

Change in Name Form

Date:
ARN No.....
Distributor Name.....
RM Name.....
Client ID.....

To,
Alder Capital Advisors LLP
503, Morya Blue Moon, Off New Link Road, Andheri-West,
Mumbai-400053

Dear Sir/Madam,

Sub: Change in Name

I/We wish to change/update
my/our name in the record of Alder Capital PMS A/c due to reason.....

	1st Applicant	2nd Applicant	3rd Applicant
Old Name			
*New Name			

Further, I/ we confirm that any change in our above details will be brought to your notice immediately.

Thanking you, Yours truly,

Signature (1st Applicant)

Signature (2nd Applicant)

Signature (3rd Applicant)

1st Applicant Name

2nd Applicant Name

3rd Applicant Name

Note: *Enclosed herewith self-attested copy of PAN, Aadhar, Affidavit/ Marriage Certificate



KNOW YOUR CLIENT (KYC) Application Form - For Individual

Form Type



KR0001



1000029240 Document No.

☐ NEW ☐ CHANGE REQUEST (Please tick ✓ the appropriate)

Please fill the 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

1. Name of the Applicant

2. Father's / Husband's Name

3 a. Gender ☐ Male ☐ Female 3 b. Marital Status ☐ Single ☐ Married

3 c. Date of Birth DD MM YYYY

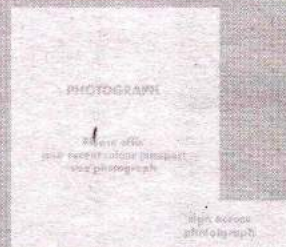
4 a. Nationality ☐ Indian ☐ Other (Please Specify)

4 b. Status ☐ Resident Individual ☐ Non-Resident ☐ Foreign National

5 a. PAN

5 b. Aadhaar Number, if any

6. Specify the Proof of Identity submitted ☐ PAN Card ☐ Any Other (Please Specify)



B) ADDRESS DETAILS

1. Residence / Correspondence Address: ☐ Correspondence Address ☐ Residence Address

City / Town / Village

PIN Code

State

Country

2. Specify the Proof of Address submitted for Residence / Correspondence Address:

3. Contact Details: Tel. (Off.)

Fax No.

Tel. (Res.)

Mobile No.

E-mail ID

4. Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)

City / Town / Village

PIN Code

State

Country

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: DD MM YYYY

Signature of the Applicant

OFFICE USE ONLY

☐ Originals verified and Self-Attested Document copies received

☐ In-Person Verification (IPV) Done:

a. Name of the Person

b. Designation

c. Name of Organisation

Signature of
The Authorised Signatory

Seal / Stamp
of the Branch

d. Date

DD MM YYYY

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.
 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
	KYC Number	<input type="text"/>	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)

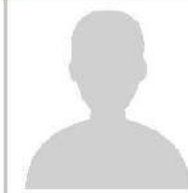
(Mandatory for KYC update request)

☐ Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised			

PHOTO



Signature / Thumb Impression

2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (if issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

 (Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*
4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

 (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies
☐ In-Person Verification Done

KYC/In-Person Verification Carried Out By

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

[Institution Stamp]