



CUSTOMER MASTER FORM / KNOW YOUR CUSTOMER (KYC) FORM CUM APPLICATION FORM (FOR INDIVIDUALS)

MUST BE TAKEN FROM ALL APPLICANTS SEPARATELY FOR JOINT ACCOUNTS							
INSTRUCTIONS FOR FILLING THE FORM:							
A) Fields marked '**' are mandatory fields				C) In case of joint applicants or related party, each applicant is required to fill a separate form.			
B) Submission of KYC documents as marked in this application is absolutely necessary.				D) All demographic details should be captured as per Aadhar card			
APPLICANT TYPE:				APPLICANT TYPE:			
<input type="checkbox"/> NEW				<input type="checkbox"/> EXISTING			
If Existing ID is ticked, CUSTOMER ID No.							
CUSTOMER ID (For NEW)							

☐ **1. PERSONAL DETAILS** (Please refer to instruction 'A' at the end) ☐ Mr. ☐ Mrs. ☐ Ms.

First Name Middle Name Last Name

Name *																											
Maiden Name * (If any) For Married women (Same as Aadhar)																											
Father Name *																											
Spouse Name * (for Married person)																											
Mother Name *																											
Guardian Name * (for Minor)																											
Relationship of Guardian with Minor																											
Date of Birth * (DD/MM/YYYY)									Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG Transgender																	
Marital Status *	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others, pls specify.....																		Photo								
Nationality *	<input type="checkbox"/> Indian <input type="checkbox"/> Others, pls specify ISO Country code <input type="checkbox"/>																										
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 *																											
A) SALARIED	<input type="checkbox"/> Central <input type="checkbox"/> Defence <input type="checkbox"/> Railway <input type="checkbox"/> State Govt. <input type="checkbox"/> Pvt Sector <input type="checkbox"/> Others																										
B) SELF EMPLOYED	<input type="checkbox"/> Professional <input type="checkbox"/> Doctor <input type="checkbox"/> Architect <input type="checkbox"/> CA/CS <input type="checkbox"/> IT Consul <input type="checkbox"/> Engineer <input type="checkbox"/> Lawyer <input type="checkbox"/> Others																										
C) BUSINESS	<input type="checkbox"/> Mfg <input type="checkbox"/> Trader <input type="checkbox"/> Agriculture <input type="checkbox"/> Others, pls specify_____																										
D) OTHERS	<input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife If not, pls mention_____																										
Annual Income * (In Rs.)	< 5 lakhs						5-8 lakhs						10-15 lakhs						>15 lakhs								
Annual Turnover/Receipt from Business * (In Lakhs)																											
Customer Type *	<input type="checkbox"/> Minor <input type="checkbox"/> Sr.Citizen <input type="checkbox"/> Pensioner <input type="checkbox"/> NRI <input type="checkbox"/> General																										
Optional Information:	I wish to specify the following information (YES/NO) If YES, please fill the below information																										
A) Educational Qualification	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate/Others																										
B) Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Others																										

☐ **2. TDS DETAILS**

PAN * (if doing business)									
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☐ **3. Aadhar Details**

Aadhar Number *											
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Aadhar Enrollment No. if Aadhar is Not available

☐ **4. PROOF OF IDENTITY AND/OR PROOF OF ADDRESS** (Please refer Annexure 'C' for more details)

Tick	Type (Name of POA)	Document No	Date of Issue (For both above, mention in DD/MM/YY)	Date of Expiry
	A) Passport Mandatory For NRI			
	B) Driving Licence			
	C) Voter Card			
	D) Others, please specify _____			

☐ **5. ADDRESS**

A. ADDRESS AS PER AADHAR *: Whether it is	PERMANENT	CORRESPONDENCE	BOTH
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Line 1																			
Line 2																			
Line 3																			
State/UT																			
Pincode																			

B. CORRESPONDENCE /LOCAL ADDRESS (Fill only other than Aadhar Address)

Line 1																			
Line 2																			
Line 3																			
State/UT																			
Pincode																			

C. OFFICE ADDRESS (If any, available)

Line 1																			
Line 2																			
Line 3																			
State/UT																			
Pincode																			

D. OVERSEAS ADDRESS (Mandatory for NRI/PIO):

Overseas Office Address (Landmark compulsory)	Overseas Residential Address
City/Town/Village	City/Town/Village
Country Name with Code	Country Name with Code.....
Phone No Fax No.....	Phone No Fax No.....
E-mail Address	E-mail Address

ANNEXURE A: INSTRUCTIONS/DETAILED GUIDELINES:

A. Clarification/Guidelines on filling 'Personal Details' section:

1. Name: The name should match the name as mentioned in the Aadhar/Proof of Identity submitted failing which the application is liable to be rejected.
2. Either Father's Name or Spouse's name is to be mandatorily filled. In case PAN is not available father's name is mandatory.
3. Guardian's name is compulsory if the applicant is Minor.

B. Clarification / Guidelines on filling 'Proof of Identity [POI]' / Proof of Address (POA)

1. If driving license number or Passport is provided as Proof of Identity then expiry date is to be mandatorily furnished.

C. Clarification / Guidelines on filling 'Contact Details' section

1. Please mention two-digit country code and 10 digit mobile number
2. Do not add '0' in the beginning of Mobile number.

Annexure A – II: KYC Documents

1. Aadhar (If Aadhar is not available, enrollment number of Aadhar)
2. Permanent Account Number (PAN) Card
3. Passport
4. Driving License
5. Voter ID card issued by Election Commission of India



ZEN 'R' CLUBS & RESORTS

THE MASTERS

Tel: 044-45567123 Mobile Numbers: 9551067123, 9042067123 E-mail: zenrclubsandresorts@gmail.com
waran1978@gmail.com

ACKNOWLEDGEMENT RECEIPT

Receipt Number

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MODE OF PAYMENT	CASH	CARD	CHEQUE	DD
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CARD DETAILS	NAME OF BANK
CARD NUMBER	PRESENTING DATE

CASH	DENOMINATIONS	AMOUNT
	2000*	
	500*	
	100*	
	TOTAL	

DD	DD NO:	DRAWN ON:
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*Refer Overleaf for Terms and Conditions

Disclaimer:

The authorised capital of the shareholder will be invested to the business expansion of Zen 'R' Clubs & Resorts commenced as per the Agreement copy. This Agreement may be terminated by the consent of the party expressed in writing and shall stand terminated at the option of shareholder upon Zen 'R' Clubs and Resorts aggregate shareholding in the Company reducing below 15 per cent of the paid up capital to the Company by shareholder.

AUTHORISED SIGNATURE:

CLIENT SIGNATURE:

DATE:

PLACE:

Regd Address: Plot No.41 'C' Block, Sakthi Nagar Steel Plant 1st gate Opp. M.M.Patti, Salem – 636303

Corp Address: 296/282, Avvai Shanmugham Salai, Royapettah, Chennai – 600 014

Terms and Conditions:

1. Site visit to the allocated space is allowed only after the expiry of 18 months from the signing of this investment.
2. Always the shareholder maintain confidential information of the Company between themselves. If found to the contrary, they may be liable to be terminated after discount of 15% of the investment amount by the Company without any notice.
3. Any grievance/ideas for betterment of the Company can be communicated by the applicant through the registered e-mail address provided to the Company.
4. Registered bank account of the customer is the cancelled cheque leaf given to the Company along with this document.
5. Maturity amount will be settled upon completion of 120 days after 36 months from the investment date along with the interest percentage agreed upon in the document to the registered Bank account mentioned with us.
6. At the time of maturity, decision to allot the land space or villa or giving full and final settlement rests with the Company.
7. All communication will be sent by mail id/SMS to mobile number provided to us in the KYC form submitted.
8. Transferability of the Applicant can be allowed any time after 15 days from the investment date with proper intimation to the Company. Any transfer done without intimation to the Company is INVALID.
9. In case of loss, land will be calculated as per investment and given by splitting or FD rate of interest will be applied to the investment and settled by Company.
10. Investors have all rights to enquire the project status to the authorised person of the Company by phone or by e-mail.