

NIKHIL COMMODITY & DERIVATIVES PVT. LTD.

Regd. Office : 401 Princess Empire, 12 Race Course Road, Indore – 452001
Tel : 0731 – 4015041, 45, 46, Email : accounts@nikhilgroup.co.in

(INDIVIDUAL Re-KYC FORM)

(A) IDENTITY DETAILS

- Name of Applicant:
- Father's Name:
- Spouse Name:
- Gender : Male / Female
- Marital Status : Single / Married
- Date of Birth :(DD-MM-YYYY)
- (a) Nationality
- (b) Status : Resident Individual / Non-Resident / Foreign National.
(If Non-Resident/ Foreign National, Self Certified Copy of Statutory Approval obtained must be attached)
- PAN: Aadhar No. (UID):.....
Any Other Additional proof of identity.....

(B) ADDRESS DETAILS

(Proof of address must be different from the proof of identity submitted)

- Address for Correspondence:
City: Pin Code: State:
Country: Tel No. : Fax:
Mobile No. : Email Id:
(Specify the proof of address submitted for correspondence address :.....)
- Registered Address for Permanent: **(If different from above)**
.....
City: Pin Code: State:
Country: Tel No. : Fax:
Mobile No. : Email Id:
(Specify the proof of address submitted for Registered Address :.....)

(C) INCOME & NETOWRTH DETAILS

Descriptions	Date	Amount (In figures) (not be older than 1 Year)
Gross Annual Income (Specify the proof of Annual Income submitted for it)		
Net Worth (Specify the proof of Net Worth submitted for it)		

(X1 _____)

(D) Occupation (Please tick, as applicable)

- Private Sector Public Sector Government Service Business
 Professional Farmer Others Pl.Specify

(E) Please tick, as applicable :

- Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 Not a Politically Exposed Person (PEP) Not Related to a Politically Exposed Person (PEP)

(F) BANK ACCOUNT DETAILS

Bank Name			
Branch Address & Tel. No.			
Account Number			
Account Type (Pl. Tick)	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others Pl. Specific.....		
MICR Code 9 Digit		IFS Code	

Note: Provide a copy of cancelled cheque leaf/ pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the bank.

(G) DEPOSITORY ACCOUNT(S) DETAILS, if available

Exchange	CDSL/ NSDL/ CONTRACT	DP NAME	DP ID	CLIENT ID

Note: Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

(H) GST REGISTRATION DETAILS (As applicable, State wise)

TAX AUTHORITY	REGISTRATION NO.	VALIDITY DATE
LOCAL SALES TAX/TIN		
CENTRAL SALES TAX		
VAT TAX/ GST		

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 undertake to inform you of any change 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.

Place _____

Date _____

*Form need to be signed by all the authorized signatories

(X2 _____)

Signature of (all) Authorized Signatory (ies)*