

Annexure 1

PART-I KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Acknowledgement No. _____

Trustline Commodities Pvt. Ltd.

Trustline Tower, B-3, Sector-3, Noida-201301

 NEW CHANGE REQUEST
 (Please tick ✓ the appropriate)

PHOTOGRAPH

Please affix your recent passport size photograph

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

| A. IDENTITY DETAILS | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Name of the Applicant |
| <input type="checkbox"/> | 2. Father's / Spouse Name |
| <input type="checkbox"/> | 3a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female 3b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married 3c) Date of Birth |
| <input type="checkbox"/> | 4a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify) |
| <input type="checkbox"/> | 4b) Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National |
| <input type="checkbox"/> | 5a) PAN |
| <input type="checkbox"/> | 5b) Unique Identification Number (UID) / Aadhaar, if any |
| <input type="checkbox"/> | 6. Specify the proof of Identity submitted <input type="checkbox"/> PAN Card <input type="checkbox"/> Other (please specify)..... |

Signature Across photograph

| B. ADDRESS DETAILS | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Residence / Correspondence Address |
| | City/Town/Village |
| | State |
| | Country |
| | PIN Code |
| <input type="checkbox"/> | 2. Specify the proof of address submitted for Residence/Correspondence Address |
| <input type="checkbox"/> | 3. Contact Details |
| | Tel. (Off.) |
| | Fax No. |
| | Email ID |
| <input type="checkbox"/> | 4. Permanent Address (if different from above or overseas address, Mandatory for Non-Resident Applicant) |
| | City/Town/Village |
| | State |
| | Country |
| | PIN Code |

C. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my 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 aware that I may be held liable for it.

Date  4

Signature of the Applicant

| FOR OFFICE USE ONLY | |
|--|---------------------------------------|
| In Person Verification (IPV) Details: | |
| Name of the person who has done the IPV: _____ | Seal/Stamp of the Intermediary |
| Designation: _____ Employee ID: _____ | |
| Name of the Organization: _____ | |
| Date of IPV: ____/____/____ Signature of the person who has done IPV _____ | |
| <input type="checkbox"/> Originals Verified and Self Attested Document copies received | Signature of the Authorised Signatory |