

**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

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* DD - MM - YYYY

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

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)

A- Passport Number Passport Expiry Date DD - MM - YYYY

B- Voter ID Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY

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 DD - MM - YYYY

Voter ID Card

Driving Licence Driving Licence Expiry Date DD - MM - YYYY

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

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE
MODIFY
CANCEL

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

To

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---