



**KNOW YOUR CLIENT (KYC) FORM**

NAME	
ADDRESS	
TELEPHONE NO.	
IDENTIFICATION TYPE & NUMBER	
TRN	
DATE OF BIRTH	
NATIONALITY	
OCCUPATION	
REFERENCES	
SOURCE OF FUNDS	
USE OF FUNDS (check one)	<input type="checkbox"/> for investment purposes with Barita <input type="checkbox"/> for personal use
CLIENT'S SIGNATURE	_____

<b>For Official Use Only:</b>	Account No.	Client Services Officer _____	Date
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