

**Know Your Client (KYC)  
Application Form (For Individuals only)**(Please fill the form in English and in BLOCK Letters)  
Fields marked with \*\* are mandatory fieldsApplication ☐ NewType\* ☐ 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                      | <input type="text"/>   | Please enclose a duly attested copy of your PAN Card |  |                      |  |
|                          | Prefix   | First Name   | Middle Name  | Last Name            |  |
| Name* (same as ID proof) | <input type="text"/>   | <input type="text"/>                                 | <input type="text"/>   | <input type="text"/> |  |
| Maiden Name (If any*)    | <input type="text"/>   | <input type="text"/>                                 | <input type="text"/>   | <input type="text"/> |  |
| Father / Spouse Name*    | <input type="text"/>   | <input type="text"/>                                 | <input type="text"/>   | <input type="text"/> |  |
| Mother Name*             | <input type="text"/>   | <input type="text"/>                                 | <input type="text"/>   | <input type="text"/> |  |
| Date of Birth*           | <input type="text"/>   | <input type="text"/>                                 | <input type="text"/>   | <input type="text"/> |  |
| Gender*                  | <input type="checkbox"/> M- Male   | <input type="checkbox"/> F- Female                   | <input type="checkbox"/> T-Transgender   |                      |  |
| Marital Status*          | <input type="checkbox"/> Married   | <input type="checkbox"/> Unmarried                   | <input type="checkbox"/> Others  |                      |  |
| Citizenship*             | <input type="checkbox"/> IN- Indian  | <input type="checkbox"/> Others – Country            | Country Code   | <input type="text"/> |  |
| Residential Status*      | <input type="checkbox"/> Resident Individual                               | <input type="checkbox"/> Non Resident Indian         |  |                      |  |
|                          | <input type="checkbox"/> Foreign National                                  | <input type="checkbox"/> Person of Indian Origin     |  |                      |  |
| Occupation Type*         | <input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector               | <input type="checkbox"/> Government Sector   |                      |  |
|                          | <input type="checkbox"/> O-Others <input type="checkbox"/> Professional    | <input type="checkbox"/> Self Employed               | <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student |                      |  |
|                          | <input type="checkbox"/> B-Business  | <input type="checkbox"/> X-Not Categorised           |  |                      |  |

**Photo**  
  
Signature/  
Thumb Impression

**2. Proof of Identity (Pol)\*** (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 [Pol] needs to be submitted)

|  |                      |                             |                      |
|--|----------------------|-----------------------------|----------------------|
| <input type="checkbox"/> A- Passport Number  | <input type="text"/> | Passport Expiry Date        | <input type="text"/> |
| <input type="checkbox"/> B- Voter ID Card  | <input type="text"/> | Driving Licence Expiry Date | <input type="text"/> |
| <input type="checkbox"/> D- Driving Licence  | <input type="text"/> |                             |                      |
| <input type="checkbox"/> E- Aadhaar Card   | <input type="text"/> |                             |                      |
| <input type="checkbox"/> F- NREGA Job Card   | <input type="text"/> |                             |                      |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | <input type="text"/> | Identification Number       | <input type="text"/> |

**3. Proof of Address (PoA)\***☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

|                |   |                                      |  |
|----------------|---|--------------------------------------|--|
| <b>Address</b> |   |                                      |  |
| Line 1*        | <input type="text"/>                            | City / Town / Village*               | <input type="text"/>                                       |
| Line 2         | <input type="text"/>                            |                                      |  |
| Line 3         | <input type="text"/>                            |                                      |  |
| District*      | <input type="text"/>                            | Zip / Post Code*                     | <input type="text"/>                                       |
| State/UT*      | <input type="text"/>                            | State/UT Code                        | <input type="text"/> as per Indian Motor Vehicle Act, 1988 |
| Country*       | <input type="text"/>                            | Country Code                         | <input type="text"/> as per ISO 3166                       |
| Address Type*  | <input type="checkbox"/> Residential / Business | <input type="checkbox"/> Residential | <input type="checkbox"/> Business                          |
|                | <input type="checkbox"/> Registered Office      | <input type="checkbox"/> Unspecified |  |

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

|   |                      |                             |                      |
|---|----------------------|-----------------------------|----------------------|
| <b>Proof of Address*</b>  |                      |                             |                      |
| <input type="checkbox"/> Passport Number  | <input type="text"/> | Passport Expiry Date        | <input type="text"/> |
| <input type="checkbox"/> Voter ID Card  | <input type="text"/> | Driving Licence Expiry Date | <input type="text"/> |
| <input type="checkbox"/> Driving Licence  | <input type="text"/> |                             |                      |
| <input type="checkbox"/> Aadhaar Card   | <input type="text"/> |                             |                      |
| <input type="checkbox"/> NREGA Job Card   | <input type="text"/> |                             |                      |
| <input type="checkbox"/> Others (any document notified by the central government) | <input type="text"/> | Identification Number       | <input type="text"/> |

☐ 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*   | <input type="text"/> | City / Town / Village* | <input type="text"/>                                       |
| Line 2    | <input type="text"/> |                        |  |
| Line 3    | <input type="text"/> |                        |  |
| District* | <input type="text"/> | Zip / Post Code*       | <input type="text"/>                                       |
| State/UT* | <input type="text"/> | State/UT Code          | <input type="text"/> as per Indian Motor Vehicle Act, 1988 |
| Country*  | <input type="text"/> | Country Code           | <input type="text"/> 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 3166Tax 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 any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number 



 Passport Expiry Date 



  
☐ B- Voter ID Card 



  
☐ C- PAN Card 



  
☐ D- Driving Licence 



 Driving Licence Expiry Date 



  
☐ 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: 



 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 



  
Emp. Name 



  
Emp. Code 



  
Emp. Designation

[Employee Signature]

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

Date 



  
Emp. Name 



  
Emp. Code 



  
Emp. Designation

[Employee Signature]

**Institution Details**

Name 



  
Code 



  
Emp. Branch

[Institution Stamp]

**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 CodeUtility Code

I/We hereby authorize

BSE Limited

to debit (tick ✓)

SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with BankIFSCor 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  |  |

|   |                           |                           |             |                 |
|---|---------------------------|---------------------------|-------------|-----------------|
| <b>Name of the First Applicant :</b>  |                           |                           |             |                 |
| PAN Number :  |                           | KYC :                     |             | Date Of Birth : |
| Name of Guardian:   |                           |                           | PAN:        |                 |
| <b>Contact Address:</b>   |                           |                           |             |                 |
|   |                           |                           |             |                 |
| City:   | Pincode:                  | State:                    | Country:    |                 |
| Tel.(Off):  | Tel.(Res):                |                           | Email:      |                 |
| Fax(Off):   | Fax(Res):                 |                           | Mobile:     |                 |
| Mode of Holding:  |                           |                           | Occupation: |                 |
| <b>Name of the Second Applicant :</b>   |                           |                           |             |                 |
| PAN Number :  |                           | KYC :                     |             | Date Of Birth : |
| <b>Name of the Third Applicant :</b>  |                           |                           |             |                 |
| PAN Number :  |                           | KYC :                     |             | Date Of Birth : |
| Other Details of Sole / 1st Applicant   |                           |                           |             |                 |
| Overseas Address(In case of NRI Investor):  |                           |                           |             |                 |
| City:   | Pincode:                  | Country:                  |             |                 |
| <b>Bank Mandate Details</b>   | Name of Bank:             |                           | Branch:     |                 |
| A/C No.:  | A/C Type:                 | IFSC Code:                |             |                 |
| <b>Bank Address:</b>  |                           |                           |             |                 |
| City:   | Pincode:                  | State:                    | Country:    |                 |
| <b>Nomination Details</b>   | Nominee Name:             |                           |             | Relationship:   |
| Guardian Name(If Nominee is Minor):   |                           |                           |             |                 |
| <b>Nominee Address:</b>   |                           |                           |             |                 |
| City:   | Pincode:                  | State:                    |             |                 |
| <b>Declaration and Signature</b> - 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---