

KYC UPDATION/VERIFICATION FORM

Ramesl	anager –Operations hwaram Capital Market OR ,95 NAVYUG MARKET ABAD – 201001		Code: ::/		
	SUB :- Request for KYC Updation /Ve	rification in Client	Master De	tails.	
Given b	quest you to Verification my KYC client molelow:- Name of applicant :				
	MOBILE NO :-				
3. MOBILE NO :- ()Self () Family(spouse.dependent children,dependent parents)					
4. Email Id :- ()Self () Family(spouse.dependent children,dependent parents)					
5.	Income Detail :as o	on date	Occup	oation:	
6.	Address :				
I undert be false hereby regulati time to	y confirm that my name ,pan, my address take to inform you of any change therein, or untrue or misleading or misrepresent declare that I am not making this applications or any statute of legislation or any not time. I hereby give my consent for receivabove registered mobile number and emands.	immediately, in cating, am/we are avition for the purposetification / direction in ging information in	se any of t vare that I/ e of contra n issued by	he above informal of the may be he wention of any any gov. or st	rmation is found to eld liable for it. I y Act ,Rules atutory authority
Active E	exchange: - NSE BSEF&O				
(Signatu Client N	are) Authorisation for per	 forming "In Person	Verificatio	n (IPV)	
Name o	f the Organization	RAMESHWARAM			
	f the person who has done the IPV				
Designa	ition				

Encl: Copy of PAN &Adhar card copy IRT COPY