

**CKYC & KRA MODIFICATION FORM - Individual**

**MANDATORY**

To,  
**Elite Wealth Advisors Limited**

S-8, DDA Shopping Complex, Mayur Vihar Phase-1, New Delhi-110091

Client Code : \_\_\_\_\_ Client ID : \_\_\_\_\_

Dear Sir /Madam,

Kindly make a note of changes in my KYC details in my trading account and my Demat account :

Address Change     Mobile No. Change     Email Id Change

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



**For office use only**

(To be filled by financial institution)

Application Type\*     New     Update  
 KYC Number    \_\_\_\_\_ (Mandatory for KYC update request)  
 Account Type\*     Normal     Simplified (for low risk customers)     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**

Signature / Thumb Impression

**1a** (Do no sign across)

**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\*     Residential / Business     Residential     Business     Registered Office     Unspecified

Proof of Address\*     Passport     Driving Licence     UID (Aadhaar)

Voter Identity Card     NREGA Job Card     Others    \_\_\_\_\_ please specify

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**')  
 Same as Correspondence / Local Address details

Line 1\*   
 Line 2   
 Line 3  City / Town / Village\*   
 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  City / Town / Village\*   
 State\*  ZIP / Post Code\*  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)

A- Passport Number  Passport Expiry Date --  
 B- Voter ID Card   
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date --  
 E- UID (Aadhaar)   
 F- NREGA Job Card   
 Z- Others (any document notified by the central government)  Identification Number   
 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]

Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies

**IN PERSON VERIFICATION AND KYC VERIFICATION CARRIED OUT BY**

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

[Employee Signature]

**INSTITUTION DETAILS**

Name **ELITE WEALTH ADVISORS LIMITED**  
 Code **I N 1 2 5 0**

[Institution Stamp]

To,  
**Elite Wealth Advisors Limited/Elite Comtrade Private Limited**  
 S-8, DDA Shopping Complex,  
 Mayur Vihar Phase-1, New Delhi-110091

Dear Sir /Madam,

Kindly make a note of changes in my Bank details/DP details, as given below, in your records.

Change my Bank Details  Add New Bank Details  Change my DP Details  Add New DP Details

### BANK ACCOUNT DETAILS (FOR DP & TRADING)

(Through which transactions will generally be routed)

Bank Name :

Account No. :  Branch :

Address :

Pin Code :

MICR Code of Branch :  IFS Code :

Account Type :  Savings  Current  NRE/NRO  OTHERS :  (Please Specify)

Pay-Out Option :  Cheque  Fund Transfer  Bank Draft  CMS  NEFT  RTGS  As Per Group

### DEPOSITORY ACCOUNT DETAILS

(Through which transactions will generally be routed.)

Depository Name :  CDSL  NSDL

Name of Depository Participant :

Beneficiary Name :

DP ID :  Beneficiary ID (BOID) :

### OTHER DETAILS

■ Gross Annual Income Details :  Below Rs. 1 Lac  Rs. 1 Lac to 5 Lac  Rs. 5 Lac to 10 Lac  
 (please specify)  Rs. 10 Lac to 25 Lac  Rs. 25 Lac to 1 Crore  >1 Crore

OR

Net Worth (Net worth should not be older than 1 year) Amount Rs.

as on (date)         (Compulsory for Non-Individuals)

■ Occupation :  Private Sector  Public Sector  Government Service  Business  Professional  
 (please tick any one and give brief details)  Agriculturist  Retired  Housewife  Student  Others\_\_\_\_\_Please Specify

■ Please tick, if applicable :  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

■ Any other information :

### DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We 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.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Name of Applicant :

Signature :



Signature of Applicant / authorised Signatory(s) with rubber stamp

Date :

Place :