



**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 3166  
Tax 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 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]



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 : \_\_\_\_\_

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