Know Your Client (KYC)  NextBillion Technology Private Limited  No 11, 80 feet Road, ST Bed, Koramangala 4th Block, Bangalore – 560034 Email: stocks@groww.in web: www.groww.in
Application Form For Individuals NEW Modification
Please fill the Application in English and in BLOCK Letters with Black Ink:  Trading / DP Code
A. Identity Details: (Please See the Guide Lines over Leaf)  1. Name of the Applicant (As appearing in the Supporting Identification Documents)
Name:
Father/Spouse Name:  Please affix a recent passport
Mother Name: Size Photo and sign across it
2. Gender:MaleFemaleTrans GenderMarriedSingle Date of Birth:
3. Nationality: Indian Others: Others:
4. Residential Status: RI NRI POI Foreign National (Passport is Mandatory for NRI/POI/FN)
5. PAN Aadhar No. (UID):
6. POI Submitted for PAN exempted Case:UIDPassportVoter IDDriving License Other:
7. Occupation: Private Sector Public Sector Business Professional Self-Employed Retired Housewife Student Other
B. Address Details:
1. Address for Correspondence Residential/Business Business Un Specified
City/ Town/Village: Pin Code:
State: Country
2. Contact Details: (Family: Spouse / Dependent Child / Parent)
Tel. With STD Code: Mobile No: SelfFamily
Email id: Self Family
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick against the document attached
Passport Driving License Voter Ids Telephone Bill (Only LL)* Electricity Bill* Reg. Lease/Sale Agreement Gas Bill * UID
Bank Statement / Passbook Others: Proof No:
* Not more than 2 months old. Validity/Expiry date of proof of address submitted
4. Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant
City/ Town/Village: Pin Code:
State: Country
5. Proof of address to be provided by Applicant. Please Submit ANY ONE of the following valid document & tick against the document attached.
Passport Driving License Voter Ids Telephone Bill (Only LL)* Electricity Bill* Reg. Lease/Sale Agreement Gas Bill * UID
Bank Statement / Passbook Others: Proof No:
* Not more than 2 months old. Validity/Expiry date of proof of address submitted
6. Gross Annual Income:     Upto 1 Lac     1-5 Lac     5-10 Lac     10-25 Lac     Above 25 Lac   Netwroth: Rs.     as on date
Declaration: I hereby declare that the details furnished above are true and correct to the best of my / our 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 / we are aware that I / we may be held liable for it. I
hereby consent to receive information from CKYC Registry through SMS/Email on the above mentioned registered number/email ID. I/We hereby authorise you to debit service request charges if any, to my/our trading account maintained with you.
KYC Verification/In Person Verification (IPV) Carried out by: (For Office Use only)  Signature & Branch /AP Seal
Inperson Verification Carried Out On
Name of Official:
Designation: Employee / AP Code:
(Originals Verified) Self Certified Documents (Attested) True copies of documents received



## **ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM**

CHANGE ACCOUNT DE	TAILS:	TRADING		ЛΑТ			
TRADING ACCOUNT CO	DE:		DATE:				
Please fill all the details i	n BLOCK Lette	rs in English					
DP ID 12088700							
count Holder details							
NAME OF THE CLIENT							
I request to carry out th I request to carry out th	ne change of a	ddress/signa	ature in the KRA	and Demat aco			
Details (Please specify a change of address, bank details, mobile*, email*, etc)	Addition Modifica Deleti	dditions/modifications/ deletions to my / our a  ddition / Existing Details  dification / Deletion  ase Specify)			our accou	New Details	
tach an annexure (with	signature(s)) i	f the space a	bove is found in	nsufficient.			
Name of the client							
Sole Holder Signature							
OR OFFICE USE ONLY -Person Verification(IPV I	•	'V:					
esignatuon: ame Of the Organization:				TED			
ate of IPV://		Signature of	the person who	has done the I	PV	Seal/Stamp	of the Intermediary
e have received the acco	ount modificat	tion/addition		wledgment	unt with	datails balow on DAT	E. / /
DP ID		1011/addition 1088700	n, ueieuon requ	est for the acco		CLIENT ID :	<u>//</u>
						CLILINI ID .	
Name of the Account I	Holder						
Modification request f	for						