





Know Your Client (KYC) Application For Individuals <input type="checkbox"/> NEW <input type="checkbox"/> Modification KYC Mode: <input type="checkbox"/> Normal <input type="checkbox"/> Digilocker <input type="checkbox"/> EKYC OTP <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> EKYC Biometric	Way2wealth Brokers Private Limited Reg. office: Rukmini Towers, 3rd & 4th Floor # 3/1, Platform Road, Sheshadripuram, Bangalore - 560 020. www.way2wealth.com, Tele: 080-43676869	
Please fill the Application in English and in BLOCK Letters with Black Ink : <div style="float: right; border: 1px solid black; padding: 2px;">Trading Id / Dp Id / Application No</div>		
A. Identity Details: (Please See the Guide Lines over Leaf) 1. Name of the Applicant (As appearing in the Supporting Identification Documents) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> Name: _____ Madien Name (if Any): _____ Father/Spouse Name: _____ Mother Name: _____ 2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender <input type="checkbox"/> Married <input type="checkbox"/> Single Date of Birth: _____ 3. Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Others: _____  4. Residential Status: <input type="checkbox"/> RI <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National (Passport is Mandatory for NRI/POI/FN) 5. PAN _____ Aadhar No. (UID): _____ 6. POI Submitted for PAN exempted Case: <input type="checkbox"/> UID <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving License Other: _____ 7. Occupation <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Bussiness <input type="checkbox"/> Proffesional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife Other _____ </div> <div style="width: 25%; border: 1px solid black; padding: 5px; text-align: center;"> Please affix a recent passport Size Photo and sign across it </div> </div>		
B. Address Details: 1. Address for Correspondence <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Un Specified <input type="checkbox"/> Registered Office _____ _____ _____ City/ Town/Village: _____ Pin Code: _____ State: _____ Country: _____ 2. Contact Details: Tel. STD Code: _____ Mobile: _____ Self <input type="checkbox"/> Family Spouse <input type="checkbox"/> Dependent Parent <input type="checkbox"/> Dependent Child <input type="checkbox"/> Email id: _____ Self <input type="checkbox"/> Family Spouse <input type="checkbox"/> Dependent Parent <input type="checkbox"/> Dependent Child <input type="checkbox"/> 3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick against the document attached <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Voter Ids <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> UID Expiry: _____ <input type="checkbox"/> Others: _____ Proof No: _____ If Others: (any document notified by Central Government) _____ Validity/Expiry date of proof of address submitted _____ 4. Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant _____ _____ _____ City/ Town/Village: _____ Pin Code: _____ State: _____ Country: _____ 5. Proof of address to be provided by Applicant. Please Submit ANY ONE of the following valid document & tick against the document attached. <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Voter Ids <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> UID Expiry: _____ <input type="checkbox"/> Others: _____ Proof No: _____ If Others: (any document notified by Central Government) _____ Validity/Expiry date of proof of address submitted _____ 6. Gross Annual Income <input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> Above 25 Networth _____ Date _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> Declaration I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it. I/We hereby consent to receiving information from KRA & CKYC through SMS/Email on the above registered number/Email ad-dress. Place: _____ Date: _____ </div> <div style="width: 30%; text-align: center;"> Signature of Applicant  </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> KYC Verification/In Person Verification (IPV) Carried out by: (For Office Use only) Inperson Verification Carried Out On Date _____ Place _____ Name of Official: _____ Designation: _____ Employee / AP Code: _____ <input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) </div> <div style="width: 30%; text-align: center;"> Signature & Branch /AP Seal  </div> </div>		