

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN*	<input type="text"/>	Date of Birth*	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
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		



F1 Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

ISO 3166 Country Code of Birth* Place / City of Birth*

Tax Identification Number or equivalent (If issued by jurisdiction)*

3. PROOF OF ADDRESS (PoA)*

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction C at the end. Certified copy of any one of the following Proof of Identity need to be submitted).

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A - Passport Number	<input type="checkbox"/> C-Driving Licence	<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="checkbox"/> D-NAREGA Job Card	<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/>

II. E-KYC Authentication III. Offline verification of Aadhaar

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State City / Town / Village* Country

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS*(Please see instruction F at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

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II. E-KYC Authentication III. Offline verification of Aadhaar IV. Deemed proof of address :

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State City / Town / Village* Country

4 CONTACT DETAILS (All communication will be sent on provided Mobile No./E-Mail Id) (Please refer instruction G at the end)

Tel. (Off) - Mobile -

Tel. (Res) - Email ID

5. REMARKS (If any) :

6. APPLICANT 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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / address.

Date : - - Place :

F2

Signature / Thumb Impression of Applicant
Signature as per our record

Reliance Securities Limited - POS: 120000959 / CKYC: IN0667

Office use only

Documents Received

Certified Copies Digital KYC Process

E-KYC data received from UDAl Equivalent e-document

Data received from Offline Verification Video Based KYC

IPV Done on / /

Employee Name

Designation

Code

Branch

Signature

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Date : - - Place :

S2

Signature / Thumb Impression of Applicant
Signature as per our record

Reliance Securities Limited - POS: 120000959 / CKYC: IN0667

Office use only

Documents Received

<input type="checkbox"/> Certified Copies	<input type="checkbox"/> Digital KYC Process
<input type="checkbox"/> E-KYC data received from UDAl	<input type="checkbox"/> Equivalent e-document
<input type="checkbox"/> Data received from Offline Verification	<input type="checkbox"/> Video Based KYC

IPV Done on / /

Employee Name _____

Designation _____

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Signature _____

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