

Annexure – J
PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)
INDBANK MERCHANT BANKING SERVICES LTD
(A Subsidiary of Indian Bank)
1st Floor, Khivraj Complex 1, 480 Anna Salai, Nandanam, Chennai 600 035

Please fill this form in ENGLISH and in BLOCK LETTERS

Photograph

Please affix your recent passport size photograph

Signature Across photograph

S

A. IDENTITY DETAILS

1	Name of the Applicant														
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								
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		PINCode											
		State		Country											
2	Specify the proof of address submitted for correspondence address	<input type="checkbox"/> PAN card		<input type="checkbox"/> Any other (Please specify: _____)											
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		PINCode											
		State		Country											
5	Specify the proof of address submitted for permanent address	<input type="checkbox"/> PAN card		<input type="checkbox"/> Any other (Please specify: _____)											

C. OTHER DETAILS

1	Gross Annual Income Details (please specify):														
	Income Range per annum			OR		Networth									

<input type="checkbox"/> Below Rs 1 lac <input type="checkbox"/> Rs 5- 10 lac <input type="checkbox"/> More than 25 lac	<input type="checkbox"/> Rs 1- 5 lac <input type="checkbox"/> Rs 10- 25 lac	Amount (Rs) _____ As on (date) <table border="1"> <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> (Networth should not be older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

2 Occupation (please tick any one and give brief details):

<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Professional	<input type="checkbox"/> Student
<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business
<input type="checkbox"/> Housewife	<input type="checkbox"/> Others (Please specify; _____)		

3 Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

4 Any other information _____

BANK ACCOUNT(S) DETAILS

Bank Name	Branch Name and Address	Bank account no.	Account Type: Saving / OD / Current / Others-Incase of NRI/NRE/NRO	MICR No.	IFSC code

A. 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.

S Signature of the Applicant _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

FOR OFFICE USE ONLY

- (Originals verified) True copies of documents received
- (Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory (Branch /Terminal Head) _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Seal/Stamp of the (Branch /Terminal)

In Person Verified

DP Name : IBMBS LIMITED - DP ID No. IN 300 597 / IN303093

Branch / Terminal :

Name of Staff who carried out in person verification :

Employee Code :

Designation:

Signature:

Date Verified:

Place:

Signature(s) of applicant (s) (signed in the presence of the DP Staff)

: S