



IFCI FINANCIAL SERVICES LIMITED

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ANNEXURE -J

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Please fill this form in ENGLISH and in BLOCK LETTERS												
A. IDENTITY DETAILS										Photograph Please affix your recent passport size photograph Signature Across Photograph		
1.	Name of the Applicant											
2.	a) Father's / Husband's Name									Signature Across Photograph		
	b) Mother's Name											
3.	a) Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		b) Marital status		<input type="checkbox"/> Single <input type="checkbox"/> Married		c) Date of Birth			
										d) Place of Birth		
4.	a) Nationality				a) Status							
	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)				<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National							
5.	a) PAN				b) Aadhaar Number, if any							
6.	Specify the proof of identity Submitted				<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify: _____)							
B. ADDRESS DETAILS												
<input type="checkbox"/> Correspondence Address <input type="checkbox"/> Residence Address												
1. Residence / Correspondence Address												
City/town/village				PIN Code								
State				Country								
2. Specify the proof of address submitted for Residence/ correspondence address												
3. Contact Details												
Tel.(Off.)				Tel.(Res)								
Fax No.				Mobile No.								
Email ID												
4. Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)												
City/town/village				PIN Code								
State				Country								
C. 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		

FOR OFFICE USE ONLY												
Sr. No.	Particulars											
1	<input type="checkbox"/> Originals verified and Self-Attested Document copies received											
2	In-Person - Verification (IPV) details :											
	a)	Name of the person doing IPV										
	b)	Designation										
	c)	Name of Organization										
	d)	Signature										
	e)	Date										
Name & Signature of the Authorised Signatory								Seal/Stamp of the Intermediary				
Date												