

KEYUR GILTS (P) LTD

KYC: Direct Indirect	Date	: <u> </u>
Individual Non- individual	No(s):
(A) Name:		
Mother's Name:		
Address:		
City: State:	Country:	
Resident Individual:	NRI:	
DOB: Birth Place:	Occupation: Incom	e:
Mobile No:	Landline Number	
Email:	Website	
(B) Office Details:		
Address:		
Contact Person: Mobile No:	Landline Numb	er:
Email:	Website:	
(C) Documents:		
PAN No. Photograph	Aadhar No	_ 🗆
Demat Proof: Client Master: ☐ Copy of Slip: ☐ Box		
Bank Proof: Copy of statement: Cancel Cheque:	MOA: Author. Signatory list:]
Address Proof: Driving License: Voter ID:	Aadhar Card: Passport:	
Others:	. –	
For Office Use Only:		
RM Name / Associate Name:		
Referred by:		
Client Code: Proof		
Checked by: Author		
Authorities by:	J. 13Cd by	