



# INNOVATE SECURITIES PVT. LTD.

1st Floor, "Devashish", 39, Sardar Patel Nagar, Nr. Nest Hotel,  
Navrangpura, Ahmedabad - 380 006.



For Individuals

Application No.

Application Type\* : ☐ New KYC ☐ Modification KYC

Central KYC Registry [Know Your Customer (KYC) Application Form]

DP SEBI Regn. No. : IN-DP-CDSL-594-2021

KYC Mode\* : Please Tick (✓)

☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker

## 1. Identity Details of Related Person (please refer guidelines overleaf)

PAN\* ..... Please enclose a duly attested copy of your PAN Card

Name of Applicant (Same as per ID Proof) \_\_\_\_\_

Maiden Name\* (If any) \_\_\_\_\_

Fathers / Spouse's Name\* \_\_\_\_\_

Mother Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Gender\* ☐ Male ☐ Female ☐ Transgender

Marital Status\* ☐ Single ☐ Married

Nationality\* ☐ Indian ☐ Other \_\_\_\_\_

Residential Status\* ☐ Resident Individual ☐ Non Resident Indian

Please Tick (✓) ☐ Foreign National ☐ Person of Indian Origin  
(Passport mandatory for NRIs, PIOs and Foreign Nationals)

Occupation Type ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ O-Others ☐ Professional  
☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ Business ☐ X-Not Categorized

## PROOF OF IDENTITY (POI)\* Submitted for PAN exempted cases (Please tick)

☐ A - Aadhar Card \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

☐ B - Passport Number \_\_\_\_\_

☐ C - Voter ID Card \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

☐ D - Driving License \_\_\_\_\_

☐ E - NREGA Job Card \_\_\_\_\_

☐ F - NPR \_\_\_\_\_

☐ Z - Others \_\_\_\_\_ (any Document notified by Central Government)

Identification Number \_\_\_\_\_

## 2. Address Details\* (please refer guidelines overleaf)

### A. Correspondence / Local Address\*

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City / Town / Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

**B. Permanent residence address of Applicant, if different from above A/ Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City / Town / Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☐ A - Aadhar Card \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ B - Passport Number \_\_\_\_\_☐ C - Voter ID Card \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ D - Driving License \_\_\_\_\_☐ E - NREGA Job Card \_\_\_\_\_☐ F - NPR Letter \_\_\_\_\_☐ Z - Others \_\_\_\_\_ (any Document notified by Central Government)

Identification Number \_\_\_\_\_

**3. Contact Details**

Email ID : \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Tel. (Off.) : \_\_\_\_\_ Tel. (Resi.) : \_\_\_\_\_

**4. Applicant Declaration**

I/We hereby declare that the KYC details furnished by me 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 CVL KRA 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 Aadhar 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 : \_\_\_\_ \_\_\_\_ \_\_\_\_ (DD-MM-YYYY) PLACE : \_\_\_\_\_

**Applicant e-SIGN****Applicant Wet Signature****5. FOR OFFICE USE ONLY****KYC Carried Out by\***

KYC DATE : \_\_\_\_ \_\_\_\_ \_\_\_\_ (DD-MM-YYYY)

EMP. Name : \_\_\_\_\_

EMP. Code : \_\_\_\_\_

EMP. Designation : \_\_\_\_\_

**Intermediary Details\***☐ Self certified document copies received (OVD)☐ True Copies of documents received (Attested)

Name : INNOVATE SECURITIES PVT. LTD.

C - KYC Code : **IN0448**CVL KRA POS CODE : **1100033800** **INNOVATE SECURITIES PVT. LTD.**

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Employee Signature and Stamp