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			Dat	e (		):					
Please fill all the deta Account Holder's de		lock Letters in E	nglish			l			<u> </u>		<u> </u>
Name of First / Sole H											
Name of Second Holder											
Name of Third Holder											
Tick specify change											
I/We request to carry o	out the ch	ange of address / si	gnature	in the K	RA and	Tradir	ng acc	count.	(Atta	ched	KYC
I / We request you to	make th	_	ns / mo		ns / de	eletion	ıs to ı	my / o	our a	ccou	nt in
(Please specify change of address, ank details, mobile*, email*, etc.)		Additional /Modification/Del (Please Specif	etion		ng det	ails		Ne	w De	tails	
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## Annexure - 2

<b>Application Type:</b> New KYC □	$\square$ Modification KYC $\square$						
Know Your Client (KYC) Applica	ation Form-for Individuals				Dhotog	wanh	
A. Identity Details (please see g	guidelines)				Photogr	_	
1. Name (Same as ID Proof)						affix your	
						passport otograph a	and
1.a. Maiden Name (If any)					sign acr		iliu
2. Father's/Spouse's Name							
2a. Mother's Name				L			
4 a. Nationality $\square$ Indian $\square$ Oth	ale   Transgender 3. b. Marital status hers (ISO 3166 Coudent Individual   Non Resident Indian	untry Code	)	. DOB			
5 a. PAN NUMBER:	5.b.Unique identifi					$\bot\bot\bot$	
6. Proof of Identity Submitted	${ m d}$ : Pan Card $\square$ Other ( Please Specify	<u>'</u> )					
B. Address Details							
	ence Address: 🗆 Residential 🗆 Busine	ess   Unspecified					
Address							
City /town	District Pin					T	
State /U.T. Code	Country /ISO CODE						
2. Contact Details		, ,					•
Telephone (Office )		Mobile Number					
Telephone (Residence )							
3. Specify the proof of Adda	ress Submitted Residence /Correspond	dence Address					
4. Permanent Address:							
Address							
City /town	District			Pin co	ode		
State /U.T. Code	/U.T. Code Country /ISO CODE						
5. Specify the proof of Addi	ress Submitted Residence /Correspond	dence Address					
information, I also confirm to inform a based KYC, my KYC shall be validated a XML/ Digilocker XML file, along with p	cails furnished above are true and correct to the allreach commodities india private limited w.r.t against my Aadhaar. I/We hereby consent to sho passcode and as applicable, With KRAand other or KYC purposes only. I/We here by consent to rer/Email ID.	any changes in the fut aring my/our masked Intermediaries with w	ture. I/We are Aadhaar with whom I/We or	also aw readable allreach	are that e QR cod commod	for Aadha le or my A lities india	ar OVD adhaar private
For OFFICE USE ONLY			1				
In Person Verification (IPV) Deta	ils:						
Name of the Person who has don	e the IPV:	Sto	amp				
Designation:	Employee ID:						
Name of the Organisation: Allrea	ch commodities India Private Limited						
Date of the IPV:	_			Employe	ee Signatur	e	

## C. Other details

1. Gross Annual income Details (please specify): income Range per annum
Below Rs 1 Lakh $\ \square$ 1-5 Lakh $\ \square$ 5-10 Lakh $\ \square$ 10-25 Lakh $\ \square$ 25 Lacs to 1 Cr $\ \square$ >1Cr $\ \square$
Or Net-worth as ondate (Net worth should not be older than 1year)
2. Occupation (please ticks any one and give brief details):
Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐
Housewife □ Student □ Self Employed □ Others (please specify)
<b>3.Please tick, if applicable:</b> Politically Exposed Person (PEP) $\square$ Related to a Politically Exposed Person (PEP) $\square$
4. Any other information: