

**KNOW YOUR CLIENT (KYC)**

APPLICATION FORM (FOR INDIVIDUALS ONLY)

SPREADX
SECURITIES PVT. LTD.Please fill the form in ENGLISH and in BLOCK letters Fields marked * are mandatory
Fields marked " are pertaining to CKYC and mandatory only processing KYC also**Application Number :** _____**Application Type* :** ☐ New KYC ☐ Modification KYC**KYC Mode* : Please Tick ()** ☐ Normal | ☐ EKYC OTP | ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC | ☐ Digilocker**1. Identity Details (please refer guidelines)****PAN** _____**Name* (same as ID proof)** _____**Maiden Name (if any)** _____**Mother Name** _____**Father / Spouse Name** _____**Date of Birth*** _____**Gender*****Marital Status*****Nationality*****Residential Status***☐ Male ☐ Female ☐ Transgender☐ Single ☐ Married☐ Indian ☐ Other☐ Resident Individual ☐ Non Resident Indian☐ Foreign National ☐ Person of Indian Origin*Recent passport size
Applicant PhotoCross
Signature

Cross Signature across photograph

(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)**Proof of Identity (POI) submitted for PAN exempted cases (Please tick)**☐ **A - Aadhaar Card** xxxx xxxx _____ ☐ **B - Voter ID Card** ☐ **C - Passport Number** _____ (Expiry Date)☐ **D - NREGA Job Card** ☐ **E - NPR** _____ ☐ **F - Driving License** _____ (Expiry Date)☐ **Z - Others** _____ (any document notified by Central Government)**Identification Number** _____**2. Address Details* (please refer guidelines)****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)

 Signature
on this page

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 - Voter ID Card _____☐ C - Passport Number _____ Expiry Date _____☐ 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 _____

Mobile _____

Tel (Off.) _____ Tel (Res.) _____

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 CVL 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.

I here by consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.



Date: _____

Place: _____

Applicant E-SIGN

Applicant Wet Signature

**5. For Office Use Only**

In-Person Verification (IPV) Carried out by	AMC /Intermediary Details
IPV Date _____	SPREAD X SECURITIES PRIVATE LIMITED
Emp. Name _____	CKYC INSTITUTION CODE : IN7106
Emp. Code _____	CVL POS CODE : 1400310930
Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)
 Employee Signature and Stamp	 Institution Name and Stamp