

Know Your Client (KYC)

Shriram Financial Services Private Limited



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

Application For Individuals

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

☐ NEW ☐ ModificationKYC 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 _____☐ ☐ 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 *
			☐ A ☐ B ☐ C
			☐ A ☐ B ☐ C
			☐ A ☐ B ☐ 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)			