

Astha Credit & Securities (P) Ltd.

Member : NSE, NSDL -

F-01-138/42, Usha Preet, Opposite Apex Bank, Malviya Nagar, Bhopal - 462003

Tel. : 0755-4268555 www.asthatrade.com

Know Your Client (KYC) Application Form - for Individuals [Central CKYC Registry]

Please Fill this form in English and BLOCK Letters

(Please tick the box on the left margin of the appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding Window)

For office use only (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
	KYC Number	<input type="text"/>	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)
		<input type="checkbox"/> 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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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="text"/>)		
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



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☐ **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="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

☐ **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="text"/>		
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

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* 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
Prefix First Name Middle Name Last Name
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 of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY [Original verified and self Attested copies received]

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY [In person-verification Details]

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

[Employee Signature]

INSTITUTION DETAILS

Name
Code

[Institution Stamp]

TRADING ACCOUNT RELATED DETAILS

(For Individuals & Non-Individuals)

A. BANK ACCOUNT DETAILS			[Please enclose, Copy of a Cancelled cheque leaf / Pass Book / bank Statement containing name of the constituent]		
Bank Name	Branch Address	Bank A/C No.	A/C type (Saving/ Current / Other in case of NRI / NRE / NRO)	MICR No.	IFSC Code

Note: Please provide the above details with Care as the same shall be used for Payment through NEFT / RTGS

B. DEPOSITORY ACCOUNT DETAILS			[Please enclose, Demat Master or Recent Holding Statement issued by DP bearing name of the client.]	
Name of DP	Name of the depository	Beneficiary Name	DP ID No.	DP ID NO. / BO ID NO.
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

C. TRADING PREFERENCES				
Please sign in the relevant boxes where you wish to Trade. The segment not chosen should be struck off by the client .				
Exchanges	Segment	Signature	Segment	Signature
NSE	<input checked="" type="checkbox"/> Cash		<input checked="" type="checkbox"/> Future & Options	
MCX	<input checked="" type="checkbox"/> Future		<input checked="" type="checkbox"/> Options	
CURRENCY	<input checked="" type="checkbox"/> Future		<input checked="" type="checkbox"/> Options	

If in future the client wants to trade on any new segments/new exchange, separate authorisation letter should be submitted by the client to the stock broker.

D. PAST ACTIONS	Details of any action / proceedings initiated / pending / taken by SEBI / Stock Exchange / any other authority against the applicant / constituent or its partner / promoters / Wholtime Director / authorised person in charge of dealing in securities during the last three years. [Please specify in the col. below]
NO ACTION	

E) Gross Annual Income Details Income Range per annum (please tick any one)
<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lac <input type="checkbox"/> 5-10 lac <input type="checkbox"/> 10-25 lac <input type="checkbox"/> More than 25 lac

F. DEALING THROUGH SUB-BROKER & OTHER STOCK BROKER'S		
If client is dealing through the sub-broker, provide the following details		
Sub-Broker Name	SEBI Reg. No.:	
Regd. Office Address		
Tel. No. :	Fax No. :	Website :
Website : Whether dealing with any other stock broker / sub-broker (if case dealing with multiple stock brokers / sub-brokers provide details of all.		
Stock Broker Name		
Name of Sub-broker if any		
Client Code	Exchange	
Details of disputes / dues pending from / to such stock broker / sub-broker		