ARN-29841 EUIN-E046150)				
Know Your Client (KY Application Form (Fo (Please fill the form in English an Fields marked with '*' are manda	r Individuals only) nd in BLOCK Letters)	Application Type* KYC Type*	□Update	KYC Nun	_	PAN Exempt In	ivestors ((Refer instruction	K	CRA YC Services
1. Identity Details (Please refer instruction A at the end)										
PAN Prefix First Name Middle Name Last Name										
Name* (same as ID proof)		T II J T							1311441116	$\neg \neg \neg$
Maiden Name (If any*)			+++	$\dashv\vdash\dashv$	++		+		+++	+++
` ' '			+++	+					+++	
Father / Spouse Name*			+++	-	++		+		+++	
Mother Name*									\perp	
Date of Birth*		YYY							Р	Photo
Gender*	☐ M- Male		☐ F-F	emale	□⊤	-Transgender				
Marital Status*	☐ Married		☐ Unm	arried		Others				
Citizenship*	☐ IN- Indian		☐ Othe	ers – Count	ry		_Country	/ Code		
Residential Status* Occupation Type*	Resident Individual Foreign National S-Service Priv O-Others Prof B-Business	ate Sector	Pers Publ Self	Resident In on of Indian ic Sector Employed of Categoris	Origin G R	Sovernment Secto	or ousewife	☐ Student		gnature/ b Impression
2. Proof of Identity (PoI)* (f	·				ease refe	er instruction C &	K at the	end)		
(Certified copy of <u>any one</u> of t	the following Proof of Ident	ity [Pol] needs	to be submi	tted)	D-	aanant Evrimin D	_1_			
☐ A- Passport Number☐ B- Voter ID Card			\neg		Ра	ssport Expiry D	ate	D D — M	M Y Y	/ Y Y
D- Driving Licence			+		Dri	iving Licence Ex	vniry Dat		M - V D	V V V
☐ E- Aadhaar Card					D11	iving Liochice L7	kpiry Dat			
☐ F- NREGA Job Card										
Z- Others (any docume	ent notified by the centr	al governmer	nt)			Identification	n Numbe	r		
3. Proof of Address (PoA)*										
3.1 Current / Permanent		ails (Please se	e instructio	n D at the e	nd)					
Address					,					
Line 1*										
Line 2			+++	+++					+++	\square
Line 3		(D		+++			Town / V	illage* [_ ¬		
District*	ZI	p / Post Code			 	State/UT Cod		as per Indian		
State/UT*			Countr				_	Country Code		s per ISO 3166
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					Pa	ssport Expiry D	ate	D D — M	M — Y Y	YYY
☐ Voter ID Card										
☐ Driving Licence					Dri	iving Licence Ex	xpiry Dat	e D D — M	M — Y Y	YYY
☐ 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)										
Line 1*	nent / Overseas Addres	ss details (in d	ase of multip	oie correspond	ence / loc	aı addresses, please	e till 'Annex	cure A1', Submit r	elevant docu	ımentary proof)
Line 2			+++	+++			+++		+++	
Line 3	 		+++	+++	++	City /	Town / V	illage*	++	
District*	Zi	p / Post Code	*			State/LIT Cod		as per Indian	Motor Vehic	cla Act 1089

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 F 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 at the end)				
Additional Details Required				diposes in durisdiction(s) edicide maid (i lease refer matraction 2 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 loodod 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 (H) 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: Declaration								
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	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 en - I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendmen						



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									
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: ARN holder has disclosed to me/us all the commission (In the form			ne form of		
trail commission or any other mode), payab		e to him for the differer	f various Mutual Fund From amongst which			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									