

**Know Your Client (KYC)  
Application Form (For Individuals Only)**



**JSEL SECURITIES LIMITED**  
STOCK EXCHANGE BUILDING, JLN MARG,  
MALVIYA NAGAR, JAIPUR-302017

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS with black ink

"Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant."

**A. Identity Details (please see guidelines overleaf)**

1. Name of Applicant (As appearing in supporting identification document).  
Name \_\_\_\_\_

Father's/Spouse Name \_\_\_\_\_

2. Gender  Male  Female    B. Marital status  Single  Married    C. Date of Birth 

d	d	/	m	m	/	y	y	y	y
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3. Nationality  Indian  Other (Please specify) \_\_\_\_\_

4. Status Please tick (✓)  Resident Individual  Non Resident  Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card  
Unique Identification Number (UID)/Aadhaar, if any: \_\_\_\_\_

6. Proof of Identity submitted for PAN exempt cases Please Tick (✓)  
 UID (Aadhaar)  Passport  Voter ID  Driving Licence  Others \_\_\_\_\_ (Please see guideline 'D' overleaf)

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

**B. Address Details (please see guidelines overleaf)**

1. Address for Correspondence

City / Town / Village			Pin Code
State			Country

2. Contact Details

Tel. (Off.) (ISD) (STD)	Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD)	Fax (ISD) (STD)
E-Mail Id. _____	

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.  
 Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank A/c Statement/Passbook  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_  
 \*Not more than 3 Months old. Validity/Expiry date of proof of address submitted 

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4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village			Pin Code
State			Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.  
 Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank A/c Statement/Passbook  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_  
 \*Not more than 3 Months old. Validity/Expiry date of proof of address submitted 

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**C. Other Details (please see guidelines overleaf)**

1. Gross Annual Income Details (Please tick (✓)):  Below 1 Lac  1-5 Lac  5-10 Lac  10-25 Lac  > 25 Lacs  
OR

Net-worth in ₹. (\*Net worth should not be older than 1 year) \_\_\_\_\_ as on (date) 

d	d	/	m	m	/	y	y	y	y
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2. Occupation (Please tick(✓) any one and give brief details):  
 Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

3. Please tick, if applicable:  Politically Exposed Person  Related to a Politically Exposed Person  
For definition of PEP, please refer guideline overleaf

4. Any other information: \_\_\_\_\_

DECLARATION	SIGNATURE OF APPLICANT
I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.  Place: _____ Date: _____	

FOR OFFICE USE ONLY	IPV Done <input type="checkbox"/> on <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	/	m	m	/	y	y	y	y	
d	d	/	m	m	/	y	y	y	y			
AMC/Intermediary name OR code _____  <input type="checkbox"/> (Originals Verified) Self Certified Document copies received <input type="checkbox"/> (Attested) True copies of documents received Main Intermediary _____	Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature Date	Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature Date										