

# KNOW YOUR CLIENT (KYC) FORM

Location: \_\_\_\_\_ Reference Number: \_\_\_\_\_

## Client Personal Information:

Full Legal Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number (SSN) / Tax ID: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Identification Documents Provided:

Type of ID (Driver License, Passport, etc.): \_\_\_\_\_

Issuing Authority: \_\_\_\_\_ ID Number: \_\_\_\_\_

Expiration Date (if applicable): \_\_\_\_\_ Place of Issue: \_\_\_\_\_

## Employment Information:

Employer Name: \_\_\_\_\_

Occupation / Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

## Financial Information:

Source of Funds: \_\_\_\_\_

Estimated Annual Income: \_\_\_\_\_

Estimated Net Worth: \_\_\_\_\_

## Risk Profile and Investment Experience:

Investment Objective(s): \_\_\_\_\_

Risk Tolerance (Low, Medium, High): \_\_\_\_\_

Previous Investment Experience: \_\_\_\_\_

## Declarations and Certifications:

- I certify that the information provided in this Know Your Client (KYC) Form is true, accurate, and complete to the best of my knowledge.
- I understand that providing false or misleading information may result in termination of the business relationship and potential legal consequences.
- I consent to the collection, use, and disclosure of my personal information as necessary for compliance with applicable laws and regulations, including anti-money laundering (AML) and counter-terrorism financing (CTF) laws.

- I acknowledge that the firm reserves the right to request additional information and documentation as needed to satisfy regulatory requirements.
- I agree to notify the firm promptly of any changes to the information provided herein.

**Client Signature and Acknowledgment:**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Institution Representative:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Compliance Officer Review (if applicable):**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLIENT SIGNATURE**

**FINANCIAL INSTITUTION REP.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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