ARN-149	EUIN-E038736													
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*	Upo	date I	CYC Nur PAN is man	_	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Exempt Inv	vestors		AN struction h		KYC	RA Services
1. Identity Details (Please refer instruction A at the end)														
PAN Please enclose a duly attested copy of your PAN Card														
Name* (same as ID proof)	Prefix	First Name	$\neg \neg$			IVII	ddle Na	me			La	ast Nar	ne T	
		+	++	+	\vdash	++		+++	+++		++	++	++	+
Maiden Name (If any*)			++	+	\square	++		+++	+		++	++	+	+
Father / Spouse Name*		+	++	-		++		+++	$+ \parallel$		++	++	$+\!\!-\!\!\!+$	++-
Mother Name*											$\perp \perp \perp$	$\perp \perp \perp$	<u> </u>	
Date of Birth*	DD-MM-Y	YYY											Pho	to
Gender*	☐ M- Male		☐ F	F- Fen	nale		T-Trans	gender						
Marital Status*	☐ Married		□ ι	Jnmai	ried		Others							
Citizenship*	☐ IN- Indian			Others	- Count	ry			Countr	y Code				
Residential Status*	☐ Resident Individua	I	1	Non Re	esident In	dian								
	☐ Foreign National		□ F	Person	of Indiar	Origin								
Occupation Type*	S-Service Priv				Sector	_		nent Secto		_ 0,			Signatu	uro (
	☐ O-Others ☐ Pro☐ B-Business	nessionai			nployed Categoris	_	Retired	□ но	usewife	∐ St	udent			
2. Proof of Identity (Pol)* (f		or if PAN card					fer instru	uction C & I	K at the	end)				
(Certified copy of any one of	the following Proof of Iden	tity [Pol] needs	to be sı	ubmitte	d)									
A- Passport Number						Р	assport	Expiry Da	ate	D D	— M	M —	YY	Y
☐ B- Voter ID Card			\perp											
☐ D- Driving Licence						D	riving L	icence Ex	piry Da	te D D	— M	M -	Y Y	Y
☐ E- Aadhaar Card														
☐ F- NREGA Job Card ☐ Z- Others (any docume	ant notified by the cent	ral governmer	, _t ,					ntification	Numbe	ar 🗆		$\overline{}$		
	•	ar governmen	,					minoation	rambe	,				
3. Proof of Address (PoA)*		aila (Diagga ag	- :		> =4 4b = =	al\								
3.1 Current / Permanent	/ Overseas Address Det	alis (Please se	e instru	iction i	J at the e	na)								
Line 1*			\Box								П			
Line 2														
Line 3			\Box					City / T	own / V	/illage*				
District*	z	ip / Post Code)* <u> </u>]	State	e/UT Code	_ 🗌	as pe	er Indian	Motor V	ehicle /	Act, 1988
State/UT*			Co	ountry*						Country	/ Code		as per	r ISO 3166
Address Type* Residential / Business Residential Business Registered Office Unspecified (Certified copy of <u>any one</u> of the following Proof of Address [PoA] needs to be submitted) Proof of Address*														
☐ Passport Number		П				Р	assport	Expiry Da	ate	D D	- M	M -	YYY	Y
☐ Voter ID Card														
☐ Driving Licence						D	riving L	icence Ex	piry Da	te D D	— M	M —	Y Y Y	Y
☐ Aadhaar Card														
☐ NREGA Job Card			Щ.											
Others (any document			Ш		\perp	Ш	Ide	ntification	Numbe	er	Ш	Ш	Ш	
3.2 Correspondence / Lo														_
Same as Current / Perma	ment / Overseas Addre	ss details (in d	ase of n	muitiple	correspon	ence / lo	cal addre	sses, please	TIII 'Anne	xure A1',	Submit re	evant o	Jocumer	ntary proof)
Line 2	 		++	\dashv	+	HH	++		+++	++	++	+	+	
Line 3	 		+		++	+ +	+	City / T	own / V	/illage*	++-	+	+	++-
District*	Z	ip / Post Code	*			<u> </u>	State	⊒ e/UT Code		_ `	er Indian	Motor V	ehicle /	Act, 1988

Country*

State/UT*

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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 F 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 at the end)					
Additional Details Required				diposes in durisdiction(s) edicide maid (i lease refer matraction 2 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 loodod 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 (H) 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: Dip Min 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									
				[Institution Stamp]					
In-Person Verification	on (IPV) Carrie	d Out by (Refer Inst	Institution Details						
Date	— M M —	YYYY		Name					
Emp. Name				Code					
Emp. Code				Emp. Branch					
Emp. Code Emp. Designation									

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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 Birth :						
Name of the Third Appl	licant :										
PAN Number :			KYC:			Date Of Bi	rth :				
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	ıme:				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 all the community.				ission (In the form of		
trail commission or any other mode), payab		e to him for the differer	of various Mutual Fund From amongst which			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					