SAFAL

SAFAL CAPITAL (INDIA) LIMITED

Regd. Office: 201, Palika Plaza, Phase - II, M.T.H. Compound, Indore - 452001 (M.P.)

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 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

2/53

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 : _____

3/53

Signature of the Applicant

FOR OFFICE USE ONLY

1. ☐ Originals verified and Self-Attested Document copies received

2. **In Person Verification (IPV) Details:**

a) Name of the person doing IPV: _____

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