

**Know Your Client (KYC)  
APPLICATION FORM (FOR INDIVIDUALS ONLY)**

Please fill in ENGLISH and in BLOCK LETTERS



<b>Application Type</b>	<input type="checkbox"/> New KYC	<input type="checkbox"/> Modification KYC	Application No.:
<b>KYC Mode</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> EKYC OTP	<input type="checkbox"/> EKYC Biometric
	<input type="checkbox"/> Online KYC	<input type="checkbox"/> Offline EKYC	<input type="checkbox"/> Digilocker

Identity Details			
<b>Name of Applicant</b>			
<b>Father's/Spouse Name</b>			
<b>Mother's Name</b>			
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married		
<b>Date of Birth</b>	DD / MM / YYYY	<b>Nationality</b>	<input type="checkbox"/> Indian <input type="checkbox"/> Other
<b>PAN No.</b>		<b>Aadhaar No.</b>	XXXX XXXX
<b>Proof of Identity submitted</b>	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving Licence <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR <input type="checkbox"/> Other		
<b>Status</b>	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin*		

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

(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)

<b>A. Correspondence Address</b>			
City/Town/Village	PIN Code	State	Country
Address Type <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			

<b>B. Permanent Address</b> (if different from above correspondence address)			
City/Town/Village	PIN Code	State	Country
Address Type <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			

<b>Proof of address to be submitted</b>			
<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Registered Lease /Sale Agreement of Residence	<input type="checkbox"/> Driving Licence
<input type="checkbox"/> Aadhaar	<input type="checkbox"/> * Latest Telephone Bill (only Land line)	<input type="checkbox"/> * Latest Electricity Bill	<input type="checkbox"/> * Latest Bank A/c Statement / Passbook
<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> NPR Letter	<input type="checkbox"/> Other (please specify)	* Not more than 2 Months old.

<b>Contact Details</b>			
Email id	Mobile No.	Tel. (Res./ Off.)	

**Annual Income Details** (Please (✓)Mandatory  Below 1 Lac  1-5 Lac  5-10 Lac  10-25 Lac  > 25 Lac

APPLICANT DECLARATION		Applicant e-SIGN	Applicant Wet Signature
<p>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.</p> <p>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.</p>			
Place:	Date:		

**FOR OFFICE USE ONLY**

In-Person Verification (IPV) carried out by		Intermediary Details		Institution Name and Stamp
Employee Details	IPV Date	DD / MM / YYYY		
	Name			
	Code	Designation		
	Sign	AMC / Intermediary Name		
		<input type="checkbox"/> Self certified document copies received (OVD)	<input type="checkbox"/> True Copies of documents received (Attested)	



# A.G. SHARES & SECURITIES LTD.

N.S.D.L (DEPOSITORY PARTICIPANT) DP ID: IN301006 BLOCK No. 20/4, 1<sup>st</sup>  
FLOOR, MARUTI TOWER, SANJAY PLACE, AGRA –282002  
Ph.: 0562- 4028900,

## COMMUNICATION OF CHANGE IN ADDRESS

CLIENT DETAILS:

DATE: .....

DP ID:	CLIENT ID:	CLIENT CODE :
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### NAME

First Holder :
Second holder :
Third Holder :

Dear Sir,

Kindly change my / our address details, as given below, in Trading Account as well as Demat Account

Present Address Details	New Address Details
Phone No.	Phone No.
City:	City:

Thanking You,

Your faithfully

Signature of

\_\_\_\_\_  
1<sup>st</sup> Holder

\_\_\_\_\_  
2<sup>nd</sup> Holder

\_\_\_\_\_  
3<sup>rd</sup> Holder

### Documents Required:

- 1) Copy of Photo ID proof (Self Attested) of all the holders.
- 2) Copy of New Address proof (Self Attested) of all the holders.