

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 ☐ New

Type*

☐ 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*

 - -

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

 - - ☐ B- Voter ID 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

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

 - - ☐ Voter ID Card☐ Driving Licence

Driving Licence Expiry Date

 - - ☐ 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

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 3166Address
Line 1*

Line 2

Line 3

 City / Town / Village*

District*

 Zip / Post Code*

 State/UT Code

 as per Indian Motor Vehicle Act, 1988State/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 RepresentativeName* 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 DetailsName

Code

Emp. Branch

[Institution Stamp]

Institution DetailsName

Code

Emp. Branch

[Institution Stamp]

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

UMRN

Date

Tick (✓)

CREATE

MODIFY

CANCEL

I/We hereby authorize

BSE Limited

Utility Code

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:	
<u>Declaration and Signature</u> - 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---					