



Know Your Customer (KYC) Application Form

(Resident Individuals / HUF / Sole Proprietorship)

Please fill the information in CAPITAL Letters and

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in appropriate places

The information is sought under Prevention of Money Laundering Act, 2002, the rules notified thereunder and RBI guidelines on Know Your Customer

For existing Depositor, the information furnished herein will supersede the information available in the records of SFL.

Customer's Details

(as per KYC documents)

Customer ID:

CKYC No

*Gender : M

☐

F

☐

Others

☐

*Date of Birth

*Name

D

D

M

M

Y

Y

*Father Name

*Mother Name

Spouse Name (If Married)

*Communication Address:

City

State

*Pin

Country

Birth Place

Nationality

Citizenship

*Permanent Address:

City

State

*Pin

Country

*Mobile No

#Email ID

* Fields are Mandatory

Mandatory for E-Receipt

*Occupation :

☐ Service

☐ Private Sector

☐ Self Employed

☐ Retired

☐ Public Sector

☐ Government Sector

☐ Housewife

☐ Student

☐ Professional

☐ Business

☐ Other (specify below)

*Please tick (✓) If the following is applicable to you

☐ Politically Exposed Person (PEP)

☐ Relative of PEP

☐ Not Applicable

*Proof of Identity (Self Attested)	*Proof of Address (Self Attested)
☐ Aadhaar issued by UIDAI Expiry Date	☐ Aadhaar issued by UIDAI Expiry Date
☐ Passport	☐ Passport
☐ Driving Licence	☐ Driving Licence
☐ Voter ID Card	☐ Voter ID Card
☐ Others :	☐ Others :

- Additional Documents Required for NRI'S
- * Address proof both Indian and overseas - Self Attested

* PIO card (if it is a foreign passport)

* Tax Resident Certificate (TRC) for IT Department of the country of which the investor is resident to avail DTAA benefit

* Overseas Employment letter (optional for confirmation of residential status and overseas address)

* Passport with valid visa page self attested

* DTAA Declaration

* NRI Undertaking cum FATCA / CRS declaration Form

Place :

*Date :

*Signature :

For Office Use Only

Documents Received

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Certified Copies

Checked by

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Emp. Name : Emp. Code : Designation : Date :	Name : Code :
Employee signature	