



**A. Identity Details**

Please fill in ENGLISH and BLOCK LETTERS with black ink

	Prefix	First Name	Middle Name	Last Name
1. Name of Applicant				
Name as per Income Tax Record				
Maiden Name (if any)				
Father / Spouse Name				
Mother Name				

2. A. Gender  Male  Female  Transgender B. Marital status  Single  Married  Others \_\_\_\_\_

3. PAN \_\_\_\_\_ Nationality / Citizenship  Indian  Other (Please specify) \_\_\_\_\_

4. Residential Status  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

Occupation (Please tick (3) any one and give brief details):  
 Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  
 Retired  Housewife  Student  Others (Please specify) \_\_\_\_\_

5. UID/Aadhaar : X X X X X X X X \_\_\_\_\_ Date of Birth d d m m y y y y \_\_\_\_\_

6. Proof of Identity submitted for PAN exempt cases (see guideline 'D' in check list.)



**B. Address Details**

1. Address for Correspondence

State	City/Town/Village	Country	Pin Code
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2. Contact Details

Mobile (Primary) (ISD) (STD)	Mobile (Secondary) (ISD) (STD)
Tel. (ISD) (STD)	Fax (ISD) (STD)

MOBILE (Primary) given by me belongs to  Me  Spouse  Dependent children  Dependent Parent

Mobile No. is registered in name of \_\_\_\_\_ who's PAN No. is \_\_\_\_\_

E-Mail ID. (In Capital Letters only)

E-MAIL ID given by me belongs to  Me  Spouse  Dependent children  Dependent Parent

E-mail-ID is registered in name of \_\_\_\_\_ who's PAN No. is \_\_\_\_\_

3. Specify the Proof of Address submitted for Residence / Correspondence Address  UID  Bank Statement  Other \_\_\_\_\_

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

State	City/Town/Village	Country	Pin Code
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5. Specify the Proof of Address submitted for Residence / Permanent Address \_\_\_\_\_

**C. Fatca & CRS Detail**

Nationality/Tax Residency/Citizenship Other than Indi  No  Yes

Country of Birth	Place/City of Birth
Country of Citizenship/Nationality	
Country of Tax Residency (Other Than India)	
Tax Payer Identification Number (Other Than India)	

2. Gross Annual Income Details : Income Range per annum :  Below Rs. 1 Lac  Rs. 1 Lac to 5 Lac  
 Rs. 5 Lac to 10 Lac  Rs. 10 Lac to 25 Lac  >25 Lac

**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 am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA agencies only for the specific purpose validating/ maintaining/ sharing my KYC record and as an audit evidence. I will have an option to request for deleting of my Aadhaar record. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered mobile 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/Dig Locker XML file, along with pass code and as applicable, with SEBI, KRA, CKYC and other Institutions/ agencies/ Intermediaries with whom I have a business relationship for KYC purposes only.

**SIGNATURE OF APPLICANT**

(2)

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**IPV TO BE FILLED BY - EMPLOYEE/AP/OTHERS**

Intermediary name OR code \_\_\_\_\_

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received Main Intermediary

<input type="checkbox"/> IN-PERSON VERIFICATION (IPV)	<input type="checkbox"/> DOCUMENTS VERIFIED WITH ORIGINALS	<input type="checkbox"/> CLIENT INTERVIEWED BY
Date : d d / m m / y y y y	Institution Name & Code : <b>Globe Capital Market Limited</b>	
Name : _____	Code : _____	
Designation : _____	Signature : _____	

\*See Instructions cum check list at the last page