

INMACS Limited | Know Your Customer Form

For Office Use only

Application Type New Update

(to be filled by financial institution) KYC Number _____

Account Type Normal Simplified Small

1. Personal Details

Name _____

Maiden Name (if any) _____

Mother Name _____

Residential Status Resident Individual Non Resident Indian

Foreign National Person of India Origin

Occupation Type S- Service (Private Sector Public Sector Government Sector)

O- Others (Professional Self Employed Retired

Housewife Student Business X- Not Categorised

2. Details of related person (in case of additional related persons , please fill 'Annexure B1')

Addition of Related person Deletion of Related person

KYC Number of Related person (if available) _____

Related Person Type Guardian of Minor Assignee Authorised Representative

Name* _____

Proof of Identity (POI) of Related Person submitted _____

Signature of Client

Date _____