

<input type="checkbox"/> 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)				
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')				
Line 1*				
Line 2				
Line 3				
District*	Pin / Post Code* <input type="text"/>	City / Town / Village* <input type="text"/>	State / U.T Code* <input type="text"/>	ISO 3166 Country Code* <input type="text"/>
<input type="checkbox"/> 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)				
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details		<input type="checkbox"/> Same as Correspondence / Local Address details		
Line 1*				
Line 2				
Line 3			City / Town / Village* <input type="text"/>	
State*		ZIP / Post Code* <input type="text"/>		ISO 3166 Country Code* <input type="text"/>
<input type="checkbox"/> 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)				
Tel. (Off)	<input type="text"/> - <input type="text"/>	Tel. (Res)	<input type="text"/> - <input type="text"/>	Mobile <input type="text"/> - <input type="text"/>
FAX	<input type="text"/> - <input type="text"/>	Email ID <input type="text"/>		
SMS Facility	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mode of receiving Statement of Account [Tick any one] <input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form (Read Note 1)		
I hereby declare the above mobile no. belongs to me <input type="checkbox"/> or my family <input type="checkbox"/> or email id belongs to me <input type="checkbox"/> or my family <input type="checkbox"/>				
<input type="checkbox"/> 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)				
<input type="checkbox"/> Addition of Related Person <input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*) <input type="text"/>			
Related Person Type*	<input type="checkbox"/> Guardian of Minor Prefix <input type="text"/>	<input type="checkbox"/> Assignee First Name <input type="text"/>	<input type="checkbox"/> Authorized Representative Middle Name <input type="text"/>	Last Name <input type="text"/>
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)				
<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <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="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="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="checkbox"/> E- UID (Aadhaar) XXXXXX <input type="text"/>	(last 4 digit of aadhaar)			
<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"/>			
<input type="checkbox"/> 7. REMARKS (If any)				
8. APPLICANT DECLARATION				
<ul style="list-style-type: none"> 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 : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Place : <input type="text"/>	 <input type="checkbox"/> [Signature / Thumb Impression]		
 <input type="checkbox"/> Signature / Thumb Impression of Applicant				
<input type="checkbox"/> 9. ATTESTATION / FOR OFFICE USE ONLY				
Documents Received <input type="checkbox"/> Certified Copies				
KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS		
Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Name CENTILLION CAPITAL PRIVATE LIMITED		
Emp. Name	<input type="text"/>			
Emp. Code	<input type="text"/>			
Emp. Designation	<input type="text"/>			
Emp. Branch	<input type="text"/>			
[Employee Signature]		[Institution Stamp]		

NOTE 1. For receiving Statement of Account in electronic form

- I Client must ensure the confidentiality of the password of the email account.
- II Client must promptly inform the Participant if the email address has changed.
- III Client may opt to terminate this facility by giving 1 days prior notice. Similarly, Participant may also terminate this facility by giving 1 days prior notice.