



IW World Exchange

KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Individuals and Joint Accounts

For Joint Account check here and fill out section C & D in addition to A & B

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. IDENTITY DETAILS APPLICANT

1. Name of the Applicant: _____
- a. Gender: Male ___ Female ___ b. Marital status: Single ___ Married ___ Divorced ___
- c. Date of birth: _____ (dd/mm/yy) d. Nationality: _____
- e. Occupation: _____ f. Retired: Yes: ___ No: ___
2. Specify the proof of Identity submitted: _____

B. ADDRESS DETAILS APPLICANT

3. Residence Address: _____
- City/town/village: _____ Postal Code: _____ State: _____
- Country: _____
4. Contact Details: Tel. 1 _____ Tel. 2 _____ Email: _____
5. Specify the proof of address submitted for residence address: _____
(Utility bill, Bank statement, etc.)
6. Permanent Address (if different from above) _____
- City/town/village: _____ Postal Code: _____ State: _____
- Country: _____

C. IDENTITY DETAILS CO-APPLICANT

7. Name of the Applicant: _____
- a. Gender: Male ___ Female ___ b. Marital status: Single ___ Married ___ Divorced ___
- c. Date of birth: _____ (dd/mm/yy) d. Nationality: _____
- e. Occupation: _____ f. Retired: Yes: ___ No: ___
8. Specify the proof of Identity submitted: _____

D. ADDRESS DETAILS CO-APPLICANT

9. Residence Address: _____
- City/town/village: _____ Postal Code: _____ State: _____
- Country: _____
10. Contact Details: Tel. 1 _____ Tel. 2 _____ Email: _____

11. Specify the proof of address submitted for residence address: _____
(Utility bill, Bank statement, etc.)

12. Permanent Address (if different from above) _____
City/town/village: _____ Postal Code: _____ State: _____
Country: _____

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 Applicant **Date:** _____
(dd/mm/yy)

Signature of Co-Applicant **Date:** _____
(dd/mm/yy)

FOR OFFICE USE ONLY

<input type="checkbox"/> Originals verified and Self-Attested Document copies received
(.....)
Name & Signature of the Authorized Signatory Date
Seal/Stamp of the intermediary

A. **PROOF OF IDENTITY** (Attach to this page)

B. **PROOF OF ADDRESS** (Attach to this page)