

KAYAN SECURITIES, INC.

New Account Application

3470 Wilshire Blvd., #626
Los Angeles, CA 90010

Member FINRA/SIPC

Reg. Rep: _____ Acct #: _____

1. Account Type

- Individual Joint Rights of Survivorship Joint Tenancy in Common Community Property
 Custodial Corporate Trust Investment Club Partnership Non-Profit/Charitable/Religious

2. Account Holder Information

Primary applicant

Full name		Social Security #	Date of Birth
Home Address (P.O. Box unacceptable)			
Mailing Address			
Home Phone #	Business Phone #	E-mail address	
Identification provided: <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport/Visa			
Issuer: _____		ID#: _____	Expiration: _____
Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien (Citizenship: _____) Country of Tax Residence: _____		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed Number of dependents: _____	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other		Employer (if self-employed, name of business) & length _____ Position/Occupation: _____	
Employer Address			
Are you, your spouse, or any other immediate family members : .employed by the securities industry or a financial regulatory agency? If yes, name of entity: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
. 10% shareholder or policy maker of a publicly held company? If yes, name of company(symbol) : _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Co-Applicant(1), authorized person on behalf of the entity(2),or trusted contact person by Rule 2165(3). Please circle (1),(2),or (3).

Full name (Last, First)		Social Security #	Date of Birth
Home Address (P.O. Box unacceptable)			
Home Phone #	Business Phone #	E-mail address	
Identification provided: <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport/Visa			
Issuer: _____		ID#: _____	Expiration: _____
Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien (Citizenship: _____) Country of Tax Residence: _____		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed Number of dependents: _____	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other		Employer (if self-employed, name of business) & length _____ Position/Occupation: _____	
Employer Address			

For a trusted contact person, provide name, address, phone numbers, email, and relationship.