ARN-383	E049567								
Know Your Client (KYC) Application Form (For Individuals only) (Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields		Application Type* KYC Type*	□Upda	late KYC Nur	nber* □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	CAMSKRA KYC Services Ors (Refer instruction K)			
1. Identity Details (Please refer instruction A at the end)									
PAN									
Name* (same as ID proof)	Prefix	FirstName	\top		Middle Name	Last Name			
Maiden Name (If any*)									
Father / Spouse Name*									
Mother Name*						_			
Date of Birth*		YYY				Photo			
Gender*	☐ M- Male		□ F-	- Female	☐ T-Transgender				
Marital Status*	☐ Married		□ U	Inmarried	☐ Others				
Citizenship*	☐ IN- Indian		□ o	others - Count	tryCo	untry Code			
Residential Status*	☐ Resident Individual		□ N	Ion Resident In	dian				
	☐ Foreign National		_	erson of Indiar	_				
Occupation Type*	☐ S-Service ☐ Priv ☐ O-Others ☐ Prof			Public Sector Self Employed	☐ Government Sector☐ Retired☐ House	wife Student Signature/			
	B-Business	iessionai		-Not Categoris	_	Thumb Impression			
2. Proof of Identity (Pol)* (for	for PAN exempt Investor	or if PAN card	copy no	ot provided) (Pl	ease refer instruction C & K at	the end)			
(Certified copy of any one of to	the following Proof of Ident	tity [Pol] needs	to be sub	bmitted)					
☐ A- Passport Number		<u> </u>			Passport Expiry Date				
☐ B- Voter ID Card			+		B	2. []			
☐ D- Driving Licence			Ш		Driving Licence Expiry	Date D D — M M — Y Y Y Y			
☐ E- Aadhaar Card ☐ F- NREGA Job Card									
Z- Others (any docume	ent notified by the centr	al governmer			Identification Nu	mher			
3. Proof of Address (PoA)*	·	a. governine.	,						
3.1 Current / Permanent		ails (Please se	e instruc	ction D at the e	end)				
Address	, 0.0.0000 / 100.000 2010	ao (i. 10000 00	0 111011 410		,				
Line 1*									
Line 2			\Box						
Line 3	 			++++	City / Towr	ı / Village*			
District*	Zi	p / Post Code			State/UT Code	as per Indian Motor Vehicle Act, 1988			
State/UT*			Cou	untry*		Country Code as 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		\neg			Passport Expiry Date				
☐ Voter ID Card									
☐ Driving Licence			\Box		Driving Licence Expiry	Date D D - M M - Y Y Y Y			
☐ Aadhaar Card									
☐ NREGA Job Card									
\square Others (any document r	notified by the central (government)			Identification Nu	mber			
☐ 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*			\bot						
Line 2	 		++	++++	C: / T	2 / Villago*			
Line 3 District*	7;	p / Post Code	*	++++	City / Town				
		F 551 5540			State/UT Code	as per Indian Motor Vehicle 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 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: Diegislation of Applicant 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 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:						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	Bank:									
A/C No.:		A/C Type:				IFSC Code:					
Bank Address:											
City:	Pincode:	incode: 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: The ARN holder has disclosed to me/us all the commission (In the form				ne form of		
trail commission or any other n	node), payable	ele to him for the different competing Schemes		of various Mutual Fund From amongst w		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											