

## Know Your Client (KYC)

Shriram Financial Services Private Limited

Reg. off.: Rukmini Towers, 3rd &amp; 4th Floor # 3/1, Platform Road, Sheshadripuram

Application For Individuals

Bangalore - 560020. www.shriramfs.com, Tele: 080-43676869


☐ NEW ☐ Modification
KYC Mode: ☐ Normal ☐ Digi locker ☐ EKYC OTP ☐ Online KYC ☐ Offline ☐ EKYC ☐ EKYC Biometric

Application No

Please fill the Application in **English** and in **BLOCK Letters** with **Black Ink**:

## 1. Identity Details: (Please See the Guide Lines over Leaf)

PAN \_\_\_\_\_ (Please enclose a duly attested copy of your PAN Card)

Name (same as ID proof): \_\_\_\_\_

Maiden Name (if any): \_\_\_\_\_

Father/Spouse Name: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Trans Gender Marital Status: ☐ Married ☐ SingleNationality: ☐ Indian ☐ Others: \_\_\_\_\_ ISO 3166 Country Code ☐Residential Status: ☐ RI ☐ NRI ☐ PIO ☐ Foreign National (Passport is Mandatory for NRI/POI/FN)Aadhar No. (UID): XXXX XXXX ☐☐☐☐ Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Cross Signature across PhotographPOI Submitted for PAN exempted Case: ☐ Aadhaar ☐ Passport ☐ Voter ID ☐ Driving License ☐ NREGA Card ☐ NPR ☐ Other: \_\_\_\_\_Please affix a recent  
passport Size Photo and sign  
across it

## 2. Address Details:

## A. Correspondence/ Local Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City/ Town/Village: \_\_\_\_\_ District: \_\_\_\_\_ Pincode \_\_\_\_\_

State: \_\_\_\_\_ Country \_\_\_\_\_

Address Type: ☐ Residential/Business Residential ☐ Residential ☐ Business ☐ Registered Office ☐ Un Specified

## B. Permanent Resident address of Applicant, if different from above A / OR Overseas Address (Mandatory) for Non-Resident Applicant

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City/ Town/Village: \_\_\_\_\_ District: \_\_\_\_\_ Pincode \_\_\_\_\_

State: \_\_\_\_\_ Country \_\_\_\_\_

Address Type: ☐ Residential/Business Residential ☐ Residential ☐ Business ☐ Registered Office ☐ Un Specified

## Proof of Address\* (attested copy of POA for correspondence and permanent address each to be submitted)

Corr.Add Perm.Add

☐ ☐ A Aadhaar Card XXXX XXXX ☐☐☐☐
☐ ☐ B Passport Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

☐ ☐ C Voter Id Card \_\_\_\_\_ Expiry Date \_\_\_\_\_

☐ ☐ D Driving License \_\_\_\_\_ Expiry Date \_\_\_\_\_

☐ ☐ E NREGA Job Card \_\_\_\_\_

☐ ☐ F NPR Letter \_\_\_\_\_

☐ ☐ Z Others \_\_\_\_\_ Z. Id Number \_\_\_\_\_

Applicant e-Sign

Applicant Wet Sign

**3. Contact Details:**

Email id: \_\_\_\_\_ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent Child ☐  
 Mobile \_\_\_\_\_ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent Child ☐  
 Tel. (off) with STD Code: \_\_\_\_\_ Tel. (Resi) with STD Code: \_\_\_\_\_

**4. FATCA - CRS Declaration - Individuals (Trading & DP)**

Are you a tax resident of any country other than India? Yes ☐ No ☐

| Country Of Tax Residency # | TAX Identification No. (TIN) % | Identification Type (TIN or Other, Please Specify) | If Tin not available *                                                           |
|----------------------------|--------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------|
|                            |                                |                                                    | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
|                            |                                |                                                    | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
|                            |                                |                                                    | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |

# To also include USE, where the individual is an citizen/Green card holder of the USA

\$ In case Tax identification number is not available, kindly provide its functional equivalent

\*If Tin not available, Reason:

A - The country where the account holder is liable to pay tax and does not issue tax identification number to its residents

B - No Tin Required (Select this only if the authorities of respective country of tax residence not require the TIN be collected)

C - Others; Please state the thereof

**Certification**

I/We have understood the information requirements of this form (read along with the FATCA & CRS instructions) and here by confirm that the information provide by me/us on this form is true, correct and complete. I/We also confirm that I/We have read and understood the FACTA & CRS terms and conditions and hereby accept the same.

**5. Gross Annual Income:** 0-1Lac ☐ 1-5Lac ☐ 5-10Lac ☐ 10-25Lac ☐ 25Lac-1Cr ☐ 1Cr-5Cr ☐ >5Cr ☐

Date : \_\_\_\_\_

Networth : \_\_\_\_\_ Date : \_\_\_\_\_

**7. Occupation:** Private Sector ☐ Public Sector ☐ Business ☐ Govt. Service ☐ Business ☐ Student ☐  
 House wife ☐ Agriculturist ☐ Retired Person ☐ Others: ☐ \_\_\_\_\_

**5. Applicant 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 under-take 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. I/We hereby consent to receiving information from KRA & CKYC through SMS/Email on the above registered number/Email address. 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 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.

Date : \_\_\_\_\_ Place : \_\_\_\_\_

Applicant e-Sign

Applicant Wet Sign

**KYC Verification/In Person Verification (IPV) Carried out by: (For Office Use only)**

Signature & Branch /AP Seal

Inperson Verification Carried Out On Date \_\_\_\_\_ Place \_\_\_\_\_

Name of Official: \_\_\_\_\_

Designation: \_\_\_\_\_ Employee / AP Code: \_\_\_\_\_

☐ Self certified document copies received (OVD)

☐ True Copies of documents received (Attested)

