ARN-517	'01							
Know Your Client (KY Application Form (For (Please fill the form in English an- Fields marked with '*' are mandat	(C) r Individuals only) d in BLOCK Letters)	Application Type*	□Upd	date KYC Num		CAMSKRA KYC Services		
TO Type INOTHIAI (PAIN IS Mandatory) PAIN Exempt Hivestors (keler instruction k)								
1. Identity Details (Please re	efer instruction A at the	1						
PAN		l	e a duly	y attested copy o	•			
Name* (same as ID proof)	Prefix	First Name	\top		Middle Name	Last Name		
Maiden Name (If any*)			++					
Father / Spouse Name*			\top					
Mother Name*								
Date of Birth*		YYY				Photo		
Gender*	☐ M- Male		□ F	F- Female	☐ T-Transgender			
Marital Status*	☐ Married		□ ι	Jnmarried	☐ Others			
Citizenship*	☐ IN- Indian		□ c	Others – Country	yCour	ntry Code		
Residential Status*	☐ Resident Individua	I	□ N	Non Resident Ind	lian			
	☐ Foreign National		□ P	Person of Indian	Origin			
Occupation Type*	☐ S-Service ☐ Pri		_	Public Sector	☐ Government Sector			
	O-Others Pro	fessional		Self Employed	☐ Retired ☐ Housewi	fe Student Signature/ Thumb Impression		
2 Proof of Identity (Pol)* (fr	B-Business	or if DAN card		X-Not Categorise	ease refer instruction C & K at the	an and)		
(Certified copy of any one of the	•					ic ond,		
☐ A- Passport Number					Passport Expiry Date			
☐ B- Voter ID Card								
☐ D- Driving Licence					Driving Licence Expiry [Date DD - MM - YYYY		
☐ E- Aadhaar Card								
☐ F- NREGA Job Card								
Z- Others (any docume	nt notified by the cent	ral governmer	ıt)		Identification Num	ber		
3. Proof of Address (PoA)*								
3.1 Current / Permanent	/ Overseas Address Det	ails (Please se	e instru	uction D at the en	nd)			
Address								
Line 1*			$+\!\!+\!\!+$					
Line 2			$+\!+\!+$		City / Town	/ \/illogo*		
District*	7	ip / Post Code	,+++					
		TTT		*	State/UT Code	as per Indian Motor Vehicle Act, 1988		
State/UT*				ountry*		Country Code as per ISO 3166		
Address Type* Ro	esidential / Business of the following Proof	_	idential o <i>A1 nee</i>	_		tered Office		
Proof of Address*	g		,					
☐ Passport Number					Passport Expiry Date	D D — M M — Y Y Y		
☐ Voter ID Card			\neg					
□ Driving Licence Expiry Date □ □ □ − M M − Y Y Y Y								
□ Aadhaar Card								
□ NREGA Job Card								
\square Others (any document r	notified by the central	government)			Identification Num	ber		
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*			4					
Line 2			$+\!\!+\!\!\!+$		City / Tarre	/ \/;!!aga*		
Line 3	 	in / Daat Oa '	++		City / Town			
District*		ip / Post Code			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 any Notifications/directions issued by any governmental or statutory authority from time to time. 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: 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. T			State: The ARN holder has disclosed to me/us all the commission (In the for			ne form of		
trail commission or any other mode), payab		e to him for the differer	of various Mutual Fund From amongst whice			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										