

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address
 Line 1*
 Line 2
 Line 3 City / Town / Village*
 District* Zip / Post 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) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction **H**) at the end

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number Passport Expiry Date - -

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date - -

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

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: - - Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date - -

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date - -

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE
MODIFY
CANCEL

I/We hereby authorize **BSE Limited**

to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

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 account as per latest schedule of charges of the bank.

PERIOD

From

To

Or Until Cancelled

1. _____ 2. _____ 3. _____

- 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/Agent Code ARN		ARN -	
SUB-BROKER	XXXXXXX	EUIN	

Name of the First Applicant : _____

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 Applicant : _____

PAN Number : _____ KYC : _____ Date Of Birth : _____

Name of the Third Applicant : _____

PAN Number : _____ KYC : _____ Date Of Birth : _____

Other Details of Sole / 1st Applicant

Overseas Address(In case of NRI Investor):

City: _____ Pincode: _____ Country: _____

Bank Mandate Details Name of Bank: _____ Branch: _____

A/C No.: _____ A/C Type: _____ IFSC Code: _____

Bank Address:

City: _____ Pincode: _____ State: _____ Country: _____

Nomination Details Nominee Name: _____ Relationship: _____

Guardian Name(If Nominee is Minor): _____

Nominee Address:

City: _____ Pincode: _____ State: _____

Declaration and Signature - I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the schemes being recommended to me/us.

1st applicant Signature : _____ 2nd applicant Signature : _____ 3rd applicant Signature : _____ Date : _____ Place : _____

---Place for Cancelled Cheque, for Single Page Scan---