Application Form (For Individuals Only)





Please fill in ENGLISH and in BLOCK LETTERS with black ink
KYC Number of applicant

4 Name of Aprillance /Aprillance in a companie of the stiff and					
1. Name of Applicant (As appearing in supporting identification document).					
Prefix Name*	First Name Middle Name Last Name				
Maiden Name (if any*) Father / Spouse Name*					
Mother Name*					
2. Gender Male Female Transgender B. Marital sta	tus Single Married Others C. Date of Birth d d - mmm - y y y y				
3. Nationality / Citizenship*					
	Non Resident Indian				
Occupation (Please tick (/) any one and give brief details)	opy of statutory approval obtained must be attached) the recent passport				
Private Sector Service Public Sector Government	Size photograph and				
Retired Housewife Student	Others (Please specify)				
5. PAN Please	e enclose a duly attested copy of your PAN Card				
Unique Identification Number (UID)/Aadhaar, if any:					
6. Proof of Identity submitted for PAN exempt cases P □ UID (Aadhaar) □ Passport □ Voter ID □ Drivin					
 B. Address Details (please see guidelines ove 1. Address for Correspondence 	rleaf)				
1. Address for Correspondence					
City / Town / Village	Pin Code Pin Code				
State	Country				
2. Contact Details Tel. (Off.) (ISD) (STD)					
Mobile (ISD) (STD)	Fax (ISD) (STD)				
MOBILE given by me belongs to ☐ Me ☐ my	Spouse Dependent children Dependent Parent				
E-Mail Id. E-MAIL ID given by me belongs to Me m	y Spouse □ Dependent children □ Dependent Parent				
No E-mail Declaration hereby declare tha	, i				
3. Specify the Proof of Address submitted for					
	different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant				
City / Tours / Village	Dia Cala				
City / Town / Village State	Pin Code Country				
	Country				
5. Specify the Proof of Address submitted for	or Residence / Permanent Address				
5. Specify the Proof of Address submitted for C. Fatca & CRS Detail Nationality/Tax Residen	or Residence / Permanent Address				
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GL BE			
money must grow			

FATCA & CRS Declaration - Individual

PAN					
Name					
Pla	ce of Birth	Country of Birth			
Na	tionality				
Annual Income Below Rs. I Lac Rs. I Lac to 5 Lac Rs. 5 Lac to 10 Lac Rs. 10 Lac to 25 Lac Rs. 25 Lac to I Crore > I Crore					
Net Worth Amount Rs					
Occupational Business Private Sector Professional Government Service Public Sector Detail Agriculturist Housewife Student Retired Forex Dealer Others Pl. Specify					
Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP)					
Are	you a tax resident of any country oth	er than India Yes No			
,	es please indicates the all countries in ow.	which you are resident for tax purpose	and the associated Tax ID number		
Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)		
I.					
2.					
3.					
DECLARATION					
I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Globe Capital Market Ltd for any modification to this information promptly.					
I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).					
Sign here: (I)					
Date : D D M M Y Y Y Y P					
For Investor convenience, Globe Capital Market Limited (GCML) collecting this mandatory information for updating across all Group Companies of GCML whether you are already an investor or would become an investor in future.					
Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest GCML branch or you can dispatch the hard copy to-					
Globe Capital Market Limited 609 Ansal Bhawan, 16 K.G. Marg Connaught Place New Delhi- I 1000 I					