



Know Your Client (KYC) Application Form (For Individuals Only)

Please fill type the form in English and BLOCK letters. **Sign all areas marked with 'x'**. Once completed, please mail the completed form along with the necessary proofs to our corporate office in Mumbai.

PLEASE AFFIX A
RECENT PASSPORT
PHOTOGRAPH AND
SIGN ACROSS IT

CLIENT'S SIGNATURE [1]

A. Identity Details (please see guidelines)

FULL NAME (As appearing in supporting identification document):

FATHER / SPOUSE'S NAME:

MAIDEN NAME: (If any)

MOTHER NAME:

GENDER ☐ MALE ☐ FEMALE ☐ T - TRANSGENDER

MARITAL STATUS ☐ MARRIED ☐ UNMARRIED

CITIZENSHIP ☐ IN - INDIAN ☐ OTHER

DATE OF BIRTH (dd/mm/yyyy) _____

RESIDENTIAL STATUS ☐ RESIDENT INDIVIDUAL ☐ NON RESIDENT INDIAN ☐ FOREIGN NATIONAL ☐ PERSON OF INDIAN ORIGIN

PAN (Please enclose a duly attested copy) _____

PROOF OF IDENTITY SUBMITTED FOR PAN EXEMPT CASES (Please Tick ✓)

☐ A- Aadhar Card XXXXXXXX _____

☐ B- Passport Number _____

☐ C- Voter ID _____

☐ D - Driving License _____

☐ E - NREGA Job Card _____

☐ F - NPR _____

☐ z - Others _____ (any document by Central Government)

Identification Number _____

Applicant E-Sign

B. Address Details (Please see guidelines)

Address Type ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

ADDRESS FOR RESIDENCE/CORRESPONDENCE:

CITY/TOWN/VILLAGE: _____ STATE: _____ PIN CODE _____

DISTRICT: _____ COUNTRY: _____

PERMANENT ADDRESS OF RESIDENT APPLICANT IF DIFFERENT FROM ABOVE B1 OR OVERSEAS ADDRESS(MANDATORY) FOR NON RESIDENT APPLICANT:

CITY/TOWN/VILLAGE: _____ STATE: _____ PIN CODE _____

DISTRICT: _____ COUNTRY: _____

PROOF OF ADDRESS* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A- Aadhar Card XXXXXXXX _____

☐ B- Passport Number _____ Expiry Date _____

☐ C- Voter ID _____

☐ D - Driving License _____ Expiry Date _____

☐ E - NREGA Job Card _____

☐ F - NPR _____

☐ z - Others _____ (any document by Central Government)

Identification Number _____

C. Contact Details (in CAPITAL)

EMAIL ID*

MOBILE NO.*

TEL (Off)

TEL (Res)

D. 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 the entire account opening form along with supporting documents as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

Place

Date

Applicant e-SIGN

Applicant Wet Signature

FOR OFFICE USE ONLY

IPV Done ☐ on (dd/mm/yyyy) _____

AMC/Intermediary name **OR** code

☐ (Originals verified) True copies of documents received

Application Type ☐ New ☐ Update

KYC Number *(Mandatory for KYC update request)* _____

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date
Place

☐ (Attested) True copies of documents received Main Intermediary

Account Type ☐ Normal ☐ Small
☐ Simplified

KYC Mode* ☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline KYC ☐ Digilocker

DECLARATION FOR NAME MISMATCH

(To be filled if the name on documents is different)

This is to bring to your notice that my name is spelt differently in my Identity proof, Address proof and Bank proof. Please find below the names as spelt in respective proofs:

Name as per Income Tax	
Name as per Bank Proof	
Name as per Address Proof	
Name as per Income Proof	

I hereby confirm that all the said names belong to me. I hereby state and confirm that what is stated above is true and correct information.

I agree to indemnify and keep Upstox Securities Pvt. Ltd. indemnified at all times from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and/or incurred by Upstox Securities Pvt. Ltd. for any act done or omitted to be done on the above declaration.

CLIENT'S SIGNATURE [2] X _____