ARN-309	E587471																
Know Your Client (K) Application Form (Fo (Please fill the form in English ar Fields marked with "" are manda	or Individuals only) and in BLOCK Letters)	Application Type* KYC Type*	□U _I	pdate				 □ P#	AN Exe	mpt In	vestors			ction K)		KYC	RA Services
1. Identity Details (Please r	refer instruction A at the	end)															
PAN Please enclose a duly attested copy of your PAN Card																	
Name* (Prefix	First Name			1	_	M	ıddle	Name					Las	t Nar	ne	
Name* (same as ID proof)			+	\vdash	╢┤	+	+	+	++	++	+	+	\vdash	+	H	+	\square
Maiden Name (If any*)			\perp	\vdash	+		$\perp \perp$	\perp	++	\perp	$\perp \!\!\! \perp \!\!\! \parallel$		\sqcup	\perp	\sqcup	_	
Father / Spouse Name*			_	\sqcup	41-4	_	\perp	_	$\perp \perp$	$\perp \perp$	Ш	\perp		\perp	Ш		
Mother Name*					Ш												
Date of Birth*		YYY														Pho	to
Gender*	☐ M- Male			F- Fe	male			T-Tr	ansgei	nder							
Marital Status*	☐ Married			Unma	arried			Othe	ers								
Citizenship*	☐ IN- Indian			Other	rs – Co	ountr	у				Count	ry Co	de 🗌			7	
Residential Status*	Resident Individua	I		Non F	Reside	nt Inc	lian									4	
	☐ Foreign National			Perso	n of In	ndian	Origin										
Occupation Type*	☐ S-Service ☐ Priv				Secto		_			t Secto							
	☐ O-Others ☐ Pro☐ B-Business	fessional		Self E X-Not	mploy			Reti	red	∐ Ho	usewife	₽ □	Stude	∍nt			
2. Proof of Identity (PoI)* (or if PAN card				•		efer ir	nstructio	on C &	K at the	e end)					
(Certified copy of any one of	•) (1 10	acc ic), (), (i)	iotraotre	511 O Q	i c ac unc	o ona,					
☐ A- Passport Number							F	ass	port Ex	piry Da	ate	D	D —	M M]-[YY	YY
☐ B- Voter ID Card				_													
☐ D- Driving Licence								Drivin	ng Lice	nce Ex	piry D	ate 🗅	D —	M M		YY	YY
☐ E- Aadhaar Card				1													
☐ F- NREGA Job Card			ᆜ									_					
Z- Others (any docume	ent notified by the cent	ral governme	1t)				Щ	Ш	Identif	ication	Numb	er	Щ	Щ	Ш		
3. Proof of Address (PoA)*	k .																
3.1 Current / Permanent	/ Overseas Address Det	ails (Please se	e inst	ruction	D at t	he er	nd)										
Address Line 1*															_		
Line 2			+	++	++	++	+	Н	++	++	+-		\vdash	++	+	\vdash	+++
Line 3			+	++	++	++	+	\vdash	++,	LLCity / T	own /	Villag	e*	++	+	\vdash	+++
District*	Z	ip / Post Code	e*			$\forall \forall$				T Code			_	dian M	lotor \	/obiolo	Act, 1988
State/UT*				Country	,* T	$\overline{\Box}$		П					ntry C		10101 \	7	er ISO 3166
	Residential / Business	⊥⊥⊥ □ Res	identi			$\overline{}$	LUL Busin	ASS			— Registe			- L			ecified
(Certified copy of any one					o be s			000			togiste	,, ca 0	11100			Onop	comea
Proof of Address*																	
☐ Passport Number							F	Pass	port Ex	piry Da	ate	D	D —	M		YY	YY
☐ Voter ID Card			Д	,													
Driving Licence			Ш					Drivir	ng Lice	nce Ex	piry D	ate 🗈	D —	M		ΥΥ	YY
☐ Aadhaar Card				1													
☐ NREGA Job Card			\vdash]				1									
Others (any document			Ш				Ш]	Identif	ication	Numb	er		Ш_	Ш		
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*	The introduction of the interest of the intere	sas uetails (in	Jase of	i muitipl	e corres	sponde	ence / I	ocal a	uaresses	s, piease	· mi ·Ann	exure A	ı, Sub	ınıt rele	evant	Jocume	mtary proof)
Line 2	 		+	++	++	+	+	\vdash	++	++	++	++	+	++	+	+	+++
Line 3	 		+	++	++	+	+	\vdash	++,	LLL City / T	own /	Villag	e*	++	+	+	+++
District*	Z	ip / Post Code	e*					 S		T Code			_	ndian M	lotor \	/ehicle	Act, 1988

Country*

State/UT*

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 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 (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: D D M M P 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	on (IPV) Carrie	d Out by (Refer Inst	ruction J)	Institution Details						
Date	— M M —	YYYY		Name						
Emp. Name				Code						
Emp. Code				Emp. Branch						
Emp. Code Emp. Designation										

Version 1.6 Page

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	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 Bi						
Name of the Third Appl	licant :											
PAN Number :			KYC:		Date Of Birth :							
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	Bank:	Branch:									
A/C No.:		A/C Type:				IFSC Code:						
Bank Address:												
City:	Pincode: State:				Country:							
Nomination Details N	ominee Na	me:				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 A			RN holder	State:	s all the commission (In th	nission (In the form of				
trail commission or any other n	node), payable	e to him for the differer	nt competing Schemes	of various N	Mutual Fund	d From among	st which	the schemes being recor	nmended to me/us.			
1st applicant Signature :		2nd applicant Sig	3rd applicant Signature :				Date :	Place :				
		Place	for Cancelled Cheq	ue, for Sir	ngle Page	Scan						