

Know Your Client (KYC)

Groww Invest Tech Private Limited

1st Floor, Obeya Tulip, Regent Insignia, No. 414/8, 4th Block, Koramangala, Bengaluru 560034 | Web: www.groww.in



Application Form For Individuals

☐ NEW☐ Modification

Please fill the Application in English and in BLOCK Letters with Black Ink:

Trading / DP Code

A. Identity Details: (Please See the Guide Lines over Leaf)

1. Name of the Applicant (As appearing in the Supporting Identification Documents)

Name: _____

Father/Spouse Name: _____

Mother Name: _____

2. Gender: ☐ Male ☐ Female ☐ Trans Gender ☐ Married ☐ Single Date of Birth: _____3. Nationality: ☐ Indian ☐ Others: _____4. Residential Status: ☐ RI ☐ NRI ☐ POI ☐ Foreign National (Passport is Mandatory for NRI/POI/FN)

5. PAN _____ Aadhar No. (UID): _____

6. POI Submitted for PAN exempted Case: ☐ UID ☐ Passport ☐ Voter ID ☐ Driving License Other: _____7. Occupation: ☐ Private Sector ☐ Public Sector ☐ Business ☐ Professional ☐ Self-Employed ☐ Retired ☐ Housewife ☐ Student Other: _____Please affix a recent passport
Size Photo and sign across it

B. Address Details:

1. Address for Correspondence ☐ Residential/Business ☐ Residential ☐ Business ☐ Un Specified

City/ Town/Village: _____ Pin Code: _____

State: _____ Country: _____

2. Contact Details:

Tel. With STD Code: _____ Mobile No: _____ ☐ Self ☐ FamilyEmail id: _____ ☐ Self ☐ Family

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick against the document attached

☐ Passport ☐ Driving License ☐ Voter Ids ☐ UID

_____ Proof No: _____

* Not more than 2 months old.

Validity/Expiry date of proof of address submitted

4. Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant

City/ Town/Village: _____ Pin Code: _____

State: _____ Country: _____

5. Proof of address to be provided by Applicant. Please Submit ANY ONE of the following valid document & tick against the document attached.

☐ Passport ☐ Driving License ☐ Voter Ids ☐ UID

_____ Proof No: _____

* Not more than 2 months old.

Validity/Expiry date of proof of address submitted

6. Gross Annual Income: ☐ Upto 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ Above 25 Lac Networth: Rs. _____ as on date _____

Declaration: I hereby declare that the details furnished above are true and correct to the best of my / our 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 / we are aware that I / we may be held liable for it. I hereby consent to receive information from CKYC Registry through SMS/Email on the above mentioned registered number/email ID. I/We hereby authorise you to debit service request charges if any, to my/our trading account maintained with you.



KYC Verification/In Person Verification (IPV) Carried out by: (For Office Use only)

Signature & Branch /AP Seal

Inperson Verification Carried Out On _____

Name of Official: _____

Designation: _____ Employee / AP Code: _____

☐ (Originals Verified) Self Certified Documents☐ (Attested) True copies of documents received

**ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM**CHANGE ACCOUNT DETAILS: ☐ TRADING ☐ DEMAT

TRADING ACCOUNT CODE:	DATE:
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Please fill all the details in BLOCK Letters in English

DP ID	12088700	CLIENT ID :	
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Account Holder details

NAME OF THE CLIENT	
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- ☐ I request to carry out the change of address/signature in the Demat account
- ☐ I request to carry out the change of address/signature in the KRA and Demat account
- ☐ I request you to make the following additions/modifications/ deletions to my / our account in your records

Details (Please specify a change of address, bank details, mobile*, email*, etc)	Addition / Modification / Deletion (Please Specify)	Existing Details	New Details

Attach an annexure (with signature(s)) if the space above is found insufficient.

Name of the client	
Sole Holder Signature	

FOR OFFICE USE ONLY

In-Person Verification(IPV Details):

Name of the person who has done the IPV: _____

Designation: _____ Employee: _____

Name Of the Organization: Groww Invest Tech Private Limited

Date of IPV: _/_/_/____

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

Acknowledgment

We have received the account modification/addition/deletion request for the account with details below on DATE: _/_/_/____

DP ID	12088700	CLIENT ID :
Name of the Account Holder		
Modification request for		

Seal & Signature of authorized signatory