


Know Your Client(KYC)		GLOBE money must grow	
Application Form(For Individuals Only)			
Please fill the form in ENGLISH and in BLOCK letters Fields marked * are mandatory Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also		Application Number : Application Type * : <input checked="" type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC	
KYC Mode * Please Tick () <input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> Digilocker			
1. Identity Details (please refer guidelines overleaf)			
PAN * CVPPD2719F Please enclose a duly attested copy of your PAN Card			
Name * (same as ID proof)		SWARAJ SHAILESH DARNE	
Maiden Name* (if any)			
Fathers/spouse's Name*		SHAILESH DARNE	
Date of Birth*		09/12/1998	
Gender*		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
Marital Status*		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	
Nationality*		<input checked="" type="checkbox"/> Indian <input type="checkbox"/> Other _____	
Residential Status*		<input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian	
Please Tick ()		<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	
<div></div>			
(Passport mandatory for NRIs, PIOs and Foreign Nationals)			
Proof of Identity(POI) submitted for PAN exempted cases(please tick)			
<input type="checkbox"/> A - Adhaar Card		_____	
<input type="checkbox"/> B - Passport Number		_____ (Expiry Date) _____	
<input type="checkbox"/> C - Voter ID Card		_____	
<input type="checkbox"/> D - Driving License		_____ (Expiry Date) _____	
<input type="checkbox"/> E - NAREGA Job Card		_____	
<input type="checkbox"/> F - NPR		_____	
<input type="checkbox"/> Z - Others		_____ (any document notified by Central Government)	
Identification Number		_____	
2. Address Details (please refer guidelines overleaf)			
A. Correspondance / Local Address *			
Line 1 *		N 202 VRINDAVAN C H S PLOT NO 52 SECTOR 9 KHANDA	
Line 2		COLONY HAWARE COMPLEX PANVEL RAIGARH MAHARASHTRA 410206	
Line 3			
City/Town/Village *		District *	RAIGARH
State *		Country *	India
Pin Code *		410206	
Address Type *		<input checked="" type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	
		Application e-Sign	

B. Permanent residence address of applicant,if different from above A/Overseas Address * (Mandatory for NRI Applicant)					
Line 1 *	N 202 VRINDAVAN C H S PLOT NO 52 SECTOR 9 KHANDA				
Line 2	COLONY HAWARE COMPLEX PANVEL RAIGARH MAHARASHTRA 410206				
Line 3					
City/Town/Village *	RAIGARH	District *	RAIGARH	Pin Code *	410206
State *	Maharashtra	Country *	India		
Address Type *	<input checked="" type="checkbox"/> Residential/Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified

Proof of Address* (attested copy of any one POA to be submitted)	
<input type="checkbox"/> A - Aadhaar Card	_____
<input type="checkbox"/> B - Passport Number	_____ (Expiry Date) _____
<input type="checkbox"/> C - Voter ID Card	_____
<input type="checkbox"/> D - Driving License	_____ (Expiry Date) _____
<input type="checkbox"/> E - NAREGA Job Card	_____
<input type="checkbox"/> F - NPR	_____
<input type="checkbox"/> Z - Others	_____ (any document notified by Central Government)
Identification Number	_____

3. Contact Details(in CAPITAL)

Email *	swarajdarne.srj@gmail.com
Mobile No. *	8286149597
Tell (off)	
Tell (Res)	

4. Application Declaration

<p>I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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/we are aware that I/We may be held liable for it. I am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA agencies only for the specific purpose validating/ maintaining/ sharing my KYC record and as an audit evidence. I will have an option to request for deleting of my Aadhaar record. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered mobile number/email address. I am/we are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Dig locker XML file, along with pass code and as applicable, with SEBI, KRA, CKYC and other Institutions/ agencies/ Intermediaries with whom I have a business relationship for KYC purposes only.</p> <p>DATE : 20-02-2025 (DD-MM-YYYY)</p> <p>PLACE :</p>	Application e-Sign	Applicant Wet Signature

5. For Office Use only

In-Person Verification(IPV) carried out by*	Intermediary Details*
IPV Date 20-02-2025 Emp. Name ASHWANI KUMAR Emp. Code G00547 Emp. Designation Executive	<input checked="" type="checkbox"/> Self certified document copies received (OVD) <input checked="" type="checkbox"/> True Copies of documents received (Attested) AMC/Intermediary Name : Globe Capital Market Limited(GCML)
Employee Signature and Stamp	Institution Name and Stamp

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CVPPD2719F

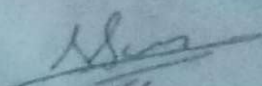


नाम / Name
SWARAJ SHAILESH DARNE

पिता का नाम / Father's Name
SHAILESH NARAYAN DARNE



जन्म की तारीख / Date of Birth
09/12/1998


हस्ताक्षर / Signature



Don