

**PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)**

NEW  CHANGE REQUEST (Please tick ✓ the appropriate)



**Consortium Securities Pvt. Ltd.**

CIN : U74899DL1994PTC058772  
 Member : NSE, BSE, MSEI • DP (NSDL) DP ID : IN302316  
 Regd. Office : 36, Sant Nagar, East of Kailash, New Delhi-110065  
 Phone: + 91-11-26422413, 66237500

Acknowledgement No.

Photograph  
 Please affix your recent  
 passport size photograph

\* Separate KYC Application forms must be filled by each applicant i.e. (2nd Holder, 3rd Holder & Guardian)

Please fill this form in ENGLISH and in BLOCK LETTERS

**A. IDENTITY DETAILS**

- 1. Name of the Applicant
- 2. Father's / Husband Name
- 3. Mother's Name
- 4. a) Gender  Male  Female  Transgender b) Marital Status  Single  Married  Others c) Date of Birth
- 5. a) Nationality/Citizenship  Indian  Others (Please specify)  
 b) Status  Resident Individual  Non Resident  Foreign National  Person of Indian Origin
- 6. a) PAN b) Aadhaar Number
- 7. Specify the proof of identity submitted  PAN Card  Any other (Please specify)

Signature Across photograph

**B. ADDRESS DETAILS**

- 1.  Residence /  Correspondence Address  
 City/Town/Village State PIN Code Country
- 2. Specify the proof of address submitted for Residence / Correspondence address
- 3. Contact Details Tel. (Off.) Mobile No. Tel. (Res.) E-mail ID Fax No
- 4. Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address) City/Town/Village State PIN Code Country
- 5. Specify the proof of address submitted for Permanent address

**C. 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.

Signature of the Applicant (2)  
 Date

**FOR OFFICE USE ONLY**

Originals verified & Self-Attested documents copies received

Name of the person doing IPV\* & Interview

Date of IPV\*

Name of the Organization

SEBI Regn. No. #

Designation

Signature of the person doing IPV\*

Signature of the Authorised Signatory of Consortium Securities Pvt. Ltd. with Seal & Stamp

Date

\* IPV - stands for In Person Verification # Member Broker / Authorised Person

