

District*



JUST TRADE SECURITIES LIMITED (MIID-P2148)

(Formerly Known as Bajaj Capital Investor Services Limited)

Bajaj House 97, Nehru Place, New Delhi-110019 Ph.: 011-41693000, 66161111 • Fax : 011-66608888

CIN - U67120DL2004PLC130803 Please fill this form in ENGLISH and in BLOCK LETTERS

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

Important Instructions:				शकरण पुनर									
A) Fields marked with '*' are ma	ndatory fields. E)	t of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.											
B) Please fill the form in English			of two character ISO 3166 country codes is available at the end.										
C) Please fill the date in DD-MM			andatory for update application.	Ta 3H									
 D) Please read section wise det at the end. 	5		please tick () in the box available he sections not required to be upda	3									
at the cria.				Start Bray									
For office use only	Application Type* N	ew Update											
(To be filled by financial insti	tution) KYC Number		(Mandatory	for KYC update request)									
	Account Type*	ormal Simplified	(for low risk customers)	☐ Small									
☐ 1. PERSONAL DETA	NLS (Please refer instruction A at th												
☐ Name* (Same as ID proo	Prefix First Nar	ne	Middle Name	Last Name									
Maiden Name (If any*)													
Father / Spouse Name*													
Mother Name*													
Date of Birth*													
Gender*	☐ M- Male	☐ F- Female	☐ T Transgender	РНОТО									
	A STATE OF THE STA		☐ T-Transgender										
Marital Status*	☐ Married	Unmarried	Others										
Citizenship*	☐ IN- Indian	☐ Others (ISO 3	166 Country Code)										
Residential Status*	☐ Resident Individual☐ Foreign National	☐ Non Resident I ☐ Person of India											
Occupation Type*	☐ S-Service (☐ Private Sect	or Public Sector	☐Government Sector)										
	O-Others (Professional	☐ Self Employed	☐ Retired ☐ Housewife	☐Student)									
	B-Business												
2. TICK IF APPLICA	BLE RESIDENCE FOR TAX I	PURPOSES IN JURISD	ICTION(S) OUTSIDE INDIA	(Please refer instruction B at the end)									
ADDITIONAL DETAILS R	EQUIRED* (Mandatory only if section	on 2 is ticked)											
	f Jurisdiction of Residence*												
	or equivalent (If issued by jurisdiction	20)*											
Place / City of Birth*	or equivalent (in issued by junished)	ISO 3166 Countr	v Code of Birth*										
ridee renty of Email			, 3343 5. 2										
☐ 3. PROOF OF IDENT	FITY (Pol)* (Please refer instruction	C at the end)											
(Certified copy of any one of t	he following Proof of Identity[Pol] nee	ds to be submitted)											
A- Passport Number			Passport Expiry Date										
☐ B- Voter ID Card													
☐ C- PAN Card													
☐ D- Driving Licence			Driving Licence Expiry Da	te DD-MM-YYYY									
☐ E- UID (Aadhaar)													
☐ F- NREGA Job Card													
☐ Z- Others (any documer	nt notified by the central government)		Identification Numb	er									
☐ S- Simplified Measure	s Account - Document Type coo	le 🔲	Identification Numb	er									
4. PROOF OF ADDE	RESS (PoA)*												
	NENT / OVERSEAS ADDRESS DET	AILS (Please see instruction	on D at the end)										
	he following Proof of Address [PoA] n												
Address Type*	Residential / Business	Residential	Business Regi	istered Office Unspecified									
Accession of the Contract of t		CENTER AND	UID (Aadhaar)	c.repeation									
ūv	oter Identity Card	NREGA Job Card	Others	lease specify									
Address	Simplified Measures Account - Do	ocument Type code											
Line 1*													
Line 2													
Line 3			City / Town / \	/illage*									

Pin / Post Code*

State / U.T Code*

ISO 3166 Country Code*

7 <u>1 1</u>	RESPON																												
☐ Same as	Current /	Perma	anent.	/ Over	seas	Addre	ss de	tails (In cas	e of m	nultiple	e corr	respo	nden	nce /	local	l add	dres	ses	pleas	se fill '	Anne	cure	A1 ')					
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Line 2					Ш				Ц				Ш					1					_		1	Ш		Ц	
Line 3					Щ				Ш			+	Щ	4							n / Vi	llage*		Ш		Ш			_
District*							Pir	ı / Po	st Co	de*					S	tate	/ U	.T C	Cod	e*		ISC) 3·	166	Cou	ntry	Code	*	
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Line 3		T	T			T	T			Ħ	T	T	Ħ	Ť	П	Ť	Ť	Ci	ity /	Town	/ Vil	age*	T		Ť	Ħ		Ť	Ť
State*												ZIF	P / P	ost C	Cod	e*	T		Ī			ISO	31	66 C	oun	itry C	Code*	Ť	Ť
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☐ 5. CON	TACT DE	TAILS	(All c	ommu	nicatio	ons will	be se	ent on	orovide	d Mok	oile no	. / Em	ail-ID) (Ple	ase	efer i	instr	ructio	on F	at the	end)								
Tel. (Off)			-					T	el. (Re	s)										Mob	ile		-[
FAX								Е	mail II) [
☐ 6. DETA	II S OF F	PEI Δ	ED P	ERS	ON /	In case	of ac	lditi on:	al relate	d ner	enne i	aleas	e fill 'A	nnev	rure l	31' \ /	(nles	ace r	efer	inetru	tion G	at the	end	1					
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Name*																													
			(If K	YC nu	ımber	and na	me a	e prov	ided, b	elow o	details	of se	ction (6 are	optio	nal)													
PROOF (OF IDENTI	TY [Po	I) OF F	RELAT	ED P	ERSON	۱* (Ple	ease s	e instr	uction	(H) at	the e	end)																
A- Pass	port Num	ber			ΪÏ									1	Pas	spor	t E	xpir	y D	ate		D D	-	M	M -	Y	YY	Y	
☐ B- Voter	ID Card		H	_	Ħ	11				TT									Till .				_						
C- PAN			H	_	H	++	\pm	_			-																		
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」 E- UID (5	Н			++	+	+			-																		
☐ F- NRE	GA Job C	Card																											
Z- Other										Щ	Щ		Ш							n Nur		Щ	L		_	Щ			
S- Simp	lified Mea	asure	s Acc	count	- Do	ocume	ent T	уре с	ode							Id	dent	tifica	atio	n Nur	nber					Ш			
☐ 7. REM	ARKS (If	any)																											
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Date :	D - M	M	YY	Y	(Pla	ce:													,	Signatur	e / TI	numb l	mpres	ssion	of Applic	ant	
9. ATTE	STATIO	N / FO	OR O	FFIC	E US	E ON	ILY																						
Documents	Receive	d	_ Ce	rtified	Copi	es																							
	KY	C VER	IFICAT	TION C	CARR	IED OL	JT BY												IN	STITU	TION	DETAII	LS						
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CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick ' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (🗸) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

code may be mention	ied in point 3 (S).
Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector
	Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, it they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
- Do not add '0' in the beginning of Mobile number.

Clarification / Guidelines on filling 'Related Person details' section

1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details - Proof of Identity [Pol] of Related Person' section

1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP
Andhra Pradesh	AP	Jammu & Kashmir	JK
Arunachal Pradesh	AR	Jharkhand	JH
Assam	AS	Karnataka	KA
Bihar	BR	Kerala	KL
Chandigarh	CH	Lakshadweep	LD
Chattisgarh	CG	Madhya Pradesh	MP
Dadra and Nagar Haveli	DN	Maharashtra	MH
Daman & Diu	DD	Manipur	MN
Delhi	DL	Meghalaya	ML
Goa	GA	Mizoram	MZ
Gujarat	GJ	Nagaland	NL
Haryana	HR	Orissa	OR

State / U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
Гelangana	TS
ripura	TR
Uttar Pradesh	UP
Uttarakhand	UA
West Bengal	WB
Other	XX

List of ISO 3166 two- digit Country Code

Country	Country	Country	Country	Country	Country	Country	Country
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	Al	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	sc
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	МН	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
	AT		PF		MR	Solomon Islands	SB
Austria		French Polynesia		Mauritania			
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	ВН	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	ВВ	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT		GP.		MZ	Sweden	SE
		Guadeloupe		Mozam bique			
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	нк	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	1E	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	cx	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	cc	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	co	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	СК	Vacana	KE	Puerto Rico	PR	Viet Nam	VN
		Kenya					
Costa Rica Cote d'Ivoire !Côte d'Ivoire	CR CI	Kiribati Korea, Democratic People's Republic	KI KP	Qatar Reunion !Réunion	QA RE	Virgin Islands, British Virgin Islands, U.S.	VG VI
		of					
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
			KG	Rwanda	RW	Yemen	YE
Cuba	CW	Kyrgyzstan					
Cuba Curacao !Curaçao	CW	Kyrgyzstan Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Cuba Curacao !Curação Cyprus Czech Republic				Saint Helena, Ascension and Tristan da	BL SH	Zambia Zimbabwe	ZM ZW
Cuba Curacao !Curação Cyprus Czech Republic	CY CZ	Lao People's Democratic Republic Latvia	LA LV	Saint Helena, Ascension and Tristan da Cunha	SH		
Cuba Curacao !Curaçao Cyprus	CY	Lao People's Democratic Republic	LA	Saint Helena, Ascension and Tristan da			

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

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) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick () in the box available before the section number and strike off the sections not required to be updated.



For office use only (To be filled by financial institution	Application Type*	□ New □	Update			(Mano	latory fo	r KYC u _l	odate requ	uest)	
1. CORRESPONDENC	E / LOCAL ADDRESS	DETAILS (F	Please see inst	uction E at	the end)						
Same as Current / Permane	nt / Overseas Address deta	ails									
Line 1*											
Line 2											
Line 3						City / To	own / Vi	llage*			
District*	Pin	Post Code*	1 1 11 11	S	ate / U.	T Code*		ISO 3	166 Cour	try Cod	de*
Tel. (Off)	Il communications will be ser	t on provided Mo	obile no./ Email-l	D) (Please r	efer instru		Mobile				
3. APPLICANT DECLA	RATION										
I hereby declare that the details furnish therein, immediately. In case any of the liable for it.											
Date: DD-MM-Y	Y Y Y Place	e:						Signature /	Thumb Impres	sion of Ap	pplicant

Annexure B1

CENTRAL KYC REGISTRY | KnowYour Customer (KYC) Application Form | Individual | Related Person

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) Please read section wise detailed guidelines / instructions at the end
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick () in the box available before the section number and strike of the sections not required to be updated.



For office use only (To be filled by financial in	Application Type* New Updat	e (Mandatory for KYC update request)
1. DETAILS OF REI	LATED PERSON (Please refer instruction G at the end)	
Addition of Related Pers	on Deletion of Related Person KY	C Number of Related Person (if available*)
Related Person Type*	☐ Guardian of Minor ☐ Assignee	☐ Authorized Representative
Name*	Prefix First Name (If KYC number and name are provided, below details of	Middle Name Last Name f section 1 are optional)
PROOF OF IDENTITY	(Pol) OF RELATED PERSON* (Please see instruction (H) at	the end)
□ A- Passport Number□ B- Voter ID Card□ C- PAN Card	er	Passport Expiry Date
□ D- Driving Licence□ E- UID (Aadhaar)□ F- NREGA Job Car	d	Driving Licence Expiry Date
Z- Others (any document	ment notified by the central government)	Identification Number
☐ S- Simplified Meason	ures Account - Document Type code	Identification Number
2. APPLICANT DE	ECLARATION	
	is furnished above are true and correct to the best of my knowledge and belie my of the above information is found to be false or untrue or misleading or m	
Date: DD - MM	- Y Y Y Y Place :	Signature / Thumb Impression of Applicant
3. ATTESTATION /	FOR OFFICE USE ONLY	
Documents Received	☐ Certified Copies	
KYC	/ERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date Emp. Name Emp. Code		Name Code
Emp. Designation Emp. Branch		[institution Stamp]
	[Employee Signature]	