Angel Broking Pvt. Ltd.

Angel Commodities Broking Pvt. Ltd.

Annexure: CENTRAL KYC REGISTRY

Know Your Customer (KYC) Application Form - Individual

Please fill the form in ENGLISH and in BLOCK letters

Client Code: _____

A. Personal Details

Maiden Name	In case of Married Women
Mother Name	First Name Middle Name Last Name

B. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I under t a k e 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 through SMS/Email on the registered number/email address.

Date: D D M M Y Y Y Y Place:

Signature / Thumb Impression of Applicant

C. For Office Use Only

Application Type	☐ New ☐ Update
KYC Number	(Mandatory for KYC update request)