ARN-659	E059349																	
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*	U	pdate				 □ P	AN Ex	empt Ir	nvesto		C <sub>1</sub>			Sk	(F YC Se	<b>RA</b> ervices
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	_				I	liddl	e Nam	е <u> </u>		1	_	$\top$	ast N	ame	$\overline{}$	
			+	$\vdash$	╢	H	+	+	$\dashv$	$\dashv$	+	Н	+	++	+	++	+	+-
Maiden Name (If any*)			+	$\vdash$			+	+	$\dashv$	$\dashv$	+	Н	+	++	+	++	+	++-
Father / Spouse Name*			+	$\vdash$			$\perp$	_	$\dashv$	$\dashv$	+	Ш	_	++	+	$\vdash$	+	+
Mother Name*			$\perp$									Ш		Ш	$\perp$	Ш	$\perp$	
Date of Birth*	DD-MM-Y	YYY														Р	hoto	
Gender*	☐ M- Male			F- Fe	male			T-T	ransge	ender								
Marital Status*	☐ Married			Unma	arried	l		Oth	ners									
Citizenship*	☐ IN- Indian			Other	rs – C	Countr	у				_Cou	ntry (	Code		]			
Residential Status*	☐ Resident Individual			Non F	Reside	ent Ind	dian											
	Foreign National			Perso			Origin											
Occupation Type*	S-Service Priv			Public						nt Sect			□ c±.			Sin	ınature	/
	☐ O-Others ☐ Pro☐ B-Business	ressional		Self E X-Not		•		Ret	irea	□ H	ousewi	ie	Stu	Jaent				
2. Proof of Identity (PoI)* (f		or if PAN card						efer i	instruct	tion C &	K at th	he en	d)					
(Certified copy of any one of	•					, ,							•					
☐ A- Passport Number							F	Pass	sport E	xpiry D	ate		D D	— M	M	YY	Y	Υ
☐ B- Voter ID Card			$\perp$	,														
☐ D- Driving Licence			Ш				[	Drivi	ng Lic	ence E	xpiry [	Date	D D	— M	M	YY	Υ	Υ
☐ E- Aadhaar Card				1														
F- NREGA Job Card	nat matifical but the accust			<u> </u>				_	4 مر م ام ا	:6:4:-	NI							
Z- Others (any docume	·	ai governmer	It) [_					Ш	ident	ificatio	n Num	iber[						
3. Proof of Address (PoA)*					_													
3.1 Current / Permanent	/ Overseas Address Deta	ails (Please se	e inst	ruction	D at	the er	nd)											
Line 1*			$\overline{}$	П	П			П		$\Box$	$\top$	$\top$		$\top$	$\top$			$\overline{}$
Line 2	<del></del>		+	++	++	$\top$		H	$\dashv \dashv$	++	++	+		++	+	$\dashv \vdash$	$\vdash$	++
Line 3			士		$\Box$			$\Box$		City /	Town	/ Vill	age*		$\Box$			
District*	Zi	p / Post Code	<b>*</b> _						State/I	UT Cod	de [		as pe	r India	n Moto	r Vehic	le Act	, 1988
State/UT*			C	Country	/* <u> </u>							Co	ountry	Code	э 🔲	as	per IS	SO 3166
Address Type* R (Certified copy of any one Proof of Address*	Residential / Business of the following Proof o		ident pA] ne		o be s		Busir itted)	ness			Regis	tered	l Offic	:e		] Un:	spec	ified
☐ Passport Number							F	ass	sport E	xpiry D	ate	1	D D	— M	M -	ΥΥ	Y	Υ
□ Voter ID Card			П									1						_
☐ Driving Licence			$\top$	]			[	Drivi	ng Lic	ence E	xpiry [	Date	D D	- M	M -	YY	Y	Υ
☐ Aadhaar Card				_											_			_
☐ NREGA Job Card																		
Others (any document	notified by the central	government)							Ident	ificatio	n Num	ber [						
☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)																		
Same as Current / Perma	anent / Overseas Addre	ss details (In a	ase o	f multipl	e corre	espond	ence / I	local	address	es, pleas	e fill 'Ar	nexur	e A1', S	Submit	releva	nt docu	menta	ıry proof)
Line 1*			+	++	++	+	$\perp$	$\square$	$\dashv$	+	++	+	$\vdash$	+	+	$\perp$	$\vdash$	+
Line 2	+++++		+	++	++	+	+	H	$\dashv$	City /	Town	/ \/iII-	ane*	+	+	+	$\vdash$	++
District*	Zi	ip / Post Code	e*						State/I	UT Cod		, ,,,,,,	1	r India	n Moto	r Vehic	le 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 <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:  DDDDMMMPYYYYYYP  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										
In-Person Verification	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 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:										
Name of Guardian:						PAN:						
Contact Address:												
City:		Pincode:		State:				Country:				
Tel.(Off):		Tel.(Res):	Email:									
Fax(Off):		Fax(Res):		Mobile:								
Mode of Holding:						Occupatio						
Name of the Second Ap	oplicant :											
PAN Number :		KYC:										
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:		E	Branch:							
A/C No.:		A/C Type:				IFSC Code:						
Bank Address:												
City: Pincode:			State:			Country:						
Nomination Details N	ominee Na	me:				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 A			State:  ARN holder has disclosed to me/us all the commission				(In the form of			
trail commission or any other n	node), payable	e to him for the differer	nt competing Schemes	of various N	Mutual Fund	d From among	st which	the schemes being recor	nmended to me/us.			
1st applicant Signature :		2nd applicant Sig	nature :	3rd app	licant Sig	nature :		Date :	Place :			
		Place	for Cancelled Cheq	ue, for Sir	ngle Page	Scan						