MADHUVAN SECURITIES PVT LTD
82,Madhuban Building Nr. Madalpur Under Bridge,Ellisbridge AHMEDABAD-380006.

- KNOW YOUR CLIENT (KYC) FOR INACTIVE CLIENT (For Individuals)

Please fill this form in ENGLISH and in BLOCK LETTERS															
Α.	IDENTITY DETAILS			Photograph											
1	Name of the Applicant											Please affix your recepassport size photogra			
2	Father's / Husband's Name												Signature Across photograph		
_	Male]	s	ingle										
3	a) Gender Female	b) Marital status Married b) Date of Birth D D M M										7	Y		
4	a) Indian Other (Please specify	a) Status Resident Individual Non Resident Foreign National													
5	a) PAN	b) Aadhaar Number, if any													
6	Specify the proof of identity submitted PAN card Any other (Please specify;)														
B.	ADDRESS DETAILS							•		•					
		Correspondence Address Residence Address													
1	Residence / Correspondence														
1	Address														
		City/town/villa	PIN Code												
		State		Country											
2	Specify the proof of address sub- correspondence address	nitted for Resider	ice /												
		Tel. (Off.)					Tel. (Res.)								
3	Contact Details	Fax No.					Mobile No.								
		Email ID													
4	Permanent Address (If different														
	from above. Mandatory for Non-Resident Applicant to						T	I							
	specify overseas address)	City/town/villa	ge				PIN Code								
~		State	Country												
С.	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							Date	D	D	M I	М Ү	Y	Y Y		

FOR OFFICE USE ONLY																				
Sr. No.	Particulars																			
1	Originals verified and Self-Attested Document copies received																			
	In-Person-Verification (IPV) details:																			
	a)	a) Name of the person doing IPV																		
2	b)	b) Designation																		
	c) Name of Organization						N	//AD	OHU	JAN S	SECUI	RITIES	S PVT	LTD	У У					
	d) Signature																			
	e)	e) Date]	D	Μ	Μ	Y	Y	Y	Y					
Name & Signature of the Authorised Signatory																				
Date			D	D	М	М	Y	Y	Y	Y			Stamp ermedi							