

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

1.4. CONTACT DETAILS All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off) Tel. (Res) Mobile

FAX Email ID

2. APPLICANT 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 / We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - - Place :

Signature / Thumb Impression of Applicant

3. ATTESTATION AND / FOR OFFICE USE ONLY

Documents Received Certified Copies (Self Attested) E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code


Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name **KIFS TRADE CAPITAL PRIVATE LIMITED**
 Code **I N O 1 4 4 / NDML MIID - P1192**

(Employee Signature)



KIFS
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