ARN-112	2359)												E	Ξ1	60	151	1												
Know Your Client (KYC)											Δ																			
Application Form (For Individuals only)) Ap																								
(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields						-	Type* Update KYC Number* KYC Services KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)													ices										
	atory ner	us				K	/СТ	уре	*	No	rma	l (PA	N is ı	manda	ator	y) 🗌 I	PAN	Exe	emp	Inve	esto	rs (F	lefer	instr	ructic	on K)				
1. Identity Details (Please r	efer ins	struc	ction	A at	the	e end)																								
PAN						Ple	ase e	enclo	ose a	ı du	ly at	este	ed co	py of	f yo	ur PA	N Ca	rd												
	Pre	fix				Fir	stNa	ame								Mido	lleNa	ame	;						_	Last	Nam	e		
Name* (same as ID proof)		Ц		\square																										
Maiden Name (If any*)																														
Father / Spouse Name*		Π													Τ													Π		
Mother Name*		П					Π								T															
Date of Birth*	DD]_	M	M -	·Y	YY	Y								_					_								Phot	0	
Gender*		1- M	lale						C		F- F	em	ale] т-	Tran	sge	nde	r										
Marital Status*	□ N	/arr	ied						[Unm	narr	ied			Ot	hers													
Citizenship*		N- Ir	ndia	n							Othe	ers ·	– Co	untr	v					(Cour	ntry	Cod	le [
Residential Status*	□ F	esio	dent	Indiv	/idu	al			Г					It Ind																
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Occupation Type*		S-Se	rvice	e 🗌	P	rivate	Secto	or			Publ	ic S	ecto	r	Ľ	G	overn	mer	nt Se	ector										
		D-Ot	hers		Р	rofess	ional		Ľ		Self	Em	ploye	ed	C	Re	etired			Hou	sewi	fe		Stu	dent	t				
	E	8-Bu	sine	SS							X-No	ot C	atego	orise	d															
2. Proof of Identity (PoI)* (f	for PAN	lexe	emp	t Inve	esto	or or if	PAN	car	d cop	py r	not p	rovi	ded)	(Ple	ase	e refei	· instr	ructi	on C	8 K	at th	ne ei	nd)							
(Certified copy of <u>any one of</u>	the follo	owing	g Pro	oof of	f Ide	ntity [l	Pol] n	need	s to l	be s	ubmi	tted)			_				_			_	_	_		ı —			
A- Passport Number		\square		\square												Pas	spor	't E>	kpiry	Dat	е		D	D	- 1	/I M	— Y	Y Y	Y	
B- Voter ID Card		\square		\square		++	\square		\square	_														_	_					
D- Driving Licence		\square		\square	\downarrow	++	\square									Driv	ing l	Lice	ence	Exp	iry D	Date	D	D	- 1	M	— Y	Y Y	Y	
E- Aadhaar Card		\square		\square	+	++	\square	+		_																				
□ F- NREGA Job Card																	1													
Z- Others (any docume	ent noti	fied	l by	the	cer	itral g	over	nme	ent)			_					lde	enti	ficat	ion l	Num	ber		_						
3. Proof of Address (PoA)*																														
3.1 Current / Permanent	/ Overs	seas	s Ad	dress	s De	etails (Plea	se s	ee ir	nstr	uctio	n D	at th	ie en	d)															
Address												_			_															
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District*				1		Zip / I		00	je						_		Stat	te/L	ЛТ С	ode	_ا ل		-	•			otor Ve	hicle A		
State/UT*										C	ounti	гу* [oun	,		de [as per	ISO 3	3166
	lesider								side							sines	s] Re	egist	tere	d Of	ffice	Э			Jnspe	cifie	d
(Certified copy of <u>any one</u> Proof of Address*	_of the	folle	owir	ng Pi	r001	t of Ac	adres	ss [F	POAJ	ne	eds	to t	be si	ibmii	tec	1)														
Passport Number																Pas	spor	t F	koirv	Dat	e		D	D	-0	/1 M	1—[Y		Y	
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Driving Licence	\vdash	\vdash	+	++	+	++	+	+	+							Driv	/ing l	Lice	ence	Exp	irv F	Date		D	-0	/ M			V	
Aadhaar Card		\vdash	+	++	+	++	+	+								DIII	ing i			Слр	ii y L	Juic								
□ NREGA Job Card		\vdash	+	++	+	++	+	+																						
Others (any document	notifie	d by	/ the	e cer	ntra	l gove	ernm	ienť				Т	П				Ide	enti	ficat	ion I	Num	ber	П							
□ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)																														
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)													proof)																	
Line 1*		Τ	Т		Т							Т			Τ				T				Т							
Line 2		+	\uparrow	$ \uparrow $	+			+	\square		\square	+	+	$ \uparrow $	\uparrow	+	$\uparrow \uparrow$	+	+	$\uparrow \uparrow$	+	+	\vdash	H		+		\top		
Line 3																			City	/ Tc	wn	/ Vil	lage	*						
District*						Zip / I	Post	Cod	de*								Stat	te/L	лт с	ode			as	per	India	an Me	otor Ve	hicle A	.ct, 19	88
State/UT*										C	ounti	ry* [С	oun	try	Coc	de [as per	ISO 3	3166

4. Contact Details (All of	ommunications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)
Email ID	
	Tel. (Off)
5. FATCA/CRS Informa	tion (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)
Additional Details Red	uired* (Mandatory only if above option (5) is ticked)
Country of Jurisdiction	of Residence* as per ISO 3166
Tax Identification Nun	ber or equivalent (If issued by jurisdiction)*
Place / City of Birth*	Country of Birth* Country of Birth* Country Code as per ISO 3166
Address	
Line 1*	
Line 2	
Line 3	City / Town / Village*
District*	Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT*	Country* Count
6 Details of Related P	rson (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')
Related Person	
Related Person Type*	Deletion of Related Person KYC Number of Related Person (if available*) Guardian of Minor Assignee Authorized Representative
Related Ferson Type	Prefix First Name Middle Name Last Name
Name*	
_	(If KYC number and name are provided, below details of section 6 are optional)
] of Related Person* (Please see instruction (H) at the end)
	of the following Proof of Identity[Pol] needs to be submitted)
A- Passport Numbe	Passport Expiry Date
B- Voter ID Card	
C- PAN Card	
D- Driving Licence	
E- Aadhaar Card	
F- NREGA Job Card	
	ment notified by the central government)
7. Remarks (If any)	
8. Applicant Declaration	
therein, immediately. In case	s furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held
	that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of directions issued by any governmental or statutory authority from time to time. [Signature / Thumb Impression]
I hereby consent to receiving	nformation from Central KYC Registry through SMS/Email on the above registered number/email address.
Date: DD - MM	Image: Place in the second
9. Attestation / For Off	_
	ed Certified Copies
Date	□ □ ¬ ∨ ∨ ∨ ∨ Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
In Dama Ward	
In-Person Veri Date	D M Y Y Name Institution Details
Emp. Name	
Emp. Code	Emp. Branch
Emp. Designation	

Version 1.6

NACH/ECS/AUTO DEBIT UMRN MANDATE INSTRUCTION FORM	Date D M Y Y Y
Tick (\checkmark) Sponsor Bank Code	Utility Code
CREATE I/We hereby authorize BSE Limited	to debit (tick) SB/CA/CC/SB-NRE/SB-NRO/Other</td
CANCEL Bank a/c number	
with Bank IFSC	or MICR
an amount of Rupees	₹
FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented	DEBIT TYPE Fixed Amount 🗸 Maximum Amount
Reference 1 (Mandate Reference No.)	Phone No.
Reference 2 (Unique Client Code-UCC)	Email ID
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my acco	ount as per latest schedule of charges of the bank.
PERIOD From D M Y Y Y	
Or Until Cancelled 1. 2.	3

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. - I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to the User entity/ Corporate or the bank where I have authorized the debit.

		-									
358			Broker/Ag	ent Code AR	N	ARN -					
		:	SUB-BROKER	XXXXXX	xx	EUIN					
Name of the First Applicant :											
PAN Number :	KY	YC :	Date Of Birth :								
Name of Guardian:				PAN:							
Contact Address:											
	•										
City:	Pincode:		State:		Country:						
Tel.(Off):	Tel.(Res):			Email:							
Fax(Off):	Fax(Res):			Mobile:							
Mode of Holding:				Occupatio	n:						
Name of the Second Applicant :											
PAN Number :	KY	YC :		Date Of B	irth :						
Name of the Third Applicant :											
PAN Number :	KY	YC :		Date Of B	irth :						
Other Details of Sole / 1st Applicar	nt										
Overseas Address(In case of NRI	Investor):										
City:	Pincode:			Country:	Country:						
Bank Mandate Details Name of	Bank:		Branch:								
A/C No.:	A/C Type:			IFSC Cod	de:						
Bank Address:											
City:	Pincode:		State:			Country:					
Nomination Details Nominee Na	ame:				Relatio	onship:					
Guardian Name(If Nominee is Mine	or):										
Nominee Address:											
City: <u>Declaration and Signature</u> - I/We confirm	Pincode:	lus are true and cor	rect The ARN hold	State:	to me/us	all the commission (In t	he form of				
trail commission or any other mode), payab	le to him for the different co	ompeting Schemes c	of various Mutual Fu	and From among	gst which	the schemes being reco	mmended to me/us.				
1st applicant Signature :	2nd applicant Signat	ture :	3rd applicant S	Signature :		Date :	Place :				
	Place for	r Cancelled Chequ	ue, for Single Pa	ge Scan							