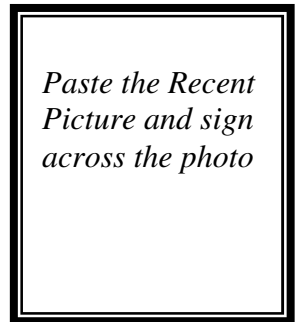


Know-Your-Customer (KYC) Form A

(For Individuals- Authorized Signatory and Promoter Directors only)

Individual Information

A. Full Legal Name ' Mr./Ms./Mrs.



B. Full Address:

State :.....

Pin:.....

Tel:.....

Mobile:

Email ID:.....

C. Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
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D. PAN No.

E. Passport No. (only in case of non resident individuals)

F. Educational Background

Account Risk Classification (tick yes or no)

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 (<i>such as trading in precious metals, jewellery and antiques</i>) or other applicable to local requirement	Yes / No
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
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 (Self Attested / Notary Public)

Proof of Identity (copy of any one of the following):

1. Passport*
2. Aadhaar Card**
3. Photo Pan Card
4. Voter's ID
5. Driving License
6. ID card issued by any central/state govt.

*compulsory in case of non-resident individuals and for Promoter Directors as indicated in Form B.

**Mandatory to be taken, however, for an individual who is not eligible to be enrolled for an Aadhaar No., or who is not a resident, other documents may be taken

Proof of address (copy of any one of the following):

1. Passport *
2. Aadhaar Card**
3. Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill);
4. Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address;
5. Letter/ Certificate issued by current Employer for address proof (in case of for Non Resident Indian); duly signed by Director or Authorized signatory
6. Any other documents issued by Government showing Address.

For Office Use only

<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>Signatures of Principal Officer.....</p> <p>Date of KYC process completed by Principal Officer</p>
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