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.



at the cha.							SMATH BARRE					
For office use only (To be filled by financial in	Application Type* institution) KYC Number Account Type*	□ New □ Normal	Update	for low risk cu	,	for KYC update	request)					
1. PERSONAL DETAILS (Please refer instruction A at the end)												
☐ Name* (Same as ID p		First Name		Middle Na	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		111010					
Marital Status*	☐ Married		Unmarried									
Citizenship*	✓ IN- Indian		☐ Others (ISO 31									
Residential Status*	✓ Resident Individual☐ Foreign National		☐ Non Resident Ir ☐ Person of Indian									
Occupation Type*	□ S-Service (□ Priva□ O-Others (□ Profe□ B-Business□ X- Not Categorised		□ Public Sector □ Self Employed	☐Governm ☐Retired	nent Sector) □Housewife	□Student)	SA2 mb					
☐ 2. TICK IF APPLI	CABLE RESIDENCE FOR	R TAX PURF	OSES IN JURISDI	CTION(S) O	UTSIDE INDIA	(Please refer ins	struction 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 Number or equivalent (If issued by jurisdiction)*												
Place / City of Birth*			ISO 3166 Country	Code of Birt	h*							
☐ 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	oe submitted)									
☐ A- Passport Number	er			Passport Ex	xpiry Date	D D — M	M Y Y Y					
☐ B- Voter ID Card												
C- PAN Card												
☐ D- Driving Licence				Driving Lice	ence 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	tification Numb	er						
☐ S- Simplified Meas	sures Account - Document Ty	ype code		Ident	ification Number	er						
4. PROOF OF AL	DDRESS (PoA)*											
	MANENT / OVERSEAS ADDRE	SS DETAILS	(Please see instructio	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	☐ Unspecified					
Proof of Address*	Passport	☐ Driving	g Licence	UID (Aadha	_							
[Voter Identity Card		A Job Card	Others	p	lease specify						
Address	Simplified Measures Accou	int - Docume	ent Type code									
Line 1*												
Line 2												
Line 3					City / Town / V	-						
District*		/ Post Code*		State / U.	Γ 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*																											
Line 2														_	Ш							Ш			_		
Line 3										\perp					_	-	Tow	'n / \	/illa □	-	L						
District*					Pi	n / Pos	st Coo	de*				8	State	/ U.	ТС	ode	*			ISO	31	66 (Count	try C	Code	*	
4.3 ADDRES	S IN THE .	JURISI	DICTIO	N DETA	ILS WH	HERE A	PPLIC	CANT	IS RES	IDE	NT OL	JTSIDI	E IND	IA F	OR	TAX	PUI	RPO	SES	* (Ap	plic	able	if sec	tion :	2 is 1	ticked	d)
☐ Same as Curr	rent / Perm	nanent	/ Overs	eas Add	ress de	etails				Sam	ne as	Corres	spond	denc	e / Lo	ocal	Addı	ess	deta	ils							
Line 1*																											
Line 2																											
Line 3															Cit	y / ˈ	Towr	า / V			046				<u> </u>		
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)																											
Tel. (Off)		1				Т.	el. (Re	e) [_			Mok	عاند		_					_		
FAX						-	mail IE	·		Н				-			IVIOL		-								
							IIIali IL	, _																			
6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)																											
Addition of Rela			Deletion			son		١		C Nur	mber o	f Relat															
Related Person T	Гуре*	_	Guardia refix	an of M		First N		Assig	nee				Auth ⁄liddle			lepr	eser	ntativ	'e				Last N	Jame	2		
Name*		·				11130 14				1			IIIdaic	IVai									Last I	l	_		
		(If I	CYC num	nber and	name a	are prov	ided, b	elow d	etails o	fsect	tion 6 a	re opti	onal)														
PROOF OF ID	DENTITY [P	oll OF	RELATE	D PERS	ON* (P	lease se	ee instr	uction	(H) at tl	ne en	ıd)																
☐ A- Passport	_	-				1			,		,	Pas	spor	t Fx	nirv	Da	ate			D D	1_	M	M	Υ	ΥΙΥ	Y	
☐ B- Voter ID						-			7				, ор о.	,	ر ح.												
C- PAN Car																											
☐ D- Driving L							-					Dair		. :				D-4-			1		1.0		/ L v		
_												DIIV	/ing	Lice	nce	ΕX	piry	Date	9	D		IVI	IVI	1	1 1	T	
☐ E- UID (Aad																											
☐ F- NREGA 、													1 .														
Z- Others (aS- Simplified	-		-		_								_				n Nu		-	-			-		+		
			Journ .	- Docu	illelit i	ype c	oue						10	ueni	ilica	lliOi	n Nu	mbe	÷1 _								
☐ 7. REMARK	(S (If any)																										
8. APPLICA	ANT DEC	LAR	ATION																								
I hereby declare the second control of																											
therein, immediate for it.	ely. In case any	of the at	oove inform	nation is to	und to be	taise or u	ntrue or	misleadir	ng or mis	represe	enting, I	am awai	re that	ımay	be ne	id liai	bie										
 I hereby consent to 	o receiving info	rmation f	rom Centra	al KYC Reg	gistry thro	ugh SMS/	Email on	the abov	ve registe	red nu	ımber/ei	nail addı	ress.														
Date : D D	M M	Υ)	YY		Pla	ace:													7	nature	e / Th	umb	Impres	sion o	f App	licant	
																		A	3								
9. ATTESTA	ATION / F	OR O	FFICE	USE (ONLY																						
Documents Rec	ceived	∠ Ce	rtified C	Copies																							
	KYC VE	RIFICA	TION CA	ARRIED	OUT BY	′										INS	STITU	IOITL	N DE	TAIL	S						
Date	D	D	M M	YY	/ Y Y	1				Na	ame																
Emp. Name											ode			+	$\overline{\Box}$	_	+		\pm	+		_			+		
Emp. Code										_																	
Emp. Designation	on 🗆																										
Emp. Branch																											
1 = 1 = 1 = 1																											