ARN-190	)40	E040899						
Know Your Client (KY Application Form (Fo (Please fill the form in English ar Fields marked with '*' are manda	or Individuals only) and in BLOCK Letters)	Application New Type* Update KYC Number*  KYC Type* Normal (PAN is mondatory) PAN Exempt Investor	CANSKRA KYC Services					
Triclus mained with are maindatory fields KYC Type* □Normal (PAN is mandatory) □ PAN Exempt Investors (Refer instruction K)  1. Identity Details (Please refer instruction A at the end)								
	elei instruction <b>A</b> at the	,						
PAN	Des fire	Please enclose a duly attested copy of your PAN Card						
Name* (same as ID proof)	Prefix	First Name Middle Name	Last Name					
		<del>                                     </del>	1					
Maiden Name (If any*)								
Father / Spouse Name*								
Mother Name*			J					
Date of Birth*		YYY	Photo					
Gender*	☐ M- Male	☐ F- Female ☐ T-Transgender						
Marital Status*	☐ Married	☐ Unmarried ☐ Others						
Citizenship*	☐ IN- Indian	Others – CountryCou	ntry Code					
Residential Status*	☐ Resident Individua							
	Foreign National	Person of Indian Origin						
Occupation Type*	☐ S-Service ☐ Pri ☐ O-Others ☐ Pro		ife Student Signature/					
	☐ B-Business	X-Not Categorised	Thumb Impression					
2. Proof of Identity (Pol)* (f	for PAN exempt Investor	or if PAN card copy not provided) (Please refer instruction C & K at t	he end)					
	the following Proof of Ider	tity [Pol] needs to be submitted)						
☐ A- Passport Number		Passport Expiry Date						
☐ 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		<del></del>						
Z- Others (any docume	ent notified by the cent	al government) Identification Num	pher					
3. Proof of Address (PoA)*	·	al government)						
_ ` ´		ails (Please see instruction D at the end)						
Address	/ Overseas Address De	ans (Fease see instruction b at the end)						
Line 1*								
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 Code as per 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		Passport Expiry Date	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
☐ Voter ID Card								
□ Driving Licence Expiry Date □ □ □ − M M − Y Y Y Y								
☐ Aadhaar Card								
□ NREGA Job Card								
Others (any document notified by the central government)								
3.2 Correspondence / Local Address Details* (Please see instruction E at the end)								
Same as Current / Perma	inent / Overseas Addre	SS details (In case of multiple correspondence / local addresses, please fill 'Ai	nnexure A1', Submit relevant documentary proof)					
Line 1								
Line 3	<del>                                     </del>	City / Town	/ Village*					
District*	Z	p / Post Code* State/UT Code	as per Indian Motor Vehicle Act, 1988					

Country\*

State/UT\*

Version 1.6 Page

Country Code

as per ISO 3166

4. Contact Details (All com	munications will be s	sent on provided M	Nobile no. / Em	ail-ID) (Please refe	er instruction <b>F</b> at the	e end)			
Email ID									
Mobile		Tel. (Off)			Tel. (Res)				
		_							
5. FATCA/CRS Information	1 (Tick if Applicable)	Resid	dence for Tax F	Purposes in Jurisd	iction(s) Outside Indi	ia (Please refer instruction I	B at the end)		
Additional Details Require	ed* (Mandatory onl	ly if above optior	n (5) is ticked	)					
Country of Jurisdiction of	Residence*			Country Code of	of Jurisdiction of R	esidence as per ISO	3166		
Tax Identification Numbe	r or equivalent (If is	ssued by jurisdic	ction)*						
Place / City of Birth*			Country of Bir	th*		Country Code	as per ISO 3166		
Address									
Line 1*									
Line 2									
Line 3					City / Tov	vn / Village*			
District*		Zip / Post Cod	de*		State/UT Code	as per Indian Motor \	/ehicle Act, 1988		
State/UT*			Country*			Country Code	as per ISO 3166		
6. Details of Related Person	en (Ontional) (places	rofor instruction (	at the end) (i	in again of additions	al related persons in	logge fill 'Appoyure D1')	-		
_			, ,			lease IIII Allilexule DT)			
Related Person	Deletion of Rela	_	_	er of Related Perso	,	)			
Related Person Type*	Guardian of Mir	nor First Name	Assignee		horized Representati e Name	ve Last Name			
Name*		T IIST Name		I I I I I	le Name	Lastivamo			
	(If KYC number and r	name are provided, b	elow details of se	ection 6 are optional)					
Proof of Identity [Pol] of	Related Person* (P	lease see instruct	ion ( <b>H</b> ) at the e	end)					
(Certified copy of any one of	the following Proof of	Identity[PoI] needs	to be submitted	d)					
A- Passport Number				Pas	ssport Expiry Date	D D — M M —	YYYY		
☐ B- Voter ID Card									
C- PAN Card									
D- Driving Licence				Driv	ving Licence Expiry	/ Date DD - MM -	YYYY		
E- Aadhaar Card									
☐ F- NREGA Job Card									
Z- Others (any docume	nt notified by the c	entral governme	nt)		Identification Nu	ımber			
7. Remarks (If any)					_				
8. Applicant Declaration									
I hereby declare that the details fur									
therein, immediately. In case any of liable for it. I hereby declare that	I am not making this app	lication for the purpose	of contravention of	of any Act, Rules, Regu		[Signature / Thumb Imp	pression		
<ul> <li>legislation or any notifications/direct</li> <li>I hereby consent to receiving information</li> </ul>					ddress.	[Olghataro / Friambing	siccolori,		
Date: DD - MM -	YYYY	Place:			L	Signature / Thumb Impressi	on of Applicant		
9. Attestation / For Office	Use Only								
Documents Received [									
	tion Carried Out by (F	Refer Instruction I)		Institution Details					
Date	D - M M - Y Y	YY		Name					
Emp. Name				Code					
Emp. Code				Emp. Branch					
				2					
Emp. Designation									
In-Person Verification (IPV) Carried Out by (Refer Instruction J)  Institution Details									
Date	` <i>ć</i>	y y	. •/	Name					
				Code					
Emp. Name									
Emp. Code				Emp. Branch					
Emp. Designation									

Version 1.6 Page

MACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM Tick (\( \sigma \)  Sponsor Bank Code	Utility Code Date D D M M Y Y Y Y						
CREATE MODIFY CANCEL Bank a/c number  BSE Limited	to debit (tick 🗸 ) SB/CA/CC/SB-NRE/SB-NRO/Other						
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 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/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 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				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 A			RN holder	State:  N holder has disclosed to me/us all the commission (In the form of				
trail commission or any other n	node), payable	ole to him for the different competing Schemes of		of various Mutual Fund From amongst wh		st which	the schemes being recor	nmended to me/us.		
1st applicant Signature :		2nd applicant Signature :		3rd applicant Signature :			Date :	Place :		
Place for Cancelled Cheque, for Single Page Scan										