

**KNOW YOUR CLIENT (KYC) / APPLICATION FORM (For Individuals Only)**



**NX Block Trades Private Limited**

5th Floor, Urmila Business Park, A95B,  
Sector-136, Noida, Uttar Pradesh-201304  
Tele No. 0120-3635930

Application Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Application Type\*  New KYC  Modification KYC

Please fill the form in **ENGLISH** and in **BLOCK** letters  
Fields marked \* are mandatory  
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**KYC Mode\*:** Please Tick (✓)

Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

**1. Identity Details** (please refer guidelines overleaf)

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

Name\* (same as ID proof) .....

Maiden Name\* (if any) .....

Fathers/Spouse's 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 and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC.

Select NRI or Foreign National based on Nationality of the individual)

**PHOTOGRAPH**

Please affix your recent passport size photograph

Signature Across Photograph

**Proof of Identity (POI) submitted for PAN exempted cases** (Please tick)

- A — Aadhaar Card      XXXX XXXX \_ \_ \_ \_
  - B — Passport Number ..... (Expiry Date) .....
  - C — Voter ID Card .....
  - D — Driving License ..... (Expiry Date) .....
  - E — NREGA Job Card .....
  - F — NPR Letter .....
  - 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 — Aadhaar Card      XXXX XXXX \_ \_ \_ \_  
 B — Passport Number ..... (Expiry Date) .....  
 C — Voter ID Card .....  
 D — Driving License ..... (Expiry Date) .....  
 E — NREGA Job Card .....  
 F — NPR Letter .....  
 Z — Others ..... (Any document notified by Central Government)  
 Identification Number .....

**3. Contact Details (in CAPITAL)**

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 Aadhaar 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**

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date ..... Emp. Name ..... Emp. Code ..... Emp. Designation .....	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name: <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>NX Block Trades Private Limited</b> </div>
Employee Signature and Stamp	Institution Name & Stamp