


Know Your Client (KYC) Application Form (For Individuals Only)	 Moneylicious Securities Private Limited
<ul style="list-style-type: none"> Please fill the form in ENGLISH and in BLOCK letters Fields marked * are mandatory. Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also 	Application Number : _____ Application Type : <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC

KYC Mode: (Please tick)

Normal
 EKYC OTP
 EKYC Biometric
 Online KYC
 Offline KYC
 Digilocker

1. Identity Details (Please Refer Guidelines Overleaf)

PAN Number			
Client Name			
Maiden Name			
Father/Spouse Name			
Date Of Birth			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married		
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____		
Residential Status	<input type="checkbox"/> Resident Individual		<input type="checkbox"/> Non-Resident Indian
	<input type="checkbox"/> Foreign National		<input type="checkbox"/> Person of Indian Origin
(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)

<input type="checkbox"/> A - Aadhaar Card	XXXX - XXXX - ____ - ____
<input type="checkbox"/> B - Passport No.	
<input type="checkbox"/> C - Voter ID	
<input type="checkbox"/> D - DL	
<input type="checkbox"/> E - NREGA Card	
<input type="checkbox"/> F - NPR	
<input type="checkbox"/> Z - Others	

2. Address Details (Please Refer Guidelines Overleaf)

A. Correspondence Address / Local Address

Address Line 1			
Address Line 2			
Address Line 3			
City / Town / Village	District	PIN	
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		

NAME OF THE ACCOUNT HOLDER	SIGNATURE OF THE ACCOUNT HOLDER
Place	
Date	

B. Permanent Residence Address of applicant, if different from above A

Address Line 1				
Address Line 2				
Address Line 3				
City / Town / Village		District	PIN	
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			

Proof of Address (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

<input type="checkbox"/> A - Aadhaar Card	XXXX - XXXX - _ _ _ _ _
<input type="checkbox"/> B - Passport No.	
<input type="checkbox"/> C - Voter ID	
<input type="checkbox"/> D - DL	
<input type="checkbox"/> E - NREGA Card	
<input type="checkbox"/> F - NPR	
<input type="checkbox"/> Z - Others	

3. Contact Details (in CAPITAL)

Email ID	
Mobile Number	+91 -
Tel No (Off)	Tel No. (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.

NAME OF THE ACCOUNT HOLDER		SIGNATURE OF THE ACCOUNT HOLDER	
Place			
Date			

FOR OFFICE USE ONLY

In-Person Verification (IPV) carried out by			
Intermediary Name	Moneylicious Securities Pvt Ltd		
AMC / Intermediary Code	1200006593		
Employee Name			
Employee Code			
Employee Designation			
IPV Date			
<input type="checkbox"/> Self Certified document copies received (OVD) <input type="checkbox"/> True copies of documents received (Attested)		Employee Signature	