ARN-240	)5	EUIN-							
Know Your Client (KY Application Form (Fo (Please fill the form in English at Fields marked with "" are manda	or Individuals only) and in BLOCK Letters)	Application Type* KYC Type*	□Update	e KYC Numb		empt Investors	(Refer instruction K)	SKRA KYC Services	
1. Identity Details (Please	refer instruction A at the	end)							
PAN PAN	1. Identity Details (Please refer instruction A at the end)  PAN Please enclose a duly attested copy of your PAN Card								
Name* (same as ID proof)	Prefix	FirstName			Middle Name		Last	Name	
Maiden Name (If any*)									
Father / Spouse Name*									
Mother Name*									
Date of Birth*		YYY						Photo	
Gender*	☐ M- Male		☐ F- F	emale	☐ T-Transge	nder			
Marital Status*	☐ Married		☐ Unm	arried	☐ Others				
Citizenship*	☐ IN- Indian		☐ Othe	ers – Country		Country	/ Code		
Residential Status*  Occupation Type*	Resident Individua Foreign National S-Service Priv O-Others Pro B-Business	vate Sector	☐ Perso	Resident Indian Con of Indian Concernian Con	Origin  Governmer  Retired	nt Sector  Housewife	☐ Student	Signature/ Thumb Impression	
2. Proof of Identity (Pol)* (	·				se refer instructi	on C & K at the	end)		
(Certified copy of <u>any one</u> of A- Passport Number	the following Proof of Iden	tity [Poi] needs	to be submit	rrea)	Passport Ex	niry Date			
☐ B- Voter ID Card					1 assport L7	pny bate	D D W W		
☐ D- Driving Licence			$\vdash$		Driving Lice	nce Expiry Dat	e D D — M M	— Y Y Y Y	
☐ E- Aadhaar Card					-				
☐ F- NREGA Job Card									
Z- Others (any docume	ent notified by the centi	ral governme	nt)		Identi	ication Numbe	r		
3. Proof of Address (PoA)*	•								
3.1 Current / Permanent	/ Overseas Address Det	ails (Please se	e instruction	n D at the end	d)				
Address									
Line 1*		++++	$\square$	++++			+++++		
Line 3						City / Town / V	illage*		
District*	Z	ip / Post Code	e*			T Code	¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	otor Vehicle Act, 1988	
State/UT*			Countr	·v*	Jiale/0		Country Code	as per ISO 3166	
	Residential / Business	⊥ □ Res			Business		, _		
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 Ex	piry Date	D D — M M	— Y Y Y Y	
☐ Voter ID Card									
☐ Driving Licence					Driving Lice	nce Expiry Dat	e D D — 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 / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)									
Same as Current / Perma	anent / Overseas Addre	ess details (In	case of multip	ole corresponder	nce / local addresse	s, please fill 'Annex	ure A1', Submit relev	/ant documentary proof)	
Line 2			+++	+++			++++	+++++	
Line 3	+++++					City / Town / V	illage*	+++++	
District*	Z	ip / Post Code	e*			T Code	as per Indian Ma	stor Vehicle Act 1999	

Country\*

State/UT\*

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Country Code

as per ISO 3166

4. Contact Details (All comm	unications wil	I be sent on provid	ded Mobile no. / Ema	ail-ID) (Please refer instruction <b>F</b> at the end)		
Email ID Mobile		Tel. (Off)		Tel. (Res)		
5. FATCA/CRS Information	(Tick if Applies			urposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end)		
Additional Details Required				diposes in durisdiction(s) edicide maid (i lease refer matraction <b>2</b> at the end)		
Country of Jurisdiction of F	`	y only if above t	phion (5) is ticked)	Country Code of Jurisdiction of Residence as per ISO 3166		
Tax Identification Number		t (If issued by iu	risdiction)*	as per 130 3166		
Place / City of Birth*	or oquivalon	- (ii ioodod by ju	Country of Birt	h* Country Code as per ISO 3166		
Address			Country of Bird	as per 150 5100		
Line 1*						
Line 2						
Line 3				City / Town / Village*		
District*		Zip / Pos	t 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) (p	lease refer instruc	ction G at the end) (in	case of additional related persons, please fill 'Annexure B1')		
Related Person	Deletion o	f Related Person	KYC Numbe	r of Related Person (if available*)		
Related Person Type*	☐ Guardian o		Assignee	Authorized Representative		
Name*	Prefix	First Na	ame	Middle Name Last Name		
Name	(If KYC number	r and name are provi	ided, below details of se	ction 6 are optional)		
☐ Proof of Identity [Pol] of F	Related Perso	n* (Please see ins	struction ( <b>H</b> ) at the e	nd)		
(Certified copy of any one of the	e following Pro	oof of Identity[Pol] I	needs to be submitted			
A- Passport Number				Passport Expiry Date		
☐ B- Voter ID Card						
C- PAN Card						
☐ D- Driving Licence				Driving Licence Expiry Date DD - MM - Y Y Y Y		
E- Aadhaar Card						
☐ F- NREGA Job Card			<u> </u>			
Z- Others (any document	t notified by	the central gove	rnment)			
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 Y Place:  Signature / Thumb Impression of Applicant						
9. Attestation / For Office U	•					
Documents Received			n ()	Institution Poteila		
Date		by (Refer Instruction	11 1)	Institution Details  Name		
	) — [M M ] —					
Emp. Name				Emp. Branch		
Emp. Code				Emp. Branch		
Emp. Designation						
In-Person Verification (IPV) Carried Out by (Refer Instruction J)  Institution Details						
Date	— M M —	YYYY		Name		
Emp. Name				Code		
Emp. Code				Emp. Branch		
Emp. Code Emp. Designation						

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NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM Tick ( a) Sponsor Bank Code	Utility Code Date D D M M Y Y Y Y						
CREATE MODIFY I/We hereby authorize BSE Limited	to debit (tick 🗸 ) SB/CA/CC/SB-NRE/SB-NRO/Other						
CANCEL Bank a/c number 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							
PERIOD From DDMMYYYYY To DDMMYYYYY Or Until Cancelled  1	ount as per latest schedule of charges of the bank.						
- 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:		-				Occupatio	n:			
Name of the Second Ap	oplicant :									
PAN Number :		KYC:			Date Of Birth :					
Name of the Third Appl	licant :									
PAN Number :			KYC:			Date Of Bi	rth :			
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			State: e ARN holder has disclosed to me/us all the commission (In the fo				ne form of	
trail commission or any other mode), payab		ole to him for the different competing Schemes of		of various Mutual Fund From amongst whi		st which	the schemes being recor	nmended to me/us.		
1st applicant Signature :		2nd applicant Sig	3rd applicant Signature :				Date :	Place :		
	Place for Cancelled Cheque, for Single Page Scan									