ARN-324	EUIN-										
Application Form (Fo											
(Please fill the form in English and in BLOCK Letters)											
Fields marked with '*' are mandatory fields KYC Type* Ormal (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*	$\boxed{D \ D - M \ M - Y \ Y \ Y}$										
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 Student Signature/ Thumb Impression										
	B-Business X-Not Categorised										
	or PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)										
	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 D D - M M - Y Y Y										
☐ E- Aadhaar Card											
F- NREGA Job Card											
	nt notified by the central government)										
3. Proof of Address (PoA)*											
_	/ Overseas Address Details (Please see instruction D at the end)										
Address Line 1*											
Line 2											
Line 3	City / Town / Village*										
District*											
State/UT*	Lip / Post Code State/UT Code as per Indian Motor Vehicle Act, 1988 Country* Country* Country Code as per ISO 3166										
	esidential / Business Residential Business Registered Office Unspecified 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											
_	notified by the central government)										
	ical Address Details* (Please see instruction E at the end)										
· ·	nent / Overseas Address details (in case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)										
Line 1*											
Line 2											
Line 3											
District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988											
State/UT* Country Code as per ISO 3166											
L											

4. Contact Details (All of	ommunications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)						
Email ID							
	Tel. (Off)						
5. FATCA/CRS Informa	tion (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)						
Additional Details Red	uired* (Mandatory only if above option (5) is ticked)						
Country of Jurisdiction	of Residence* as per ISO 3166						
Tax Identification Nun	ber or equivalent (If issued by jurisdiction)*						
Place / City of Birth*	Country 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* Count						
6 Details of Related P	rson (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')						
Related Person							
Related Person Type*	Deletion of Related Person KYC Number of Related Person (if available*) Guardian of Minor Assignee Authorized Representative						
Related Ferson Type	Prefix First Name Middle Name Last Name						
Name*							
_	(If KYC number and name are provided, below details of section 6 are optional)						
] of Related Person* (Please see instruction (H) at the end)						
	of the following Proof of Identity[Pol] needs to be submitted)						
A- Passport Numbe	Passport Expiry Date						
B- Voter ID Card							
C- PAN Card							
D- Driving Licence							
E- Aadhaar Card							
F- NREGA Job Card							
	ment notified by the central government)						
7. Remarks (If any)							
8. Applicant Declaration							
therein, immediately. In case	s furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held						
	that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of directions issued by any governmental or statutory authority from time to time. [Signature / Thumb Impression]						
I hereby consent to receiving	nformation from Central KYC Registry through SMS/Email on the above registered number/email address.						
Date: DD - MM	Image: Place in the second						
9. Attestation / For Off	_						
	ed Certified Copies						
Date	□ □ ¬ ∨ ∨ ∨ ∨ Name						
Emp. Name	Code						
Emp. Code	Emp. Branch						
Emp. Designation							
In Dama Ward							
In-Person Veri Date	D M Y Y Name Institution Details						
Emp. Name							
Emp. Code	Emp. Branch						
Emp. Designation							

Version 1.6

NACH/ECS/AUTO DEBIT UMRN MANDATE INSTRUCTION FORM	Date D M Y Y Y
Tick (\checkmark) Sponsor Bank Code	Utility Code
CREATE I/We hereby authorize BSE Limited	to debit (tick) SB/CA/CC/SB-NRE/SB-NRO/Other</td
CANCEL 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 acco	ount as per latest schedule of charges of the bank.
PERIOD From D M M 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.

		-						
358			Broker/Agent Code AF		N	ARN -		
		:	SUB-BROKER	XXXXXX	xx	EUIN		
Name of the First Applicant :								
PAN Number : KYC :				Date Of B	Date Of Birth :			
Name of Guardian:				PAN:				
Contact Address:								
	•							
City:	Pincode:	State:	Country:					
Tel.(Off):	Tel.(Res):		Email:	Email:				
Fax(Off):	Fax(Res):		Mobile:					
Mode of Holding:				Occupatio	n:			
Name of the Second Applicant :								
PAN Number :	KY	YC :		Date Of B	irth :			
Name of the Third Applicant :								
PAN Number :	KY	YC :		Date Of B	irth :			
Other Details of Sole / 1st Applicar	nt							
Overseas Address(In case of NRI	Investor):							
City:	Pincode:			Country:				
Bank Mandate Details Name of	Bank:		Branch:					
A/C No.:	A/C Type:			IFSC Cod	IFSC Code:			
Bank Address:								
City:	Pincode: State:		Country:					
Nomination Details Nominee Na	ame:		Relationship:					
Guardian Name(If Nominee is Mine	or):							
Nominee Address:	r							
City:	Pincode: S that details provided by me/us are true and correct. The ARN holder ha				State:			
trail commission or any other mode), payab	le to him for the different co	ompeting Schemes c	of various Mutual Fu	and From among	gst which	the schemes being reco	mmended to me/us.	
1st applicant Signature :	2nd applicant Signat	ture :	3rd applicant S	Signature :		Date :	Place :	
	Place for	r Cancelled Chequ	ue, for Single Pa	ge Scan				