

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

NEW CHANGE REQUEST (Please tick ✓ the appropriate)



Gogia Capital Growth Limited
Regd. Office : 31,Basement,Community
 Center,Basant Lok,Vasant Vihar, New Delhi - 110057
 Tel. : +91-11- 49418888 Fax : +91-11-49418899

Acknowledgement No.

Photograph
 Please affix your recent
 passport size photograph

* Seperate KYC Application forms must be filled by each applicant i.e. (2nd Holder, 3rd Holder & Guardian)

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

<input type="checkbox"/> 1.	Name of the Applicant																							
<input type="checkbox"/> 2.	Father's / Husband Name																							
<input type="checkbox"/> 3.	Mother's Name																							
<input type="checkbox"/> 4.	a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	c) Date of Birth	D	D	M	M	Y	Y	Y	Y	Y	Y											
<input type="checkbox"/> 5.	a) Nationality/Citizenship <input type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify _____)																							
	b) Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin																							
<input type="checkbox"/> 6.	a) PAN													b) Aadhaar Number										
<input type="checkbox"/> 7.	Specify the proof of identity submitted <input type="checkbox"/> PAN Card <input type="checkbox"/> Any other (Please specify _____)																							

Signature Across photograph

B. ADDRESS DETAILS

<input type="checkbox"/> 1.	<input type="checkbox"/> Residence / <input type="checkbox"/> Correspondence Address														
	City/Town/Village							PIN Code							
	State							Country							
<input type="checkbox"/> 2.	Specify the proof of address submitted for Residence / Correspondence address														
<input type="checkbox"/> 3.	Contact Details	Mobile No.*							E-mail ID*						
		Tel. (Off.)							Tel. (Res.)						
									Fax No						
<input type="checkbox"/> 4.	Permanent Address (If different from above. Mandatory for Non- Resident Applicant to specify overseas address)														
	City/Town/Village							PIN Code							
	State							Country							
<input type="checkbox"/> 5.	Specify the proof of address submitted for Permanent address														

C. 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. I hereby consent to receiving information from Central KYC Registry/KRA Agencies/Gogia Capital Services (GCGI) through SMS/Email on the above registered number /email address. I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my 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.

Signature of the Applicant	(2)												
Date	D	D	M	M	Y	Y	Y	Y	Y	Y	Y	Y	Y

<input type="checkbox"/> Originals verified & Self-Attested documents copies received																				
Name of the person doing IPV ⁵ & Interview							Designation													
Date of IPV ⁵	D	D	M	M	Y	Y	Y	Y	Y	Y	Y	Y	Y	SEBI Regn. No. #						
Name of the Organization							Signature of the person doing IPV*													

Signature of the Authorised Signatory of Gogia Capital Growth Ltd. with Seal & Stamp													
	Date												
	D	D	M	M	Y	Y	Y	Y	Y	Y	Y	Y	Y

\$ IPV - stands for In Person Verification # Member Broker / Authorised Person * Mandatory Field

PART-II TRADING & DEPOSITORY ACCOUNT RELATED DETAILS

FOR INDIVIDUALS & NON-INDIVIDUALS



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DP ID : IN300589

FOR OFFICE USE ONLY

CLIENT ID									
Unique Client Code (UCC)									

I/We request you to open a Trading & Depository account in my/our name as per the below mentioned details and request you to map my/our Client Id so allotted for depository account opened along with my/our trading account as my/our primary depository account and other depository account, if any, mentioned below as my/our additional depository account.

DETAILS OF ACCOUNT HOLDER(S)

Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
PAN			
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> X-Not Catgorised <input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> X-Not Catgorised <input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> X-Not Catgorised <input type="checkbox"/> Others (Please specify; _____)
Brief details			
Please Tick (✓) if Applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)

For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

Name		PAN												
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TYPE OF ACCOUNT

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non Repatriable	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Promoter	<input type="checkbox"/> Margin	
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Trust	<input type="checkbox"/> Bank	
						<input type="checkbox"/> CM	<input type="checkbox"/> Others _____

STANDING INSTRUCTIONS

I/We authorise you to receive credits automatically into my/our account (If you do not wish to authorise for credit kindly tick at 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demat Account to be operated through DDPI / Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS Alert Facility [Mandatory if you are giving DDPI/PoA. Ensure that the mobile no. is provided in the KYC application form]	
First/Sole Holder <input type="checkbox"/> YES <input type="checkbox"/> NO	Second Holder <input type="checkbox"/> YES <input type="checkbox"/> NO
Third Holder <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address for communication / Corporate Benefits (Default option is Local Address) <input type="checkbox"/> Local / Permanent Adress <input type="checkbox"/> Correspondence Address / Foreign Address	

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	Mobile No. + 9 1 _____
	[Mandatory, if you are giving DDPI/Power of Attorney (POA)] (if DDPI/POA is not granted & you do not wish to avail of this facility, cancel this option)
To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

ANNUAL INCOME DETAILS (Please Specify)

Income Range per annum*	<input type="checkbox"/> Below ₹ 1 Lac	<input type="checkbox"/> ₹ 1-5 Lac	<input type="checkbox"/> ₹ 5-10 Lac	<input type="checkbox"/> ₹ 10-25 Lac	<input type="checkbox"/> ₹ 25-1 Crore	<input type="checkbox"/> More than ₹ 1 Crore
Networth Amount* (₹)	_____ as on DDMMYYYY (Networth should not be older than 1 year)					

*Networth is compulsory for Non-Individual client. Income Range Compulsory for all clients.