

Astha Credit & Securities (P) Ltd.

Member : NSE, NSDL -

F-01-138/42, Usha Preet, Opposite Apex Bank, Malviya Nagar, Bhopal - 462003

Tel. : 0755-4268555 www.asthatrade.com



Know Your Client (KYC) Application Form - for Individuals [Central CKYC Registry]

Please Fill this form in English and BLOCK Letters

(Please tick the box on the left margin of the appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding Window)

For office use only (To be filled by financial institution)	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update
KYC Number	(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
<input type="checkbox"/> Name* (Same as ID proof)			
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	DD - MM - YYYY		
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)		
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		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised		
PHOTO			

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) 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*

☐ 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)

<input type="checkbox"/> A- Passport Number		Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> E- UID (Aadhaar)			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (any document notified by the central government)		Identification Number	
<input type="checkbox"/> S- Simplified Measures Account - Document Type code		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*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others (please specify) <input type="checkbox"/> Simplified Measures Account - Document Type code

Address

Line 1*			
Line 2			
Line 3			
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 A1')

Line 1*										
Line 2										
Line 3										
District*		Pin / Post Code*					State / U.T Code*		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 ☐ Same as Correspondence / Local Address details

Line 1*										
Line 2										
Line 3										
State*		ZIP / Post Code*					City / Town / Village*		ISO 3166 Country Code*	

☐ **5. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)			Tel. (Res)		Mobile	
FAX			Email ID			

☐ **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

Name* Prefix First Name Middle Name Last Name

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

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

<input type="checkbox"/> A- Passport Number		Passport Expiry Date	
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	
<input type="checkbox"/> E- UID (Aadhaar)			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (any document notified by the central government)		Identification Number	
<input type="checkbox"/> S- Simplified Measures Account - Document Type code		Identification Number	

☐ **7. REMARKS (if any)**

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 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/email address.

Date : Place :



Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY [Original verified and self Attested copies received]

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY [In person-verification Details]

Date	
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	

[Employee Signature]

INSTITUTION DETAILS

Name	
Code	

[Institution Stamp]

TRADING ACCOUNT RELATED DETAILS

(For Individuals & Non-Individuals)

A. BANK ACCOUNT DETAILS			[Please enclose, Copy of a Cancelled cheque leaf / Pass Book / bank Statement containing name of the constituent]		
Bank Name	Branch Address	Bank A/C No.	A/C type (Saving/ Current / Other in case of NRI / NRE / NRO)	MICR No.	IFSC Code

Note: Please provide the above details with Care as the same shall be used for Payment through NEFT / RTGS

B. DEPOSITORY ACCOUNT DETAILS			[Please enclose, Demat Master or Recent Holding Statement issued by DP bearing name of the client.]	
Name of DP	Name of the depository	Beneficiary Name	DP ID No.	DP ID NO. / BO ID NO.
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

C. TRADING PREFERENCES				
Please sign in the relevant boxes where you wish to Trade. The segment not chosen should be struck off by the client.				
Exchanges	Segment	Signature	Segment	Signature
NSE	<input checked="" type="checkbox"/> Cash		<input checked="" type="checkbox"/> Future & Options	
MCX	<input checked="" type="checkbox"/> Future		<input checked="" type="checkbox"/> Options	
CURRENCY	<input checked="" type="checkbox"/> Future		<input checked="" type="checkbox"/> Options	

If in future the client wants to trade on any new segments/new exchange, separate authorisation letter should be submitted by the client to the stock broker.

D. PAST ACTIONS	Details of any action / proceedings initiated / pending / taken by SEBI / Stock Exchange / any other authority against the applicant / constituent or its partner / promoters / Wholtime Director / authorised person in charge of dealing in securities during the last three years. [Please specify in the col. below]
NO ACTION	

E) Gross Annual Income Details Income Range per annum (please tick any one)
<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 lac

F. DEALING THROUGH SUB-BROKER & OTHER STOCK BROKER'S		
If client is dealing through the sub-broker, provide the following details		
Sub-Broker Name	SEBI Reg. No.:	
Regd. Office Address		
Tel. No. :	Fax No. :	Website :
Website : Whether dealing with any other stock broker / sub-broker (if case dealing with multiple stock brokers / sub-brokers provide details of all.		
Stock Broker Name		
Name of Sub-broker if any		
Client Code	Exchange	
Details of disputes / dues pending from / to such stock broker / sub-broker		