Know Your Client (KYC)  Application Form (For Individuals Only)  Please fill the form in ENGLISH and in BLOCK letters		Alankit Assignments Ltd / Alankit Imaginations Ltd					
		Fields marked * are mandatory		Application Number:			
Fields marked * are pertaining to CKYC and also	mandatory only if processing CKYC	Application Typ	e*: □	New KYC	☐ Mod	lification KYC	
KYC Mode*: Please Tick (✓)  ☐ Normal ☐ EKYC	ОТР 🔲 ЕКҮС В	iometric 🔲 O	nline KYC	☐ Offline	e EKYC	☐ Digilocker	
1. Identity Details (pleas	se refer guidelines ove	erleaf)					
PAN*	Plea_	ase enclose a duly attested	copy of your PAN	Card			
Name* (same as ID proof)							
Maiden Name <sup>†</sup> (if any)							
Fathers/Spouse's Name*							
Date of Birth*							
Gender*	 ☐ Male	 ☐ Female	. Tra	nsgender			
Marital Status*	☐ Single	☐ Married		insgender		Recent passport size	
						Applicant Photo	
Nationality*	☐ Indian	Other	lan Dasidant	. In dia a			
Residential Status*  Please Tick (<)	Resident Individu		Non Resident				
Trease flex (* )	Foreign National		erson of Ind	_	-	Cross Signature across photograph	
	(Passport mandatory for NR Select NRI or Foreign Nation	-		y for CKYC and not	TOF KKA KYC.		
Proof of Identity (POI) sub	mitted for PAN exem	pted cases (Please tick	<b>(</b> )				
A — Aadhaar Card	XXXX XXXX			<i>(</i>			
B — Passport Numbe	r			(Expiry	Date)		
C — Voter ID Card				<i>(</i> = .			
D —Driving License				(Expiry	Date)		
E —NREGA Job Card							
F — NPR							
Z —Others			(anv docun	nent notified by Co	entral Governm	ent)	
Identification N	umber			, , , , ,		- 4	
2. Address Details* (ple		verleaf)					
A. Correspondence/ Loca		,					
Line 2							
Line3							
City/Town/Village*		District*	<b>k</b>		Pin (	 Code*	
State*		Country					
	ential/Business	Residential	Business	Regist	tered Offic	e Unspecified	
						Applicant e-SIGN	
						Applicant e-Sign	

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)							
Line 1*							
Line 2							
Line3							
City/	rict*Pin Code*						
	Pin Code*						
	ntry*	ad Office					
Address Type* Residential/Business Residential	Business Registere	ed Office Unspecified					
Proof of Address* (attested copy of any 1 POA for correspondence and permane	ent address each to be submitted)						
A — Aadhaar Card XXXX XXXX  B — Passport Number (Expiry Date)							
C — Voter ID Card	(Expiry Date)						
D — Driving License (Expiry Date)							
E —NREGA Job Card							
F — NPR Letter							
Z—Others (any document notified by Central Government)							
Identification Number							
3. Contact Details (in CAPITAL)							
· ·							
Email ID*							
Mobile No. *							
Tel (off)	Tel (Res)						
4. 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	Applicant e-SIGN	Applicant Wet Signature					
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 as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.							
DATE:(DD-MM-YYYY)							
PLACE:							
5. For Office Use Only							
In-Person Verification (IPV) carried out by*	Intermediary Details*						
IPV Date	Self-certified document copies received (OVD)						
Emp. Name	True Copies of documents received (Attested)						
Emp. Code	AMC / Intermediary Name :						
Emp. Designation							
Employee Signature and Stamp	Institution	Name and Stamp					