


A IDENTITY DETAILS

<input type="checkbox"/>	1. Name of the Applicant																
<input type="checkbox"/>	2. Father's/Spouse Name																
<input type="checkbox"/>	3a. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	3b. Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	3c. Date of Birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	4a. Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> Other (Please specify)														
<input type="checkbox"/>	4b. Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Foreign National													
<input type="checkbox"/>	5a. PAN																
<input type="checkbox"/>	5b. Unique Identification Number (UID) / Aadhaar, if any:																
<input type="checkbox"/>	6. Specify Proof of Identity submitted	<input type="checkbox"/> PAN card	<input type="checkbox"/> Other (Please specify)														

Affix your
Passport size
Photo

Sign Across

(4) 

B ADDRESS DETAILS

<input type="checkbox"/>	1. Address for Correspondence														
	City /Town / Village														
	State						Country						Pin Code		
<input type="checkbox"/>	2. Specify the Proof of Address submitted for Correspondence Address:														
<input type="checkbox"/>	3. Contact Details														
	Tel. (Off.)						Fax								
	Tel. (Res.)						Mobile No.								
	E-Mail Id.														
<input type="checkbox"/>	4. Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant)														
	City /Town / Village														
	State						Country						Pin Code		
<input type="checkbox"/>	5. Specify the Proof of Address submitted for Permanent Address:														


C OTHER DETAILS

<input type="checkbox"/>	1. Gross Annual Income Details (Please Specify) Income range per annum:	<input type="checkbox"/> Below ₹ 1 Lac	<input type="checkbox"/> ₹ 1-5 Lac	<input type="checkbox"/> ₹ 5-10 Lac	<input type="checkbox"/> ₹ 10-25 Lac	<input type="checkbox"/> More than ₹ 25 Lacs										
	OR															
<input type="checkbox"/>	Net-worth (Net worth should not be older than 1 year) Amount ₹					as on (date)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	2. Occupation (Please tick ✓ any one and give brief details):															
	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired									
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Others(Plasespecify)													
<input type="checkbox"/>	3. Please tick, if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)													
<input type="checkbox"/>	4. Any other information:															

D 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.

Date: / /

(1)  Signature of the Applicant

FOR OFFICE USE ONLY

<p>In Person Verification (IPV) Details:</p> <p>Name of the person who has done the IPV: _____</p> <p>Designation: _____ Employee ID: _____</p> <p>Name of the Organization: _____</p> <p>Date of IPV: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">Signature of the person who has done the IPV _____</p>		<p>Seal/Stamp of the Intermediary</p>
<p><input type="checkbox"/> (Originals Verified) True copies of Documents received</p> <p><input type="checkbox"/> (Self Attested) Self Certified Document copies received</p> <p style="text-align: right;">Date _____</p>		
<p>Signature of the Authorised Signatory _____</p>		<p>3</p>