

SAFAL CAPITAL (INDIA) LIMITED

Regd. Office: 238, Chitvan Society, Opp. Abhijot Harmony, Gala Gymkhana Road, Bopal, Ahmedabad-380058



KYC Regd. No.

Please fill this form in ENGLISH and in BLOCK LETTERS NEW CHANGE EXISTING (Please tick ✓ the appropriate)
 (Please tick ✓ the box on left margin of appropriate row where CHANGE / CORRECTION is required and provide the details in the corresponding row)

A IDENTITY DETAILS

1. Name of Applicant

2. Father's/Husband's Name

3. Mother's Name

4a. Gender Male Female 4b. Marital Status Single Married 4c. Date of Birth d d / m m / y y y y

5a. Nationality Indian Other (Please specify) _____

5b. Status Resident Individual Non Resident Foreign National

6a. PAN 6b. Aadhaar Number, if any:

7. Occupation (please tick any one and give brief details) Private Sector Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Others (Please specify)

8. Specify Proof of Identity submitted PAN card Any Other (Please specify)

Please affix your recent passport size photograph

Signature across photograph

B ADDRESS DETAILS

Correspondence Address Residence Address

1. Residence / Correspondence Address

City / Town / Village _____ Pin Code _____

State _____ Country I N D I A

2. Specify the Proof of Address submitted for Residence / Correspondence Address : _____

3. Contact Details

E-mail Id _____

Mobile No _____

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

4. Permanent Address (If different from above mandatory for Non-Resident Applicant to specify overseas address)

City / Town / Village _____ Pin Code _____

State _____ Country I N D I A

5. Specify the proof of address submitted for permanent address.

C 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 here by 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 Place : _____

Signature of the Applicant

FOR OFFICE USE ONLY

1. Originals verified and Self-Attested Document copies received

In Person Verification (IPV) Details:

a) Name of the person doing IPV: _____

2. b) Designation: _____

c) Name of the Organization: _____

Seal/Stamp of the Intermediary

Name & Signature of the Authorised Signatory

Date d d / m m / y y y y