

Address
 Line 1*
 Line 2
 Line 3
 District*

		City/ Town / Village*	
		PIN/ Post Code*	
		State / U.T Code*	
		ISO 3166 Country Code*	

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off) - Tel. (Res) - Mobile -
 Email ID

7. APPLICANT 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.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: DD - MM - YY YY YY Place:

Signature /Thumb Impression of Applicant



8. ATTESTATION/FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline Verification
 Digital KYC Process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Identity Verification Done Date: DD - MM - YY YY YY
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name :- LARES ALGOTECH PVT. LTD.

Code :- IN8240

[Institution Stamp]

