

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



Gogia Capital Services Limited

Regd. Office : The Capital Court, 6th Floor, OLOF Palme Marg,
Munirka, New Delhi - 110067
Tel. : +91-11- 49418888 Fax : +91-11-49418899

NEW CHANGE REQUEST (Please tick ✓ the appropriate)

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 (GCSL) 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

FOR OFFICE USE ONLY

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

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