



RATNAKAR
SECURITIES PVT. LTD.

Regd. Off. : 304, Sankalp Square II, Nr. Jalaram Mandir Crossing, Ellisbridge, Ahmedabad - 380 006.
Tel : +91-79-4900 5200 info@ratnakarsecurities.com; www.ratnakarsecurities.com
DP ID : IN 300652; SEBI Reg. No. : NSE/BSE : INZ000191735

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) For any individual PAN & Aadhaar Card is mandatory.
B) Fields marked with '*' are mandatory fields.
C) Please read section wise detailed guidelines / instructions at the end.
D) KYC number of applicant is mandatory for update application.
E) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
	KYC Number	<div></div> (Mandatory for KYC update request)	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)
		<input type="checkbox"/> Small	

☐ **1. PERSONAL DETAILS** (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	<div></div>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <div></div>)			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian			
	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)			
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

PHOTO

☐ **2. TICK IF APPLICABLE** ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA
(Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

1/30

Signature / Thumb Impression of Applicant

☐ **3. PROOF OF IDENTITY (PoI)*** (Please refer instruction C at the end)

(Certified copy of PAN & Aadhaar of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	Passport Expiry Date	<div></div>
<input type="checkbox"/> B- Voter ID Card		
<input type="checkbox"/> C- PAN Card		Mandatory
<input type="checkbox"/> D- Driving Licence	Driving Licence Expiry Date	<div></div>
<input type="checkbox"/> E- UID (Aadhaar)		Mandatory Last 4 digits only
<input type="checkbox"/> F- NREGA Job Card		
<input type="checkbox"/> Z- Others (any document notified by the central government)	Identification Number	<div></div>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	Identification Number	<div></div>

4. PROOF OF ADDRESS (PoA)*

☐ **4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	please specify <div></div>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code <div></div>				

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* City / Town / Village* ISO 3166 Country Code*

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1* _____
Line 2 _____
Line 3 _____ City / Town / Village* _____
District* _____ Pin / Post Code* _____ State / U.T Code* _____ ISO 3166 Country Code* _____

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1* _____
Line 2 _____
Line 3 _____ City / Town / Village* _____
State* _____ ZIP / Post Code* _____ ISO 3166 Country Code* _____

☐ 5. CONTACT DETAILS (All communications will be sent on provided)

Tel. (Off.) _____ Tel. (Res) _____ FAX _____

Mobile _____ belongs to me ☐ spouse ☐ dependent parents ☐ dependent children ☐

Email ID (in capital letters) _____ belongs to me ☐ spouse ☐ dependent parents ☐ dependent children ☐

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*) _____

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
Prefix First Name Middle Name Last Name

Name* _____
(If KYC number and name are provided, below details of section 6 are optional) el. (Off)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number _____ Passport Expiry Date DD-MM-YYYY
☐ B- Voter ID Card _____
☐ C- PAN Card _____
☐ D- Driving Licence _____ Driving Licence Expiry Date DD-MM-YYYY
☐ E- UID (Aadhaar) _____
☐ F- NREGA Job Card _____
☐ Z- Others (any document notified by the central government) _____ Identification Number _____
☐ S- Simplified Measures Account - Document Type code _____ Identification Number _____

☐ 7. REMARKS (If any) Mobile no. / Email-ID) (Please refer instruction F at the end)

8. APPLICANT 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 through SMS/Email on the above registered number/email address.

Date : DD-MM-YYYY Place : _____



2/30

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ IPV Done

KYC VERIFICATION / IPV CARRIED OUT BY

Date DD-MM-YYYY
Emp. Name _____
Emp. Code _____
Emp. Designation _____
Emp. Branch _____

[Employee Signature]

INSTITUTION DETAILS

Name RATNAKAR SECURITIES PVT. LTD.


Code _____

[Institution Stamp]

To,
Ratnakar Securities Pvt. Ltd., Ahmedabad.

Date : _____

Sub.: Declaration to use common mobile number and / email id in family accounts

DP ID		Client ID		Trading Code	
I hereby declare that the aforesaid mobile number or E-mail ID belongs to					
Details	First / Sole Holder	Second Holder	Third Holder		
Name of Account Holder					
	___ Me or ___ My Family, (spouse, dependent children and dependent parents).	___ Me or ___ My Family (spouse, dependent children and dependent parents).	___ Me or ___ My Family (spouse, dependent children and dependent parents).		
Mobile No.					
Email ID					
I wish to receive e- statement ___ Yes ___ No					
Specimen Signature	 13/28	