

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)**SAJAG SECURITIES PVT. LTD.**

Regent Chambers, 33/15-B, Karve Road, Opp. Garware College, Pune 411 004.



Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS																		
1	Name of the Applicant											Photograph Please affix your recent passport size photograph <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">Signature Across photograph</div>						
2	Father's / Husband's Name																	
3	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth	D	D	M	M	Y	Y	Y	Y					
4	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)	b) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National														
5	a) PAN		b) Unique Identification Number (UID) / Aadhaar, if any															
6	Specify the proof of identity submitted		<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify _____)															
B. ADDRESS DETAILS																		
1	Correspondence Address		_____ _____ _____ City/town/village _____ PIN Code _____ State _____ Country _____															
2	Specify the proof of address submitted for correspondence address																	
3	Contact Details		Tel. (Off.)					Tel. (Res.)										
			Fax No.					Mobile No.										
			Email ID															
4	Permanent Address (If different from above Mandatory for Non-Resident Applicant to specify overseas address)		_____ _____ _____ City/town/village _____ PIN Code _____ State _____ Country _____															
5	Specify the proof of address submitted for permanent address																	
C. OTHER DETAILS																		
1	Gross Annual Income Details (please specify):																	
	Income Range per annum		OR	Network														
	<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			Amount (₹) _____ As on (date) <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>								D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
											(Network should not be older than 1 year)							

	Occupation (please tick any one and give brief details) : _____	
2	<input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Student	<input type="checkbox"/> Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others (Please specify; _____)
3	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	
4	Any other information _____	

D. 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.

Signature of the Applicant _____	Date	D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

<input type="checkbox"/> (Originals verified) True copies of documents received <input type="checkbox"/> (Self-Attested) Self Certified Document copies received	Seal/Stamp of the intermediary
Signature of the Authorised Signatory _____	
Date	

IN PERSON VERIFICATION

Name of Person doing IPV	_____	
Designation	Employee / Sub-Broker / AP	
Company Name	SAJAG SECURITIES PVT. LTD. Regent Chambers, 33/15-B, Karve Road, Opp. Garware College, Pune 411 004.	
Signature	_____	
Date & Time of IPV done	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> @	a.m./p.m.

