

Kotak Commodity Services Private Limited Account Opening Form - Individual

Signature Required



KNOW YOUR CLIENT (KYC) APPLICATION FORM

NEW CHANGE REQUEST (Please tick ✓ the appropriate)

Please fill this form in English and in BLOCK LETTERS

(Please tick ✓ the box on left margin of appropriate row where CHANGE / CORRECTION is required and provide the details in the corresponding row)



PART A



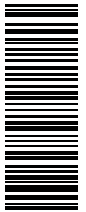
Please affix & sign
across the Photograph

I. IDENTITY DETAILS

<input type="checkbox"/> A Name (Mr./ Ms./Mrs.)	First Name	Middle Name	Last Name
<input type="checkbox"/> Fathers/Spouse Name			
Date of Birth	DD MM YYYY		
<input checked="" type="checkbox"/> Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<input checked="" type="checkbox"/> Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
<input type="checkbox"/> Nationality			
<input checked="" type="checkbox"/> Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Foreign National
Aadhaar number, If any			PAN
Specify the proof of Identity submitted			

II. ADDRESS DETAILS Correspondence Address Residence Address

<input type="checkbox"/> Residence/ Correspondence Address			
	City / Town / Village	Pin Code	
	State	Country	
Specify the proof of address submitted for residence /correspondence address			
<input type="checkbox"/> Contact Details (with country code, area codes, followed by the number)	Tel. (Off)# :	Tel. (Res.)# :	
	CCSTD	CCSTD	
	Mobile: CC	Fax CCSTD	
<input checked="" type="checkbox"/> A E-mail ID			
<input type="checkbox"/> Permanent Address (If different from above. Mandatory for Non-Resident applicant to specify overseas address)			
	City / Town / Village	Pin Code	
	State	Country	
Specify the proof of address submitted for permanent address			



Ver. 10/15-16/190116



Signature



Initials



Note



Tick



Capital Letters



Signature Required

+

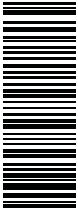
DECLARATION

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.

Client Signature

Date :

FOR OFFICE USE ONLY



	Documents verified with Originals	Client Interviewed by and In-Person Verification done by
Name of the Employee/ Sub-Broker/Authorised Person		
Employee Code/SEBI Reg. No./ Authorised Person Reg. No.		
Designation of the employee		
Name and Add of Branch/ Franchisee/Service Centre		
Date		
Place of Verification (if on Webcam, please specify)		
Signature of Employee / Sub-Broker/Authorised Person		
Name of Organization		

Originals verified and Self-Attested Document copies received

Name & Signature of the Authorised Signatory

Date :

Seal/Stamp of Intermediary

Ver. 10/15-16/190116

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