ARN-674	185	EUIN-E060081								
Know Your Client (KY 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*	□Update	e KYC Nun		PAN Exempt In	vestors (Refer instruction	K	KRA (YC Services
1. Identity Details (Please refer instruction A at the end)										
PAN Prefix First Name Middle Name Last Name										
Name* (same as ID proof)		T II STIVALITO			111				1 1 1	$\neg \neg \neg$
Maiden Name (If any*)			+++	\dashv			++		+++	+++
			+	\dashv			++		+++	
Father / Spouse Name*			+	-	++		+++		+	
Mother Name*										
Date of Birth*		YYY							F	Photo
Gender*	☐ M- Male		☐ F- F	emale	□т	-Transgender				
Marital Status*	☐ Married		☐ Unn	narried	□ O	Others				
Citizenship*	☐ IN- Indian		☐ Oth	ers – Count	ry		Country	Code		
Residential Status* Occupation Type*	Resident Individual Foreign National S-Service Priv O-Others Prof B-Business	ate Sector	☐ Pers☐ Pub☐ Self	Resident In son of Indian lic Sector Employed ot Categoris	Origin G R	Sovernment Secto	r usewife	☐ Student		ignature/ b Impression
2. Proof of Identity (Pol)* (f	•				ease refe	er instruction C &	K at the e	end)		
(Certified copy of <u>any one</u> of a	the following Proof of Ident	ity [Pol] needs	to be subm	itted)	Po	scapart Expire Da	ato.		w	VIVIV
☐ A- Passport Number☐ B- Voter ID Card			\neg		Ра	issport Expiry Da	ate	D D - M	IVI — Y	YYYY
☐ D- Driving Licence			+		Dri	iving Licence Ex	niry Date	e DD - M	M - Y	Y Y Y
☐ E- Aadhaar Card					2	g	p, 2 a			
☐ F- NREGA Job Card										
Z- Others (any docume	ent notified by the centr	al governmer	nt)			Identification	Number	r		
3. Proof of Address (PoA)*										
3.1 Current / Permanent		ails (Please se	e instructio	on D at the e	nd)					
Address		`			,					
Line 1*										
Line 2			+			011 (7			+++	++++
Line 3		. / D O d.					own / Vi	illage* [[_		
District*		p / Post Code				State/UT Code		_		icle Act, 1988
State/UT*			Count		<u> </u>			Country Code		s 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					Pa	ssport Expiry Da	ate	D D — M	M — Y	YYY
☐ Voter ID Card										
☐ Driving Licence					Dri	iving Licence Ex	piry Date	e D D — M	M - Y	YYY
☐ Aadhaar Card										
☐ NREGA Job Card										
Others (any document	notified by the central	government)			Ш	Identification	Number	r	$\perp \perp \perp$	
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)										
Same as Current / Perma	inent / Overseas Addres	ss details (In d	ase of multi	ple correspond	lence / loc	al addresses, please	fill 'Annex	ure A1', Submit r	elevant doc	umentary proof)
Line 2	 		+++	+++	++		+++	++++	+++	++++
Line 3	 					City / T	own / Vi	illage*	+++	++++
District*	Zi	p / Post Code	*			State/UT Code		7 os por Indian	Motor Vahi	icle Act 1989

Country*

State/UT*

Version 1.6 Page

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: D D M M 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						
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						

Version 1.6 Page

NACH/ECS/AUTO DEBIT UMRN MANDATE INSTRUCTION FORM	Date D D M M Y Y Y Y
Tick (🗸) Sponsor Bank Code	Utility Code
CREATE MODIFY I/We hereby authorize BSE Limited	to debit (tick 🗸) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL Bank a/c number	
with Bank 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
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my acc	ount as per latest schedule of charges of the bank.
PERIOD From D D M M Y Y Y Y To D D M M Y Y Y Y	
Or Until Cancelled 1	3
- 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 authorized 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									
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			State: ARN holder has disclosed to me/us all the commission (In the form			ne form of		
trail commission or any other mode), payab		ele to him for the different competing Schemes of		of various N	f 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									