

SADRAYA MONEY MANAGEMENT PRIVATE LIMITED

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Acknowledgement No.

Important Instructions :

- A) Fields marked with * are mandatory fields.
- B) Please fill the form In English and In BLOCK letters
- C) Please fill the date in DD-MM-YYYY format.
- D) please read section wise detailed guidelines / Instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1908 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only (To be filled by financial institution)	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update		
	KYC Number	<input style="width: 100px; border: 1px solid black;" type="text"/>	(Mandatory for KYC update request)
	Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small	

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

	Prefix	First Name	Middle Name	Last Name
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Name* (Same as ID proof) _____

Maiden Name (If any) _____

Father / Spouse Name* _____

Mother Name* _____

Date of Birth* - -

Gender* M- Male F-Female T-Transgender

Marital Status' Married Unmarried Others

Citizenship* IN- Indian Others (ISO 3166 Country Coders)

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type* S-Service (Private Sector Public Sector Government Sector)
 O-Others (Professional Self Employed Retired Housewife Student)
 B-Business X- Not Categorised

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

2. CONTACT DETAILS (All communications will be sent on provided)

Tel (Off) _____ Tel (Res) _____ FAX _____

Mobile _____ Self Spouse Dependent Child Dependent Parent

Email ID _____ Self Spouse Dependent Child Dependent Parent

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number

B- Voter ID Card

C- PAN Card

D- Driving Licence

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government)

S- Simplified Measures Account - Document Type code

Passport Expiry Date - -

Driving Licence Expiry Date - -

Identification Number

Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see Instruction D at the end)
 (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others
 Simplified Measures Account - Document Type code

Address

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS • (Please see instruction E at the end).

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

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin / Post Code* [][][][][][][] State / U.T Cod* [][] ISO 3166 Country Code* [][]

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Some its Correspondence / Local Address details

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

State* _____ ZIP / Post Code* [][][][][][][] ISO 3166 Country Code* [][]

5. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTIONS) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only If section 2 Is ticked)

ISO 3166 Country Code of Jurisdiction of Residence* [][]

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

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

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill Annexure B1.) (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*) [][][][][][][][][][][][]

Related Person Type* Guardian of Minor Assignee Authorized Representative

	Prefix	First Name	Middle Name	Last Name
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Name* _____

(If KYC number and name are provided, below details of section 6 are optional Tel. (Off))

PROOF OF IDENTITY (POI OF RELATED PERSON' (Please see instruction (H) at the end)

- A- Passport Number _____ Passport Expiry Date [][][] - [][][] - [][][][][]
- B- Voter ID Card _____
- C- PAN Card _____
- D- Driving Licence _____ D-Driving Licence Expiry Date [][][] - [][][] - [][][][][]
- E- UID (Aadhaar) _____
- F- NREGA Job Card _____
- Z- Others (any document notified by the central government) Identification Number [][][][][][][][][][][][][][]
- S- Simplified Measures Account - Document Type code [][] Identification Number [][][][][][][][][][][][][][]


7. REMARKS (If any) Mobile no./ Email-ID) (Please refer instruction F at the end)

8. 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, I am aware that I may be held liable for it.
- I hereby consent to receiving intimation from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : [][][] - [][][] - [][][][][] Place : _____

(Signature / Thumb Impression)



Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

<p>Documents Received <input type="checkbox"/> Certified Copies <input type="checkbox"/></p> <p style="text-align: center;">KYC VERIFICATION CARRIED OUT BY</p> <p>Date [][][] - [][][] - [][][][][]</p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p> <p>Emp. Branch _____</p> <p>_____ (Employee Signature)</p>	<p style="text-align: center;">INSTITUTION DETAILS</p> <p>Name SADRAVYA MONEY MANAGEMENT PRIVATE LIMITED</p> <p>Code _____</p> <p>_____ _____ _____ (Institution Stamp)</p>
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