ARN-344	EUIN-E048126													
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*	Upo	date KY		_	PAN Ex	empt Inve	estors		ATN struction k		KYC	RA Services
1. Identity Details (Please refer instruction A at the end)														
PAN Please enclose a duly attested copy of your PAN Card														
Name* (same as ID proof)	Prefix	First Name	\top				ddle Nam	e 			T	st Nan	ne	$\overline{}$
			++	++	++	++	+	+	++	++	++	++	++	++-
Maiden Name (If any*)			++	+ + +	++	++	+	+	++	++	++	++	$+\!+\!+$	+
Father / Spouse Name*		+	++	$+\!\!+\!\!\!+\!\!\!+$	++	++	+	-	+++	++	++	++	$+\!+\!+$	+
Mother Name*			$\perp \perp \perp$								Щ,	$\perp \perp$	$\perp \perp \perp$	
Date of Birth*	D D - MM - Y	YYY											Phot	o
Gender*	☐ M- Male		□ F	F- Femal	е		T-Transge	ender						
Marital Status*	☐ Married		□ ι	Jnmarrie	d		Others							
Citizenship*	☐ IN- Indian			Others –	Countr	у		(Countr	y Code				
Residential Status*	Resident Individua	I		Non Resid	dent Inc	lian								
	☐ Foreign National		□ F	Person of	Indian	•								
Occupation Type*	S-Service Priv			Public Sed		_	Governme	_					Signatu	re /
	☐ O-Others ☐ Pro☐ B-Business	nessionai		Self Empl X-Not Cat	•	_	Retired	∐ Hou:	sewire	∐ Sti	udent			
2. Proof of Identity (PoI)*		or if PAN card					fer instruc	tion C & K	at the	end)				
(Certified copy of any one of	the following Proof of Iden	tity [Pol] needs	to be su	ubmitted)										
A- Passport Number			_			Pa	assport E	xpiry Dat	te	D D	— M	M — N	YY	Y
☐ B- Voter ID Card			\perp											
☐ D- Driving Licence						D	riving Lic	ence Exp	iry Da	te D D	— M	M –	YY	Y
☐ E- Aadhaar Card														
☐ F- NREGA Job Card☐ Z- Others (any docume	ant notified by the cent	ral governmer	,t)	$\overline{}$			- Ident	ification I	Numbe	۰.				
	· · · · · · · · · · · · · · · · · · ·	iai governinci	,,					modilon	· · ·	′'				
3. Proof of Address (PoA)*		aila (Diagga ag		ration D.a		الم								
3.1 Current / Permanent Address	7 Overseas Address Det	alis (Please se	e instru	iction D a	t the er	ia)								
Line 1*			\top	\Box			$\overline{1}$				TT			
Line 2														
Line 3			\Box					City / To	own / V	'illage*				
District*	z	ip / Post Code	,*				State/	UT Code	_ \square	as pe	er Indian	Motor V	ehicle F	Act, 1988
State/UT*			Co	ountry*						Country	/ Code		as per	r 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		П				Pa	assport E	xpiry Dat	te	D D	- M	M - 1	/ Y Y	Y
☐ Voter ID Card			\neg											
☐ Driving Licence						D	riving Lic	ence Exp	iry Da	te D D	— M	M -	YY	Y
☐ Aadhaar Card														
☐ NREGA Job Card			Щ.											
Others (any document			Ш	$\perp \perp \perp$		Ш	Ident	ification I	Numbe	er 📗	Ш	Ш	<u>Ш</u>	
3.2 Correspondence / Lo														
Same as Current / Perma	ment / Overseas Addre	ess details (In d	ase of m	nuitiple cor	respond	ence / Io	cal address	es, please f	III 'Anne	xure A1', :	Submit re	revant o	locumer	itary proof)
Line 2			++	+	$\vdash\vdash\vdash$	$\dashv \dashv$	+		\dashv	++	++-	$\vdash\vdash$	\vdash	
Line 3	 		++			+	+++	City / To	own / V	/illage*	++-	\vdash	\vdash	
District*	Z	ip / Post Code	*				State/	UT Code		_	er Indian	Motor V	ehicle /	Act, 1988

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 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: Dip Min 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									
				[Institution Stamp]					
In-Person Verification	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	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 Qtty 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:					Occupation:						
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	Bank:	Branch:								
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			RN holder	State:	s all the commission (In th	nmission (In the form of			
trail commission or any other mode), payab		ole to him for the different competing Schemes		of various N	of 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 Cheq	ue, for Sir	ngle Page	Scan					