ARN-139	E038133														
Know Your Client (K) Application Form (Fo (Please fill the form in English ar Fields marked with "" are manda	or Individuals only) and in BLOCK Letters)	Application Type* KYC Type*	□Up	odate	KYC N		_	PAN E	xempt In	vestors		nstruction		SK KYC	RA
1. Identity Details (Please r	1. Identity Details (Please refer instruction A at the end)														
PAN Please enclose a duly attested copy of your PAN Card															
Name of the Co	Prefix	First Name			1		Mid	dle Nan	ne I I I				_ast Na	ame	
Name* (same as ID proof)			$+\!\!-\!\!\!+$	$\vdash$	+	++	+	++		+		$\dashv$	+	$\vdash$	
Maiden Name (If any*)			$\perp \!\!\! \perp$		+	$\perp \perp$	+					$\dashv$	+		
Father / Spouse Name*			$\perp \!\!\! \perp$		11	$\perp \downarrow$	_	$\sqcup \!\!\! \perp$		44	$\perp$	$\dashv$	$\perp$	$\sqcup$	
Mother Name*			Ш									Ш	$\bot$		
Date of Birth*		YYY												Pho	to
Gender*	☐ M- Male			F- Fe	male		□ т	-Transg	ender						
Marital Status*	☐ Married			Unma	arried		□ 0	thers							
Citizenship*	☐ IN- Indian			Other	s – Cou	intry_				Count	ry Code	e 🔲	]		
Residential Status*	Resident Individua	ıl		Non F	Resident	India	n								
	☐ Foreign National			Perso	n of Ind	ian Or	igin								
Occupation Type*	S-Service Pri				Sector		_		ent Secto					01	,
	☐ O-Others ☐ Pro☐ B-Business	ofessional			mploye Catego		∐ R	etired	∐ Ho	usewife	<u> </u>	Student			
2. Proof of Identity (PoI)* (	<del>_</del>	or if PAN card					e refe	r instru	tion C &	K at the	end)				
(Certified copy of any one of	•					000	0 1010				0				
☐ A- Passport Number		П					Pa	ssport l	Expiry Da	ate	D	D — M	M -	YY	YY
☐ B- Voter ID Card															
☐ D- Driving Licence							Dri	ving Li	ence Ex	piry Da	ite 🗈	D — M	М —	YY	YY
☐ E- Aadhaar Card				ı											
☐ F- NREGA Job Card			ᆜ	<u> </u>				7							
Z- Others (any docume	ent notified by the cent	ral governme	1t)	Ш		ш	Ш	_ Iden	tification	Numb	er 💹		Щ	Ш	
3. Proof of Address (PoA)*	•														
3.1 Current / Permanent	/ Overseas Address Det	ails (Please se	e instr	ruction	D at the	e end)									
Address Line 1*								<del></del>							
Line 2			+	++		+	$\vdash$					++	++	++	
Line 3				$\vdash$		+	$\vdash$	++	City / 1	Town / \	Village'	.	++	++	
District*	z	ip / Post Code	e*					State	UT Cod				n Motor	Vehicle	Act, 1988
State/UT*			C	country	*		П					ry Cod		_	er ISO 3166
	Residential / Business	 ☐ Res	identi			∟ ] Bu	sines	SS S		— Registe					ecified
(Certified copy of any one										3					
Proof of Address*															
☐ Passport Number							Pa	ssport l	Expiry Da	ate	D	D — M	M -	YY	YY
☐ Voter ID Card			$\vdash \vdash$	ı											
☐ Driving Licence			Ш				Dri	ving Li	ence Ex	piry Da	ite 🔃	D — M	M	YY	YY
☐ Aadhaar Card				I											
☐ NREGA Job Card ☐ Others (any document	notified by the central	aovornment)	${\mathbb H}$				$\Box$	Idon	tification	Numb	or 🗔	$\overline{}$			
3.2 Correspondence / Lo			ıction	F at th	e end)			iueii	lincation	i Nullib	ei				
Same as Current / Perma						ondend	e / loc	al addres	ses, please	fill 'Anne	exure A1	', Submit	relevar	it docum	entary proof)
Line 1*								1 1							1
Line 2			$\top$	$\dagger \dagger$		+	$\forall$	++			+ +	++	++	++	+++
Line 3									City / 7	Town / \	Village				
District*	z	ip / Post Code	e*					State	UT Cod	е Г	as	per India	n Motor	Vehicle	Act, 1988

Country\*

State/UT\*

Country Code

as per ISO 3166

4. Contact Details (All comm	unications wil	I be sent on provid	ded Mobile no. / Ema	ail-ID) (Please refer instruction <b>F</b> at the end)					
Email ID Mobile		Tel. (Off)		Tel. (Res)					
5. FATCA/CRS Information	(Tick if Applies			urposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end)					
Additional Details Required				diposes in durisdiction(s) edicide maid (i lease refer matraction <b>2</b> at the end)					
Country of Jurisdiction of F	`	y only if above t	phion (5) is ticked)	Country Code of Jurisdiction of Residence as per ISO 3166					
Tax Identification Number		t (If issued by iu	risdiction)*	as per 130 3166					
Place / City of Birth*	or oquivalon	- (ii ioodod by ju	Country of Birt	h* Country Code as per ISO 3166					
Address			Country of Bird	as per 150 5100					
Line 1*									
Line 2									
Line 3				City / Town / Village*					
District*		Zip / Pos	t Code*	State/UT Code as per Indian Motor Vehicle Act, 1988					
State/UT*			Country*	Country Code as per ISO 3166					
6. Details of Related Person	(Optional) (p	lease refer instruc	ction G at the end) (in	case of additional related persons, please fill 'Annexure B1')					
Related Person	Deletion o	f Related Person	KYC Numbe	r of Related Person (if available*)					
Related Person Type*	☐ Guardian o		Assignee	Authorized Representative					
Name*	Prefix	First Na	ame	Middle Name Last Name					
Name	(If KYC number	r and name are provi	ided, below details of se	ction 6 are optional)					
☐ Proof of Identity [Pol] of F	Related Perso	n* (Please see ins	struction ( <b>H</b> ) at the e	nd)					
(Certified copy of any one of the	e following Pro	oof of Identity[Pol] I	needs to be submitted						
A- Passport Number				Passport Expiry Date					
☐ B- Voter ID Card									
C- PAN Card									
☐ D- Driving Licence				Driving Licence Expiry Date DD - MM - Y Y Y Y					
E- Aadhaar Card									
☐ F- NREGA Job Card			<u> </u>						
Z- Others (any document	t notified by	the central gove	rnment)						
7. Remarks (If any)									
8. Applicant Declaration  I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.  I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Date:  D D M M P Y Y Y Y Place:  Signature / Thumb Impression of Applicant									
9. Attestation / For Office U	•								
Documents Received			n ()	Institution Poteila					
Date		by (Refer Instruction	11 1)	Institution Details  Name					
	) — [M M ] —								
Emp. Name				Emp. Branch					
Emp. Code				Emp. Branch					
Emp. Designation									
In-Person Verification	Institution Details								
Date	— M M —	YYYY		Name					
Emp. Name				Code					
Emp. Code				Emp. Branch					
Emp. Code Emp. Designation									

Version 1.6 Page

NACH/ECS/AUTO DEBIT UMRN MANDATE INSTRUCTION FORM	Date D D M M Y Y Y Y
Tick (🗸) Sponsor Bank Code	Utility Code
CREATE MODIFY I/We hereby authorize BSE Limited	to debit (tick 🗸 ) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL Bank a/c number	
with Bank IFSC 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 acc	ount as per latest schedule of charges of the bank.
PERIOD From D D M M Y Y Y Y To D D M M Y Y Y Y	
Or Until Cancelled 1	3
- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user en - I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendmen	



Broker/Ager	t Code ARN	ARN -					
SUB-BROKER	vvvvvv	FIIIN					

Name of the First Appli	icant :										
PAN Number :		KYC:				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:					Occupation:						
Name of the Second Ap	oplicant :										
PAN Number :		KYC:				Date Of Bi					
Name of the Third Appl	licant :										
PAN Number :			KYC:		Date Of Birth :						
Other Details of Sole / 1s	st Applicant	t									
Overseas Address(In cas	se of NRI I	nvestor):									
City:		Pincode:		Country:							
Bank Mandate Details	Name of I	Bank:	Branch:								
A/C No.:		A/C Type:				IFSC Code:					
Bank Address:											
City:	Pincode: State:			Country:							
Nomination Details N	ominee Na	ame:				Relationship:					
Guardian Name(If Nomir	nee is Mino	r):									
Nominee Address:											
City:  Declaration and Signature -		Pincode: that details provided by me/us are true and correct. The			State: The ARN holder has disclosed to me/us a			all the commission (In the form of			
trail commission or any other n	node), payable	e to him for the differer	nt competing Schemes	of various N	Mutual Fund	d From among	st which	the schemes being recor	nmended to me/us.		
1st applicant Signature :		2nd applicant Sig	3rd applicant Signature :				Date :	Place :			
		Place	for Cancelled Cheq	ue, for Sir	ngle Page	Scan					