ARN-160	60688 E297386											
Know Your Client (KYC)												
Application Form (Fo	-	Application —										
(Please fill the form in English an	nd in BLOCK Letters)	Type* Update KYC Number* KYC Services										
Fields marked with **' are mandatory fields 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*		YYY	Photo									
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 Priva	ate Sector	Public Sector     Government Sector									
	O-Others Prof	essional	Self Employed Retired Housewife Student									
	B-Business		X-Not Categorised									
			ppy not provided) (Please refer instruction C & K at the end)									
(Certified copy of <u>any one of</u> t	the following Proof of Ident	ity [Pol] needs to be										
A- Passport Number			Passport Expiry Date									
B- Voter ID Card												
D- Driving Licence			Driving Licence Expiry Date D D - M M - Y Y Y									
☐ E- Aadhaar Card												
☐ F- NREGA Job Card												
Z- Others (any docume	,	al government)	Identification Number									
3. Proof of Address (PoA)*												
3.1 Current / Permanent	/ Overseas Address Deta	ails (Please see ins	nstruction D at the end)									
Address Line 1*												
Line 2												
Line 3			City / Town / Village*									
District*	71	p / Post Code*										
			State/UT Code as per Indian Motor Vehicle Act, 1988									
State/UT*			Country* Country Code as per ISO 3166									
	esidential / Business	Address [PoA]										
(Certified copy of <u>any one</u> Proof of Address*	or the following Proof o	n Auuress [POA] I	I needs to be submitted)									
Passport Number			Passport Expiry Date									
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 of		L 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 2												
Line 3			City / Town / Village*									
District*		p / Post Code*	State/UT Code as per Indian Motor Vehicle Act, 1988									
State/UT*			Country*     Country     Country									

4. Contact Details (All of	ommunications will be sent on provided Mobile no. / Email-ID) (Please refer instruction <b>F</b> 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>B</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 Wash							
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/Agent Co		N	ARN -		
		;	SUB-BROKER	XXXXXX	xx	EUIN		
Name of the First Applicant :								
PAN Number : KYC :				Date Of B	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 Birth :				
Name of the Third Applicant :								
PAN Number :	KY	YC :		Date Of B	Date Of Birth :			
Other Details of Sole / 1st Applicar	nt							
Overseas Address(In case of NRI	Investor):							
City:	Pincode:		Country:					
Bank Mandate Details Name of	Bank:							
A/C No.:	A/C Type:			IFSC Cod	IFSC Code:			
Bank Address:								
City:	Pincode: State		State:	ate:		Country:		
Nomination Details Nominee Na	ame:	R		Relatio	elationship:			
Guardian Name(If Nominee is Mine	or):							
Nominee Address:								
City:	Pincode: that details provided by me/us are true and correct. The ARN holder				State:			
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 Signature :		3rd applicant Signature			Date :	Place :	
	Place for	r Cancelled Chequ	ue, for Single Pa	ge Scan				