KYC UPDATE FORM

OPAL SECURITIES INVESTMENT PVT. LTD.

LAZIMPAT-02, UTTARDHOKA

PHONE NO. 01-5970367

CLIEN CODE / BROKER ID : _____

NAME : _____ GENDER: _____

CITIZEN NO: _____ ISSUE DISTRICT: _____ ISSUE DATE : _____

NATIONAL ID NO: _____ ISSUE DATE : _____

FATHER NAME : _____ MOTHER NAME : _____

GARAND FATHER NAME: _____ SPOUSE NAME : _____

PERMANENT ADDRESS : _____

TEMPRORY ADDRESS : _____

BANK A/C NO _____ BANK NAME & BRANCH: _____

PAN NO : _____ BOID/ DEMAT NO : _____

OCCUPATION : _____ DESIGNATION : _____

ORGNIZATION NAME : _____

GROSS INCOME FOR THE YEAR : _____

EMAIL ADDRESS: _____ PHONE NO : _____

◯ **DECLARATION : ALL OF THE PROVIDED INFORMATION IS CORRECT** .

_____ _____

DATE **SIGNATURE**

FOR OFFICE USE ONLY

DATA VERIFIED BY: _____

ACCOUNT UPDATED ON :

☐ **TMS**

☐ **BOSS** **DATE :** _____

☐ **CNS** **SIGNATURE** _____