

**UPDATION OF CLIENT DETAILS IN UCC DATABASE**

**FOR INDIVIDUAL**

To,  
**Affinity Securities Private Limited**  
 Shailla Towers, 9th floor, Room No. 903, J1/16, EP & GP Block,  
 Salt Lake, Sector-V, Kolkata- 700091

Date: DD/MM/YYYY

**Sub: Updation of details of my trading account no.** \_\_\_\_\_

Dear Sir/Madam,

I am furnishing my updated details with respect to my application for addition/modification/rectification of KYC details in UCC database.

<b>Client Name</b>					
<b>Address</b> <input type="checkbox"/> Change* <input type="checkbox"/> No change	<b>Contact Details</b> <input type="checkbox"/> Change* <input type="checkbox"/> No change	<b>Residential Status</b> <input type="checkbox"/> Change* <input type="checkbox"/> No change		<b>Occupation Type</b> <input type="checkbox"/> Change* <input type="checkbox"/> No change	
<b>Annual Income Details (In Rs.)</b> OR <b>Net Worth (proof enclosed)</b>	<input type="checkbox"/> Below 1Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> >25 Lac OR Rs. _____				<u>DD/MM/YYYY</u>
<input type="checkbox"/> Salary Slip <input type="checkbox"/> Copy of Annual Accounts <input type="checkbox"/> Copy of Form 16 in case of salary income <input type="checkbox"/> Net worth certificate <input type="checkbox"/> Copy of ITR Acknowledgement <input type="checkbox"/> Bank account statement for last 6 months <input type="checkbox"/> Copy of latest Demat account Holding statement <input type="checkbox"/> Any other relevant documents substantiating ownership of assets					
<b>Politically Exposed Person (PEP)</b>	<input type="checkbox"/> Not a PEP <input type="checkbox"/> PEP <input type="checkbox"/> Related to a PEP				
<b>Bank Account Details</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> No change	Bank Name				
	Branch Add.				
	A/c. No.			A/c. type	
	MICR No.			IFSC Code	
<b>Depository Account Details</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> No change	DP Name				<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
	DP ID			Client ID	
<b>Mode of receiving Contract Notes and other documents</b>	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic / Digital				
	Email ID				

*\*In case of change, please fill KYC form.*

<b>DECLARATION</b>	
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.	 <b>Client's Signature</b>
<b>FOR OFFICE USE ONLY</b>	
The details furnished above have been successfully updated in KYC record and exchange UCC database.  Date: <u>DD/MM/YYYY</u> Place: Kolkata	

**AFFINITY SECURITIES PRIVATE LIMITED**

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- d) For particular section update, please tick(✓) in the box available before the section number and strike ffo the sections not required to be updated.



**For office use only** Application Type\*  New  Update  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update request)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small

**1. PERSONAL DETAILS**

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others	<input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector )	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorized			

**PHOTO**

(1)

**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)  
 Country of Jurisdiction of Residence\*   
 Tax Identification Number or equivalent (If issued by jurisdiction)\*   
 Place / City of Birth\*  Country of Birth\*

**3. PROOF OF IDENTITY (PoI)\***

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

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type <input type="text"/>	Identification Number <input type="text"/>

**4. PROOF OF ADDRESS (PoA)\***

**4.1 CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS**

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

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)  
 Voter Identity Card  NREGA Job Card  Others  please specify  
 Simplified Measures Account - Document Type

**Address**

Line 1\*   
 Line 2   
 Line 3

District\*  Pin / Post Code\*  State / U.T  City /Town / Village\*  Country

Validity / Expiry Date of proof of address submitted  /  /

