

SAFAL CAPITAL (INDIA) LIMITED

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

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)



KYC Regd. No.

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 Birth5a. 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

State

Country I N D I A

Pin Code

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

State

Country I N D I A

Pin Code

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

Date

Place :



Signature of the Applicant

FOR OFFICE USE ONLY1. ☐ 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