Vadic Network Private Limited

CIN NO. U52339HR2020PTC084931

Corporate Office: Plot No.43, Shiv T P Nagar, Ambala City, Ambala, Haryana Email ID : info@vadicindia.com | +91 70156 43886



Gender 🗋 Male 🗖 Female

Please affix

KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY) Please fill this form in ENGLISH and in BLOCK LETTERS (All Information as applicable in Sections A, B and C below is mandatory) This information is sought under the Prevention of Money Laundering Act, 2002, the rules notified thereunder and SEBI's guidelines on Anti Money Laundering A. Identity Details (Please see guidelines A1 to A6 overleaf) 1. Name of Applicant (As appearing in supporting identification document) Title
Mr. Ms. Others S/o / D/o / W/o 2. Date of Birth 3. Age :

Proof o	f Identity		mane ase tic		t Nun	nber (PAN) (M.	ANDA	TORY)	s proof m		y ioi							-	:	Sign a pho	tograp		
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4. Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant

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City	/ Tow	n / Vi	llage							-							Posta	Code				
State													Country									
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5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick () against the document attached. Latest Land Line Telephone Bill Latest Electricity Bill Passport Driving License Latest Bank Passbook Latest Bank Account Statement Latest Demat Account statement Voter Identity Card Registered Lease / Sale Agreement of residence For NRIs - Any other document attested by local authority.

inee Details

	City / Town / Village					
State		Country				
	State					

Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If prin

ted separately then both the pages should be attached and signed by the applicant."

Name

DECLARATION

SIGNATURE OF APPLICANT

BANK DETAILS : Name:
abide by the company rules and regulations currently enforced.
and I shall accept all the terms and conditions as stated. I shall be bound and
I hereby confirm and declare that all information given here is true & correct.

Place :			
Date :			

IFSC: ______

For Office	Stamp of POS	Name and Employee Number of Receiver	: Ref.
Use Only		 Originals Verified) Self Certified Document copies received (Attested) True copies of documents received 	KYC

DECLARATION

By signing this form, I declare that:

1. I will abide by the VADIC NETWORK PRIVATE LIMITED's terms and conditions as mentioned at the time of online registration to become a Direct seller as Direct seller Agreement, the Direct selling Guideline, and the By-Laws, rules and policies of the VADIC NETWORK PRIVATE LIMITED (where applicable).

2. I have read, understood and agreed to abide by the terms and conditions as mentioned in the Direct seller Agreement at the time of online registration to become a Direct seller.

3. I consent to the use of my personal information as set out above.

4. I declare that the information provided by me in the application is true and correct. I understand that it is an offence to submit fraudulent documentation in support of a Direct selling application and Agreement, and that where fraudulent documents are detected, the application will be rejected, any offer of Registration will be withdrawn, and the matter may be reported to relevant law enforcement agencies.

Applicant's signature	Date
Sponsor's Signature	Date

Applications that are unsigned will not be processed. Applications must be signed by the applicant personally. A third party must not sign on the applicant's behalf.

