Shriram Finance Limited

(Formerly known as Shriram Transport Finance Company Limited)



Employee signature

Know Your Customer (KYC) Application Form (Resident Individuals / HUF / Sole Proprietorship)

Please fill the information in CAPITAL Letters and

1	in appropi	riate	place

The information is sought under Prevention of Money Laundering Act, 2002, the rules notified thereunder and RBI guidelines on Know Your Customer For existing Depositor, the information furnished herein will supersede the information available in the records of SFL. Customer's Details (as per KYC documents) Customer ID: *Date of Birth CKYC No D D M M Y Y **Name** *Father Name Mother Name Spouse Name (If Married) — Paste latest passport size *Communication Address: (DO NOT STAPLE) IGNORE if already submitted earlier *Pin City State ____ Birth Place _ Country_ Nationality _ __Citizenship _ *Permanent Address: * Marital Status: City State _ *Pin ■ Married ■ Unmarried Country ☐ Others *Email ID Mobile No # Mandatory for E-Receipt * Fields are Mandatory *Occupation : Service ☐ Private Sector □ Self Employed ☐ Retired ☐ Housewife ☐ Public Sector ☐ Government Sector ☐ Student ☐ Business ☐ Other (specify below) _ ☐ Professional *Please tick (🗸) If the following is applicable to you 🗖 Politically Exposed Person (PEP) 🗖 Relative of PEP 📮 Not Applicable Proof of Address (Self Attested) *Proof of Identity (Self Attested) **Expiry Date** Aadhaar issued by UIDAI Expiry Date Aadhaar issued by UIDAI **Passport Passport Driving Licence Driving Licence** Voter ID Card Voter ID Card Others :_ Others: Additional Documents Required for NRI`S Address proof both Indian and overseas - Self Attested * PIO card (if it is a foreign passport) Tax Resident Certificate (TRC) for IT Department of the country of which the investor is resident to avail DTAA benefit Overseas Employment letter (optional for confirmation of residential status and overseas address) Passport with valid visa page self attested * DTAA Declaration * NRI Undertaking cum FATCA / CRS declaration Form *Date :___/__/ *Signature: __ Place:_ For Office Use Only Checked by **Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS** Emp. Name: Name: Emp. Code: Code : _ Designation: