ARN-382	<u> 299</u>	E025483					
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 New  Type* Update KYC Number* WYC Type* Normal (PAN is mandatory) PAN Exem	CAMSKRA KYC Services pt Investors (Refer instruction K)				
1. Identity Details (Please r	refer instruction <b>A</b> at the	, , , , , , , , , , , , , , , , , , , ,	,				
PAN	CICI III STI GOLOTI A GLUIC	Please enclose a duly attested copy of your PAN Card					
	Prefix	, , ,	Loot Nome				
Name* (same as ID proof)	FIEIX	First Name Middle Name	Last Name				
Maiden Name (If any*)							
Father / Spouse Name*							
Mother Name*							
Date of Birth*			Photo				
			Photo				
Gender*	☐ M- Male	☐ F- Female ☐ T-Transgend	er				
Marital Status*	☐ Married	☐ Unmarried ☐ Others					
Citizenship*	☐ IN- Indian	U Others – Country	Country Code L				
Residential Status*	Resident Individua Foreign National	<ul><li>☐ Non Resident Indian</li><li>☐ Person of Indian Origin</li></ul>					
Occupation Type*	S-Service Pri		Sector				
	O-Others Pr	essional Self Employed Retired	Housewife Student Signature/ Thumb Impression				
	☐ B-Business		Thurib impression				
, , ,	•	or if PAN card copy not provided) (Please refer instruction	C & K at the end)				
☐ A- Passport Number	the following Proof of Idea	ity [Pol] needs to be submitted) Passport Expi	ry Date				
☐ B- Voter ID Card		Т доброг 2 хр.	., 50.0				
☐ D- Driving Licence		Driving Licence	ee Expiry Date				
☐ E- Aadhaar Card		<del>                                      </del>					
☐ F- NREGA Job Card							
Z- Others (any docume	ent notified by the cent	al government) Identific	ation Number				
3. Proof of Address (PoA)*							
3.1 Current / Permanent	/ Overseas Address De	ails (Please see instruction D at the end)					
Address							
Line 1*							
Line 2			ty / Town / Village*				
District*	<del>                                     </del>	- / P+ O					
State/UT*	<del></del>	Country* State/UT	Code as per Indian Motor Vehicle Act, 1988  Country Code as per ISO 3166				
	Pasidential / Rusiness		,				
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 Expi	ry Date				
☐ Voter ID Card							
□ Driving Licence Expiry Date □ □ □ − M M − Y Y Y Y							
☐ Aadhaar Card		<del>                                     </del>					
☐ NREGA Job Card	notified by the control	novernment) Identific	ation Number				
Others (any document notified by the central government)							
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		Ci	ty / Town / Village*				
District*		p / Post Code* State/UT	Code as per Indian Motor Vehicle 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 <b>F</b> 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>B</b> at the end)		
Additional Details Required				diposes in durisdiction(s) edicide maid (i lease refer matraction <b>2</b> 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 ( <b>H</b> ) 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:  Die Die Minior 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						
[Employee Signature] [Institution Stamp]						
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	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	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 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/Ager	t Code ARN	ARN -			
SUB-BROKER	vvvvvv	FIIIN			

Name of the First Appli	icant :									
PAN Number :		KYC:				Date Of Birth :				
Name of Guardian:		F			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 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				Branch:					
A/C No.:		A/C Type:				IFSC Code:				
Bank Address:										
City:		Pincode:	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:  RN holder has disclosed to me/us all the commission (In the form of				ne form of	
trail commission or any other n	node), payable	ele to him for the different competing Schemes of		of various Mutual Fund From amongst whi		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										