


**Application Form (For Individuals Only)**

- Please fill type the form in English and BLOCK letters.
- Sign all areas marked with . Once completed.
- Please mail the completed form along with the necessary.
- Proofs to our corporate office in Ahmedabad.



PLEASE AFFIX A RECENT PASSPORT PHOTOGRAPH AND SIGN ACROSS IT

**First Holder**

CLIENT'S SIGNATURE

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

FULL NAME (AS APPEARING IN SUPPORTING IDENTIFICATION DOCUMENT)	
FATHER/SPOUSE'S NAME :	MAIDEN NAME : (if any)
MOTHER NAME :	
GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> T-TRANSGENDER	MARITAL STATUS <input type="radio"/> MARRIED <input type="radio"/> UNMARRIED <input type="radio"/> OTHERS
CITIZENSHIP <input type="radio"/> IN-INDIAN <input type="radio"/> OTHERS (ISO 3166 COUNTRY CODE <input type="text"/> <input type="text"/> )	DATE OF BIRTH (dd/mm/yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RESIDENTIAL STATUS <input type="radio"/> RESIDENT INDIVIDUAL <input type="radio"/> NON RESIDENT INDIAN <input type="radio"/> FOREIGN NATIONAL <input type="radio"/> PERSON OF INDIAN ORIGIN	
PAN (Please enclose a duly attested copy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AADHAAR NUMBER (if any)
PROOF OF IDENTITY SUBMITTED FOR PAN EXEMPT CASES (Please Tick ✓)	
<input type="radio"/> UID (AADHAR) <input type="radio"/> PASSPORT <input type="radio"/> VOTER ID <input type="radio"/> DRIVING LICENSE <input type="radio"/> OTHERS _____	
<input type="radio"/> NREGA JOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

Address Type <input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified		
ADDRESS FOR RESIDENCE / CORRESPONDENCE : _____		
CITY / TOWN / VILLAGE	PIN CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	STATE :
		COUNTRY
TEL (OFF) :	EMAIL ADDRESS :	
MOBILE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FAX :	
PERMANENT ADDRESS OF RESIDENT APPLICANT IF DIFFERENT FROM ABOVE B1 OR OVERSEAS ADDRESS (MANDATORY) FOR NON RESIDENT APPLICANT:		
_____		
_____		
CITY / TOWN / VILLAGE	PIN CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	STATE :
		COUNTRY
PROOF OF ADDRESS TO BE PROVIDED BY APPLICANT, PLEASE SUBMIT ANY ONE OF THE FOLLOWING VALID DOCUMENTS & CHOOSE THE DOCUMENT ATTACHED		
<input type="radio"/> AADHAR CARD <input type="radio"/> PASSPORT <input type="radio"/> REGISTERED LEASE / SALE AGREEMENT OF RESIDENCE <input type="radio"/> DRIVING LICENCE <input type="radio"/> VOTER IDENTITY CARD		
<input type="radio"/> *LATEST BANK A/c STATEMENT/PASSBOOK <input type="radio"/> *LATEST TELEPHONE BILL (Only Landline) <input type="radio"/> *LATEST ELECTRICITY BILL <input type="radio"/> *LATEST GAS BILL		
<input type="radio"/> OTHERS (Please Specify) _____		
*Not more than 3 months old. Validity/Expiry date of proof of address submitted (dd/mm/yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**ANY OTHER INFORMATION:**

**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 may be held liable for it.

1. I/We hereby consent to receiving information from CVL KRA through SMS/E-mail on the above registered number/E-mail address.
2. I am/we are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing My/our masked Aadhaar card with readable QR code or my Aadhaar rmy Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and Other Intermediaries with whom I have a business relationship for KYC purposes only.



PLACE :
DATE (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**FOR OFFICE USE ONLY**

IPV Done  on (dd/mm/yyyy)

AIRAN FINSTOCKS PRIVATE LIMITED <input type="checkbox"/> (Originals verified) True copies of documents received <input type="checkbox"/> (Attested) True copies of documents received Main Intermediary CERSAI-IN1182 CVLKRA-1100062700	Application Type <input type="checkbox"/> New <input type="checkbox"/> Update KYC Number (Mandatory for KYC update request) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Seal / Stamp of the intermediary should contain Staff name Designation Name of the Organization Signature Date Place
	Account Type <input type="checkbox"/> Normal <input type="checkbox"/> Small <input type="checkbox"/> Simplified (or low risk customers)	

**ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT****TO BE FILLED BY THE DEPOSITORY PARTICIPANT**APPLICATION NUMBER: \_\_\_\_\_ DATE (DD/MM/YYYY) DP INTERNAL REFERENCE NUMBER: DPID  BOID **TYPE OF ACCOUNT (PLEASE TICK WHICHEVER IS APPLICABLE)**

<input type="radio"/> INDIVIDUAL	<input type="radio"/> INDIVIDUAL RESIDENT	<input type="radio"/> INDIVIDUAL DIRECTOR
	<input type="radio"/> INDIVIDUAL DIRECTOR'S RELATIVE	<input type="radio"/> INDIVIDUAL HUF/ AOP
	<input type="radio"/> INDIVIDUAL PROMOTER	<input type="radio"/> MINOR
	<input type="radio"/> INDIVIDUAL MARGIN TRADING /AC. (MANTRA)	<input type="radio"/> OTHER (SPECIFY _____)
<input type="radio"/> NRI	<input type="radio"/> NRI REPATRIABLE	<input type="radio"/> NRI NON-REPATRIABLE
	<input type="radio"/> NRI REPATRIABLE PROMOTER	<input type="radio"/> NRI NON-REPATRIABLE PROMOTER
	<input type="radio"/> NRI DEPOSITORY RECEIPTS	<input type="radio"/> OTHER (SPECIFY _____)
<input type="radio"/> FOREIGN NATIONAL	<input type="radio"/> FOREIGN NATIONAL	<input type="radio"/> OTHER (SPECIFY _____)
	<input type="radio"/> FOREIGN NATIONAL DEPOSITORY RECEIPTS	

**HOLDER DETAILS (TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS)**

I/We Request You To Open A Demat Account In my/our Name as per following details:

SOLE / FIRST HOLDER'S NAME

PAN NO. (Compulsory)  UID NO. 

SECOND HOLDER'S NAME

PAN NO. (Compulsory)  UID NO. 

THIRD HOLDER'S NAME

PAN NO. (Compulsory)  UID NO. **DETAILS OF GUARDIAN (IN CASE THE ACCOUNT HOLDER IS MINOR)**

GUARDIAN'S NAME :

GUARDIAN'S ADDRESS : \_\_\_\_\_

RELATIONSHIP WITH THE APPLICANT :

PAN NO. (Compulsory) **OTHER DETAILS****GROSS ANNUAL INCOME DETAILS (Income Range per annum)**
 UP TO RS. 1 LAC  RS. 1 LAC – RS. 5 LAC  RS. 5 LAC – RS. 10 LAC  
 RS. 10 LAC – RS. 25 LAC  MORE THAN RS. 25 LAC

NET WORTH AS ON DATE (NOT OLDER THAN 1 YEAR)

VALUE IN Rs. \_\_\_\_\_

DATE (DD/MM/YYYY) 
Occupation Type\*  S-Service  Private Sector  Public Sector  Government Sector  
 O- Other  Professional  Self Employed  Retired  Housewife  Student  
 B- Business  X-Not Categories  Agriculturist
EDUCATIONAL DETAILS :  Under Graduate  Graduate  Post Graduate  ProfessionalAFFILIATIONS :  POLITICALLY EXPOSED PERSON (PEP) RELATED TO A POLITICALLY EXPOSED PERSON (RPEP)

ANY OTHER INFORMATION :

**FH**  
3/20**SH**  
1/9**TH**  
1/9

FIRST HOLDER GST NO.