

# CKYC & KYC KRA FORM



**Gretex Share Broking Ltd.**  
 (Formerly Known as Gretex Share Broking Private Limited)  
 Naman Midtown, A Wing, Unit 401, FP No. 616,  
 Tulsi Pipe Road, Dr. Ambedkar Nagar,  
 Senapati Bapat Marg, Behind Kamgar Kala Kendra,  
 Dadar (W), Mumbai - 400013.

## Know Your Client

### Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with "\*" are mandatory fields

Application Type\*  New

Update KYC Number\*

KYC Type\*  Normal (PAN is mandatory)  PAN Exempt Investors (Refer instruction K)

### 1. Identity Details (Please refer instruction A at the end)

PAN

Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof)

Maiden Name (if any\*)

Father / Spouse Name\*

Mother Name\*

Date of Birth\*

Gender\*  M- Male  F- Female  T-Trans gender

Marital Status\*  Married  Unmarried  Others

Citizenship\*  IN- Indian  Others - Country  Country Code

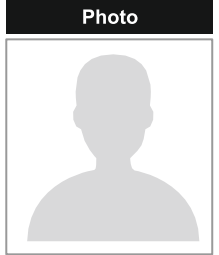
Residential Status\*  Resident Individual  Non Resident Indian

Foreign National  Person of Indian Origin

Occupation Type\*  S-Service  Private Sector  Public Sector  Government Sector

O-Others  Professional  Self Employed  Retired  Housewife  Student

B-Business  X-Not Categorized



Signature/  
Thumb Impression

(1) **IND.**

### 2. Proof of Identity (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number

Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence

Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government)

Identification Number

S- Simplified Measures Account - Document Type Code

Identification Number

### 3. Proof of Address (PoA)\*

#### 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

#### Address

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

Address Type\*  Resi dental / Business  Resi dental  Business  Registered Office  Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

#### Proof of Address\*

Passport Number

Passport Expiry Date

Voter ID Card

Driving Licence

Driving Licence Expiry Date

Aadhaar Card

NREGA Job Card

Others (any document notified by the central government)  Identification Number

#### 3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile  Tel. (Off)  Tel. (Res)

**5. FATCA/CRS Information PART I** (Tick if Applicable)  Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Is your Country of Tax Residency other than India  YES  NO (If yes please specify the details of all countries where you hold the tax residency.)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)\*

TIN issued country

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

US Citizen  YES OR  NO

Address

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\*  (If KYC number and name are provided, below details of section 6 are optional)

Prefix  First Name  Middle Name  Last Name

Proof of Identity [PoI] of Related Person\* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government)  Identification Number

S- Simplified Measures Account - Document Type Code  Identification Number

**7. Remarks (If any)**

**8. Applicant Declaration**

**CKYC 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications / directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / email address.

**FATCA Declaration**

- I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified 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 authorize Gretex to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Gretex and its group companies ("the Authorized Parties") or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators / tax authorities. I/We authorize Gretex to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same

[Signature / Thumb Impression]

Date:  Place:

(2) [Signature / Thumb Impression of Applicant]

**9. Attestation / For Office Use Only**

Documents Received  Certified Copies

**In-Person Verification (IPV) & KYC Verification Carried Out by (Refer Instruction J&I)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Name  Gretex Share Broking Ltd.

Code  I N 3 0 4 5 4 3

[Institution Stamp]