

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

<h2 style="margin: 0;">MAXIMUS SECURITIES LIMITED</h2> <p style="margin: 0;">(Formerly Known as Mafatal Securities Limited)</p> <p style="margin: 0;">DP ID - IN 300409</p> <p style="margin: 0;">Sterling Centre, 1st Floor, Opp. Divine Child High School, Andheri-Kurla Road, Andheri (East), Mumbai - 400 093.</p> <p style="margin: 0;">Tel. : 6141870 • 61418751 • 61418755 • Email : msl@maximussecurities.com • dp@maximussecurities.com</p>

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

1	Name of the Applicant	First Name	Middle Name	Last Name								
2	Maiden Name (if any)											
3	Father's / Husband's Name											
4	Mother's Name											
5	a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Photograph Please affix your recent passport size photograph <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">Signature Across Photograph</div>									
	c) Date of Birth	D			D	M	M	Y	Y	Y	Y	
6	a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify,)	b) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National									
7	a) PAN	b) Aadhaar Number, if any (Write Only Last 4 Digit)			X	X	X	X	X	X	X	X

B ADDRESS & CONTACT DETAILS

1	Residence / Correspondence Address										
		City/Town/Village					Pin Code				
		District					Country				
		State									
2	Contact Details	Tel. (Off.)					Tel. (Res.)				
		Fax No.					Mobile No.				
		Email. ID									
3	Permanent Address (If different from above, Mandatory for Non-Resident Applicant to specify overseas address)										
		City/Town/Village					PIN Code				
		District					Country				
		State									

C OTHER DETAILS

1	Occupation Type	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist
		<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired
		<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife
		<input type="checkbox"/> Business	<input type="checkbox"/> Student
		<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please Specify) _____

2 GROSS ANNUAL INCOME DETAILS

INCOME RANGE PER ANNUM (please tick any one)

Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac 25-50 Lac 50 Lac- 1 Crore More than 1 Crore

3 SPECIFY THE PROOF OF IDENTITY & PROOF OF ADDRESS SUBMITTED

Pan Card Aadhaar Card Passport / Expiry Date

Voter ID Driving Licence/Expiry Date Ration Card

Registered Lease / Sale Agreement of Residence Latest Bank A/c Statement / Passbook

Latest Telephone Bill (Only Land Line) Latest Electricity Bill Latest Gas Bill Others Specify

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

Place

Date

Signature of the Applicant

FOR OFFICE USE ONLY

Sr. No.	Particulars	
1	<input type="checkbox"/> Original verified and Self - Attested Document copies received	
2	In - Person - Verification (IPV) details :	
	a) Name of the person doing IPV	<input type="text"/>
	b) Designation	<input type="text"/>
	c) Name of Organization	<input type="text"/>
	d) Signature	<input type="text"/>
	e) Date	<input type="text" value="DDMMYYYY"/>
Name & Signature of the Authorised Signatory		Seal/Stamp of the intermediary
Date	<input type="text" value="DDMMYYYY"/>	