birth:**
7. Nationality: Indian Other _____ (Please specify)

8. Status: (Please ✓) Resident Non Resident Foreign National (Passport copy mandatory for NRIs & Foreign Nationals)

9. (a) PAN (Please enclose a duly attested copy of your PAN card)

(b) Unique Identification No. (UID)/ Aadhar
10. Specify the proof of Identity submitted _____ (Please ✓)

 UID (Aadhar) Passport Voter ID Driving License Others _____ (Please see guideline 'D' overleaf)

Please affix the recent passport size Photograph and sign across it

B. ADDRESS DETAILS (Please see guidelines overleaf)
1. Resident / Correspondence Address :

 Landmark: _____
 City/ Town/ Village: _____ PIN Code:
 State: _____ Country: _____

2. Permanent Address of Resident Applicant if different from above
B.1. Overseas Address (Mandatory) for Non-Resident Applicant

 Landmark: _____
 City/ Town/ Village: _____ PIN Code:
 State: _____ Country: _____

 GST Registered (Goods and Services Tax) Yes No GSTIN No. (If GST Registered)

Proof of GST registration is required if selected Yes (Related to correspondence address only)

Address Type : Residential / Business Residential Business Registered Office Unspecified

Address Type : Residential / Business Residential Business Registered Office Unspecified

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport Driving License Voter Identity Card
 Ration Card *Latest Gas Bill *Latest Electricity Bill
 Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line)
 Registered Lease/Sale Agreement of Residence
 Others _____ (Please specify)

Document No. : _____ Place of Issue : _____

 Issuing Authority : _____ Date of Issue:

 Validity/Expiry date of proof of address submitted *Not more than 3 Months old.

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 Others _____ (Please specify)

Document No. : _____ Place of Issue : _____

 Issuing Authority : _____ Date of Issue:

 Validity/Expiry date of proof of address submitted *Not more than 3 Months old.
4. Contact Details: Tel (Off) :

 Tel (Res) :

 Mobile No.:

 Fax No.:

 E-mail ID:

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.

Place: _____

 Date:
SIGNATURE OF APPLICANT
FOR OFFICE USE ONLY

 IIFL Securities Limited Code: 1100044700
 (Originals verified) Self certified Documents copies received.
 (Attested) True copies of Documents received.

Staff Name	_____
Designation	_____
Signature	_____
Date	_____

 IPV Done on

Seal/Stamp of IIFL	_____
Staff Name	_____
Designation	_____
Signature	_____
Date	_____