

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.
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

☐ 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*	<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"/> Simplified Measures Account - Document Type code _____

Address	Line 1* _____
	Line 2 _____
	Line 3 _____
District*	_____
Pin / Post Code*	_____
City / Town / Village*	_____
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																					
District*						Pin / Post Code*						State / U.T Code*			City / Town / Village*				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																		
State*						ZIP / Post Code*						City / Town / Village*				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 [Pol] OF RELATED PERSON* (Please see instruction (H) at the end)

<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					

☐ 7. INCOME RANGE

<input type="checkbox"/> Gross Annual Income Details :	<input type="checkbox"/> Upto Rs. 1 Lac	<input type="checkbox"/> Rs. 1 Lac to 5 Lac	<input type="checkbox"/> Rs. 5 Lac to 10 Lac
(Income Range per annum)	<input type="checkbox"/> Rs. 10 Lac to 25 Lac	<input type="checkbox"/> > 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.

Date : DD - MM - YYYY

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	DD - MM - YYYY									
Emp. Name										
Emp. Code										
Emp. Designation										
Emp. Branch										

[Employee Signature]

INSTITUTION DETAILS

Name **ELITE WEALTH LIMITED**

Code **I N 1 2 5 0**

[Institution Stamp]

To,
Elite Wealth Limited
DP ID : NSDL : IN301670, CDSL : 12066800
 S-8, DDA Shopping Complex, Mayur Vihar Phase-1, New Delhi-110091



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 :

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	Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO
<input type="checkbox"/> OTHERS : <input type="text"/> (Please Specify)	<input type="checkbox"/> OTHERS : <input type="text"/> (Please Specify)

DECLARATION

- 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.
- 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.
- 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