ARN-157271 E285479

Know Your Client (KYC) Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)
Fields marked with '*' are mandatory fields

CAMSKRA KYC Services

Application Type* ☐ New ☐ Update KYC Number*

KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction **A** at the end)

PAN Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

Photo

Signature/ Thumb Impression

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others – Country _____ Country Code

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ B-Business ☐ X-Not Categorised

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number — Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ D- Driving Licence — Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

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* Country Code as per ISO 3166

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

☐ Passport Number — Passport Expiry Date D D – M M – Y Y Y Y

☐ Voter ID Card

☐ Driving Licence — Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ Aadhaar Card

☐ NREGA Job Card

☐ Others (any document notified by the central government) Identification Number

☐ 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)

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* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile — Tel. (Off) — Tel. (Res) —

5. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City 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* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [PoI] of Related Person* (Please see instruction (**H**) at the end)

(Certified copy of <u>any one</u> of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D — M M — Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D — M M — Y Y Y Y

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

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 — Y Y Y Y Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received ☐ Certified Copies

KYC Verification Carried Out by *(Refer Instruction I)*

Date D D — M M — Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by *(Refer Instruction J)*

Date D D — M M — Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM

UMRN | | | | | | | | | | | | | | | | | | | | Date D D M M Y Y Y Y

Tick (✓)

CREATE
MODIFY
CANCEL

Sponsor Bank Code | | Utility Code | |

I/We hereby authorize **BSE Limited** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

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 account 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. _____ 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.

Broker/Agent Code ARN		ARN -	
SUB-BROKER	XXXXXXX	EUIN	

Name of the First Applicant :				
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 Applicant :				
PAN Number :	KYC :	Date Of Birth :		
Name of the Third Applicant :				
PAN Number :	KYC :	Date Of Birth :		
Other Details of Sole / 1st Applicant				
Overseas Address(In case of NRI Investor):				
City:	Pincode:	Country:		
Bank Mandate Details	Name of Bank:	Branch:		
A/C No.:	A/C Type:	IFSC Code:		
Bank Address:				
City:	Pincode:	State:	Country:	
Nomination Details	Nominee Name:	Relationship:		
Guardian Name(If Nominee is Minor):				
Nominee Address:				
City:	Pincode:	State:		

Declaration and Signature - I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the schemes being recommended to me/us.

1st applicant Signature :	2nd applicant Signature :	3rd applicant Signature :	Date :	Place :

---Place for Cancelled Cheque, for Single Page Scan---