

# 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)

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



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### For office use only

(To be filled by financial institution)

### Application Type\*

New

Update

(Mandatory for KYC update request)

KYC Number

\_\_\_\_\_

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*	D D - M M - Y Y Y Y		
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 <input type="checkbox"/> <input type="checkbox"/> )	
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"/> B-Business	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student)
	<input type="checkbox"/> X- Not Categorised		

**PHOTO**

(Do not sign across)

Signature / Thumb Impression

### 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	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
<input type="checkbox"/> B- Voter ID Card	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)	<input type="checkbox"/> Others	<input type="checkbox"/> please specify	
<input type="checkbox"/> C- PAN Card	<input type="checkbox"/> NREGA Job Card				
<input type="checkbox"/> D- Driving Licence					
<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	<input type="checkbox"/> please specify	
Address	<input type="checkbox"/> Simplified Measures Account - Document Type code				

Line 1\*

\_\_\_\_\_

Line 2

\_\_\_\_\_

Line 3

\_\_\_\_\_

District\*

\_\_\_\_\_

Pin / Post Code\*

State / U.T Code\*

ISO 3166 Country Code\*

<input type="checkbox"/> 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)			
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill ' <b>Annexure A1</b> ')			
Line 1*			
Line 2			
Line 3			
District*	Pin / Post Code*	State / U.T Code*	ISO 3166 Country Code*

<input type="checkbox"/> 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)	
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details	<input type="checkbox"/> 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)

<b>□ 6. DETAILS OF RELATED PERSON</b> (In case of additional related persons, please fill 'Annexure B1') (please refer instruction <b>G</b> at the end)				
<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)		
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(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	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/>				Passport Expiry Date				<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/> DD - <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/> MM - <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/> YY YY YY YY
<input type="checkbox"/> B- Voter ID Card	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/>								
<input type="checkbox"/> C- PAN Card	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/>								
<input type="checkbox"/> D- Driving Licence	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/>				Driving Licence Expiry Date				<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/> DD - <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/> MM - <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/> YY YY YY YY
<input type="checkbox"/> E- UID (Aadhaar)	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/>								
<input type="checkbox"/> F- NREGA Job Card	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/>								
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/>				Identification Number				<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/>		Identification Number				<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; margin-right: 10px;" type="text"/>		

**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 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.

1b

Date : **B  B  =  M  M  =  Y  Y  Y  Y  Y**

Place :

**Signature / Thumb Impression of Applicant**

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

**Documents Received**  Certified Copies

IN PERSON VERIFICATION AND KYC VERIFICATION CARRIED OUT BY

## INSTITUTION DETAILS

Date    -    -

Emp. Name

Emp. Code

Emp. Designation

### Emp. Branch

(2)

