

**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

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 <input type="text"/>	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)**Address**

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)**Proof of Address***

<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')

<input type="checkbox"/> Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*) <input type="text"/>											
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative										
Name*	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>									
(If KYC number and name are provided, below details of section 6 are optional)													

☐ Proof of Identity [Pol] of Related Person* (Please see instruction **(H)** 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"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<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"/>

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	<input type="text"/>
Emp. Name	<input type="text"/>
Emp. Code	<input type="text"/>
Emp. Designation	<input type="text"/>

[Employee Signature]

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

Date	<input type="text"/>
Emp. Name	<input type="text"/>
Emp. Code	<input type="text"/>
Emp. Designation	<input type="text"/>

[Employee Signature]

Institution Details

Name	<input type="text"/>
Code	<input type="text"/>
Emp. Branch	<input type="text"/>

[Institution Stamp]

Institution Details

Name	<input type="text"/>
Code	<input type="text"/>
Emp. Branch	<input type="text"/>

[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	

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 :
<p>---Place for Cancelled Cheque, for Single Page Scan---</p>				