



## 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	
(.....)	
<b>Name &amp; Signature of the Authorized Signatory</b>	<b>Date</b> .....
<b>Seal/Stamp of the intermediary</b>	

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

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