



IW World Exchange

KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Individuals

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. IDENTITY DETAILS

- 1. Name of the Applicant:
2. Spouse Name:
3. a. Gender: Male/ Female b. Marital status: Single/ Married c. Date of birth: (dd/mm/yyyy)
4. d. Nationality:
5. e. Occupation: f. Retired: Yes: No:
6. Specify the proof of Identity submitted:

B. ADDRESS DETAILS

- 1. Residence Address: City/town/village: Postal Code: State: Country:
2. Contact Details: Tel. 1 Tel. 2 Email:
3. Specify the proof of address submitted for residence address:
4. Permanent Address 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 the Applicant

Date: (dd/mm/yyyy)

FOR OFFICE USE ONLY

Originals verified and Self-Attested Document copies received

Name & Signature of the Authorised Signatory

Date

Seal/Stamp of the intermediary

# IW World Exchange

## KNOW YOUR CLIENT (KYC) APPLICATION FORM

**For Companies**

Please fill this form in ENGLISH and in BLOCK LETTERS.

PHOTOGRAPH

Please affix the recent passport size photographs and sign across it

### A. IDENTITY DETAILS

1. **Name of the Company** \_\_\_\_\_
2. **Date of incorporation:** \_\_\_\_\_ (dd/mm/yyyy) **& Place of incorporation:** \_\_\_\_\_
3. **Date of commencement of business:** \_\_\_\_\_ (dd/mm/yyyy)
4. **Status:**  
Private Limited Co./Public Ltd. Co./Body Corporate/Partnership/Trust/Charities/NGO's/FI/ FII/HUF/AOP/ Bank/Government Body/Non-Government Organization/Defense Establishment/BOI/Society/LLP/ Others (please specify) \_\_\_\_\_

### B. ADDRESS DETAILS

1. **Address for correspondence:** \_\_\_\_\_  
City/town/village: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
2. **Contact Details:** Tel. 1 \_\_\_\_\_ Tel. 2 \_\_\_\_\_ Email: \_\_\_\_\_
3. **Specify the proof of address submitted for correspondence address:** \_\_\_\_\_
4. **Registered Address** (if different from above): \_\_\_\_\_  
City/town/village: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

### C. OTHER DETAILS

### DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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.

\_\_\_\_\_  
**Name & Signature of the Authorised Signatory**

\_\_\_\_\_  
**Date:** \_\_\_\_\_ (dd/mm/yyyy)

### FOR OFFICE USE ONLY

Originals verified and Self-Attested Document copies received

(.....)  
**Name & Signature of the Authorised Signatory**  
Date .....

**Seal/Stamp of the intermediary**