

CKYC & KRA MODIFICATION FORM - Individual

MANDATORY

To, **Elite Wealth 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

If Mobile #/Email id used belongs to a different person, specify the dependent relationship & PAN (Mark "SELF" in case of own Mobile #/Email id) (TICK correct one)

Mobile	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent Child <input type="checkbox"/>	Dependent Parent <input type="checkbox"/>
Email	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent Child <input type="checkbox"/>	Dependent Parent <input type="checkbox"/>

Mode of Receiving of Statement of Account (Tick any one) : Physical Form Electronic Form

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

Important Instructions:

- A) Fields marked with "*" are mandatory fields. E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 B) Please fill the form in English and in BLOCK letters. F) List of two character ISO 3166 country codes is available at the end.
 C) Please fill the date in DD-MM-YYYY format. G) KYC number of applicant is mandatory for update application.
 D) Please read section wise detailed guidelines / instructions at the end. 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"/> B-Business	<input type="checkbox"/> Student		
	<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')

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. INCOME RANGE


Gross Annual Income Details : Upto Rs. 1 Lac Rs. 1 Lac to 5 Lac Rs. 5 Lac to 10 Lac

(Income Range per annum) Rs. 10 Lac to 25 Lac > Rs. 25 Lac

8. REMARKS (If any)

9. APPLICANT DECLARATION

- I hereby declare that the KYC details furnished by me are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.
- I hereby consent to receiving information from KRA/CERSAI (CKYC) through SMS/Email on the above registered number/Email address. I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my 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.

 [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : -- Place :

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 LIMITED

Code

[Institution Stamp]

To,
Elite Wealth Limited

DP ID : NSDL : IN301670, CDSL : 12066800

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



www.elitewealth.in

Dear Sir /Madam,

Kindly make a note of changes in my demat & trading account, as given below, in your records.

Trading Code :

Demat Client ID :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FOR TRADING A/C

Addition of New Bank Account

Change my Bank Account

FOR DEMAT A/C

Change my Bank Account

Note: Kindly submit supporting documents along with your modification requested.

Bank Proof: Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.

BANK ACCOUNT DETAILS (FOR DP & TRADING)

(Through which transactions will generally be routed)

Existing Bank Details	New Bank Details
Bank Name : _____	Bank Name : _____
Account No. : _____	Account No. : _____
Branch : _____	Branch : _____
Address : _____	Address : _____
MICR Code of Branch : _____	MICR Code of Branch : _____
Pin Code : <input type="text"/>	Pin Code : <input type="text"/>
IFS Code : <input type="text"/>	IFS Code : <input type="text"/>
Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO <input type="checkbox"/> OTHERS : <input type="text"/> (Please Specify)	Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO <input type="checkbox"/> OTHERS : <input type="text"/> (Please Specify)

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 :

Place :

Date :

Signature of 1st Holder

Signature of 2nd Holder

Signature of 3rd Holder