

Know-Your-Customer (KYC) Form

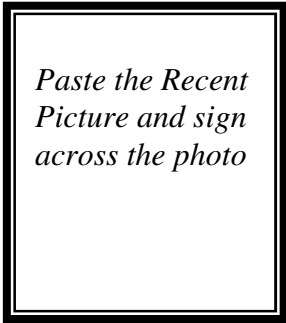
Form No. KYC A

(For Individuals only)

Customer Information

- A. Full Legal Name of the Customer Mr./Ms./Mrs.
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- B. Full Registered Address Area:
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.....
State :.....
Pin:.....
Tel:.....
Mobile:
- C. Full Principal Operating Address (if different from above)
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.....
.....
State :.....
Pin:.....
Tel:.....
Mobile:
- D. Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
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- E. PAN No.
- F. Passport No.
- G. Email ID
- H. Fax No.
- I. Telephone No. /Mobile No.
- J. Occupation
- K. Marital Status
- L. Detail of Main Business
- M. Net Worth (in case of Promoter)
- N. Principal Bankers Name with Address and detail/s of facility
- O. Educational Background



Account Risk Classification (tick yes or no)

1. Does the customer's business involve activities considered to be particularly vulnerable to money laundering risk such as gambling, defence, money services bureau or dealers in high value commodities (such as trading in precious metals, jewellery and antiques) or other applicable to local requirement. Yes No
2. Does the relationship involve offshore trust structure which is not controlled by PFS? Where a third party is controlling the trust structure do they have non equivalent anti money laundering procedures in place Yes No
3. Is the customer conducting business/ operating in high risk jurisdiction Yes No
4. Does the customer directly/indirectly related with PFS or its any employee. If yes, kindly elaborate through separate sheet (if required) Yes No

I hereby confirm that I have read and understood the requirement of KYC of PFS for compliance of Know Your Customer (KYC). I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I hereby undertake to promptly inform PFS of any changes to the information provided hereinabove and agree and accept that PFS & any of their authorized representatives (the Authorized Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes.

I hereby authorize PFS to disclose, all / any of the information provided by me to the respective regulator/statutory body as may be deemed fit by PFS or the case may be. I hereby agree to provide any additional information / documentation that may be required by the Authorized Parties, in connection with this application.

Signature

Name

Date.....

Place.....

List of Documents (all in Self Attested / Notary Public)

- | | |
|---|---|
| 1. Copy of PAN Card | 5. Voter ID card (both side) |
| 2. Copy of Telephone Bill/Water Bill/Bank account statement/Ration Card | 6. Letter issued by Unique Identification Authority of India (UIDAI) containing details of name, address and Aadhaar number |
| 3. Copy of Passport | |
| 4. Copy of Driving License | |

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<p>Category of the Customer after assessment: Category of the Customer (Risk Perception):</p> <p><input type="radio"/> A High</p> <p><input type="radio"/> B Medium</p> <p><input type="radio"/> C Low</p>	<p>Detail of Dealing Officer</p> <p>Name</p> <p>Designation.....</p> <p>Signature</p>	<p>Signatures of Principal Officer.....</p> <p>Date of KYC process completed by Principal Officer/...../20...</p>
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