

Trading Code : _____

Demat Client Id : _____

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

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also



Zen Securities Limited.
3rd Floor, GEV Tulasi, Plot No.151,152 &153
Pragathi Nagar, Opp.JNTU,Kukatpally,
Hyderabad-500090

Application Number: _____

Application Type*: ☐ New KYC ☐ Modification KYC

KYC Mode*: Please Tick (✓)

☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker
1. Identity Details (please refer guidelines overleaf)

PAN*

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender*

☐ Male ☐ Female ☐ Transgender

Marital Status*

☐ Single ☐ Married

Nationality*

☐ Indian ☐ Other _____

Residential Status*

☐ Resident Individual ☐ Non Resident Indian

Please Tick (✓)

☐ Foreign National ☐ Person of Indian Origin*

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC.
Select NRI or Foreign National based on Nationality of the individual)

Recent passport size
Applicant Photo

Cross Signature across photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

- ☐ A — Aadhaar Card XXXX XXXX _____ (Expiry Date) _____
- ☐ B — Passport Number _____ (Expiry Date) _____
- ☐ C — Voter ID Card _____ (Expiry Date) _____
- ☐ D — Driving License _____
- ☐ E — NREGA Job Card _____
- ☐ F — NPR _____
- ☐ Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

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

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)	
Line 1* _____ Line 2 _____ Line 3 _____ City/ Town/Village* _____ District+ _____ Pin Code* _____ State* _____ Country* _____ 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* (attested copy of any 1 POA for correspondence and permanent address each to be submitted) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> A — Aadhaar Card XXXX XXXX _____ <input type="checkbox"/> B — Passport Number _____ <input type="checkbox"/> C — Voter ID Card _____ <input type="checkbox"/> D — Driving License _____ <input type="checkbox"/> E — NREGA Job Card _____ <input type="checkbox"/> F — NPR Letter _____ <input type="checkbox"/> Z—Others _____ Identification Number _____ </div> <div style="width: 50%;"> (Expiry Date) _____ (Expiry Date) _____ (any document notified by Central Government) </div> </div>	
3. Contact Details (in CAPITAL)	
Email ID* _____ Mobile No. * _____ Tel (off) _____ Tel (Res) _____	
4. Applicant Declaration	
<p>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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>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.</p> <p>DATE: _____ (DD-MM-YYYY) PLACE: _____</p>	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 10px;"> Applicant Signature </div> <div style="height: 150px; border: 1px solid black;"></div>
5. For Office Use Only	
In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> Self-certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) </div> <div style="width: 60%;"> AMC / Intermediary Name : <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>
Employee Signature and Stamp	Institution Name and Stamp