BY TRADERS FOR TRADERS
Date:
To,
South Asian Stocks Ltd.
Plot No. 5, 3 rd Floor
Local Shopping Complex Rishabh Vihar
Delhi-110092
Subject: Updations of Address Details, Client ID:/Client Code:
Dear Sir,
You are requested to please update my/our Address details as under:-
Please find enclosed herewith in support of the same.
Thanking You
\Rightarrow \Rightarrow
(Sole/First Holder`s Sign.) (Second Holder`s Sign.) (Third Holder`s Sign.)
Sole/First Holder Name Second Holder Name Third Holder Name

Note:- (i) Please fill KYC form with new address and Sign.

(ii) Please attach Proof of New Address (Self Attested).

Following documents can be given as address proof:

- Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/Driving License Not more than 3 months old.
- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill Not more than 3 months old.
- Bank Account Statement/Passbook -- Not more than 3 months old.
- Adhaar Card

SAS Online

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

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
- 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.



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For office use only (To be filled by financial	Application Type* institution) KYC Number Account Type*	□ New □ □ Normal	Update	or low risk cu		for KYC update □ Small	request)								
1. PERSONAL DETAILS (Please refer instruction A at the end)															
☐ Name* (Same as ID p		First Name		Middle Nar	me		Last Name								
Maiden Name (If any*)															
Father / Spouse Name	*														
Mother Name*															
Date of Birth*	D D — M M — Y Y	YY					РНОТО								
Gender*	☐ M- Male		☐ F- Female	☐ T-Tran	sgender										
Marital Status*	☐ Married		Unmarried	Others											
Citizenship*	✓ IN- Indian		Others (ISO 31	Others (ISO 3166 Country Code)											
Residential Status*	✓ Resident Individual☐ Foreign National			□ Non Resident Indian□ Person of Indian Origin											
Occupation Type*	□ S-Service (□ Privar□ O-Others (□ Profer□ B-Business□ X- Not Categorised		☐ Public Sector☐ Self Employed	☐Governm ☐Retired	ent Sector) □Housewife	□Student)	s A 2 mb								
☐ 2. TICK IF APPLI	CABLE RESIDENCE FOR	R TAX PURP	OSES IN JURISDI	CTION(S) OL	JTSIDE INDIA	(Please refer ins	truction B at the end)								
ADDITIONAL DETAILS	S REQUIRED* (Mandatory only	if section 2 is	ticked)												
ISO 3166 Country Cod	e of Jurisdiction of Residence	e*													
Tax Identification Numb	per or equivalent (If issued by j	urisdiction)*													
Place / City of Birth*			ISO 3166 Country	Code of Birth	n*										
☐ 3. PROOF OF IDE	ENTITY (Pol)* (Please refer in	struction C at t	he end)												
(Certified copy of any one	of the following Proof of Identity[[Pol] needs to b	e submitted)												
A- Passport Number	er			Passport Ex	piry Date	D D — M	M Y Y Y								
☐ B- Voter ID Card															
C- PAN Card															
☐ D- Driving Licence				Driving Lice	nce Expiry Dat	e DD—M	M Y Y Y								
☐ E- UID (Aadhaar)															
☐ F- NREGA Job Ca	rd														
Z- Others (any docu	ment notified by the central gove	ernment)		Ident	ification Numb	er									
☐ S- Simplified Meas	sures Account - Document Ty	ype code		Ident	ification Number	er									
4. PROOF OF AL	DDRESS (PoA)*														
4.1 CURRENT / PER	MANENT / OVERSEAS ADDRE	SS DETAILS	(Please see instruction	n D at the end)											
(Certified copy of any one	of the following Proof of Address	[PoA] needs to	o be submitted)												
Address Type*	Residential / Business	✓ Reside	ential	Business	☐ Regi	stered Office	\square Unspecified								
Proof of Address*	Passport	Driving		UID (Aadhaa	ar)										
[Voter Identity Card		A Job Card	Others	р	lease specify									
Address	Simplified Measures Accou	iiii - Docume	ent Type code												
Line 1*															
Line 2															
Line 3		1		<u> </u>	City / Town / V	-									
District*		/ Post Code*		State / U.T	Code*	ISO 3166 (Country Code*								

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)																																
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')																																
Line 1*						Ш											_															
Line 2																	+	_	-													
Line 3			\perp			Ш						+		_								Tow	/n /	Vill	-							
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*																																
4.3 ADDRE	4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)																															
☐ Same as Cu	urrent / Po	erman	ent /	Overs	seas A	Addre	ss de	tails					□s	ame	as	Corre	spo	nde	nce	/ Lo	cal	Addı	ress	de	tails							
Line 1*																																
Line 2																										4						
Line 3																		Ш		City	//	Tow	n / '	Villa	-						Ш	
State* ZIP / Post Code* ISO 3166 Country Code*																																
5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)																																
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Tel. (Off)		\vdash			_			-	ГеІ. (I :		· -	+		_		-	-		H	+	+	Mol	JIIE	+	H	+	+	+		\vdash	-	
FAX									∃mai	טו ו	<u> </u>																					
6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)																																
Addition of Re	elated Per	son	_ c	eletion	of R	elate	d Pers	on				I	KYC N	lumb	er o	f Rela																
Related Person	Type*		_	Guardi	an of	Min		F:4 P			Assi	gnee)								epr	eser	ntati	ive					-4 NI			
Name*			Pr	efix				First I	vame								IVIId	dle I	Nam	e				1				La	st Nar	ne		
Numo			(If K	YC nur	mber a	and n	ame a	re pro	vided	, be	elow d	detail	s of s	ection	n 6 a	re opt	tiona	al)						_								
PROOF OF	IDENTITY	/ [Dol]	OF F	PEL ATE	ED DE	:PSO	N* /DI	0200	eaa in	etri	ıction	(H) ·	at tha	and)																		
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□ A- Passpor□ B- Voter ID		CI										_				га	ssp	ort	다사	лі у	Da	ıe			D	D	- 10					
_			Ш																													
☐ C- PAN Ca									-				1																			1
☐ D- Driving					_											Dri	vin	g L	icen	ice	Ex	oiry	Dat	te	D	D	IV	I IVI	Y	Υ	YY	
□ E- UID (Aa □													1																			
□ F- NREGA —												<u> </u>					_															
Z- Others	-			-			_					-										Nu				_						
S- Simplifie	ed Meas	sures	Acc	ount	- Do	cum	ent I	ype (code		L							lde	entii	fica	tion	Nu	ımb	er								
☐ 7. REMAR	KS (If a	ny)																														
8. APPLIC	CANTO	FCL.	ΔΡΔ	TION																												
I hereby declare						nd corr	rect to ti	ne best	of my	/ kno	wledae	e and	belief a	and I	unde	take to	infor	rm vo	u of a	ınv ch	nana	es										
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Date : DD			- -				ГІс	ice.															Α	3								
9. ATTEST	TATION	/ FOF	R OF	FICE	USE	E OI	NLY																									
Documents R	eceived	V	Cer	tified (Copie	es																										
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KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS																																
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Emp. Name														Code	e																	
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Emp. Designat	ion																															
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