ARN-7693	8	E064780	
Know Your Client (KYC	-		<b>CAMSKRA</b>
Application Form (For	•	Application New	
(Please fill the form in English and Fields marked with '*' are mandato	,	Type* Update KYC Number*	KYC Services
	J y heids	KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (R	efer instruction K)
1. Identity Details (Please ref	fer instruction A at the e	nd)	
PAN		Please enclose a duly attested copy of your PAN Card	
	Prefix	First Name Middle Name	Last Name
Name* (same as ID proof)			
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
L			Photo
Gender*	□ M- Male	F- Female     T-Transgender	
Marital Status*	☐ Married		
	IN- Indian		
Citizenship*	_		
Residential Status*	Resident Individual     Foreign National	<ul> <li>Non Resident Indian</li> <li>Person of Indian Origin</li> </ul>	
Occupation Type*	S-Service Priv		
[	O-Others Prof		Student Signature/
[	B-Business	X-Not Categorised	
2. Proof of Identity (PoI)* (for	r PAN exempt Investor	or if PAN card copy not provided) (Please refer instruction C & K at the er	nd)
(Certified copy of <u>any one of the</u>	e following Proof of Ident		
A- Passport Number		Passport Expiry Date	
B- Voter ID Card			
D- Driving Licence		Driving Licence Expiry Date	
E- Aadhaar Card			
☐ F- NREGA Job Card ☐ Z- Others (any documen	t notified by the centr	al government)	
	it notified by the centra		
3. Proof of Address (PoA)*	Ourses and Address Date	ile (Please and instruction D at the and)	
Address	Overseas Address Deta	ils (Please see instruction D at the end)	
Line 1*			
Line 2			
Line 3		City / Town / Vill	lage*
District*	Zi	o / Post Code* State/UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*		Country* Country* Country*	ountry Code as per ISO 3166
Address Type*	sidential / Business	Residential     Business     Registered	d Office Unspecified
	of the following Proof o	f Address [PoA] needs to be submitted)	
Proof of Address*		_	
Passport Number		Passport Expiry Date	D D — M M — Y Y Y Y
Voter ID Card			
		Driving Licence Expiry Date	
Aadhaar Card			
NREGA Job Card			
Others (any document no			
· ·		ase see instruction E at the end)	ro A1' Submit relevant documentary
Line 1*		s details (In case of multiple correspondence / local addresses, please fill 'Annexu	TE AT, SUBILITELEVANT COCUMENTARY PROOF)
Line 2			
Line 3		City / Town / Vill	lage*
District*	Zi	Post Code*     State/UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*			ountry Code as per ISO 3166
			<u></u>

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)																														
																					, 		-		_		-			
Email ID				 ТП Те	el. (Of	 ff)									Tel.	(Re	es)[	+				+						<u> </u>		
5. FATCA/CRS Information (Tick if Applicable) Additional Details Required* (Mandatory only if above option (5) is ticked)																														
Country of Jurisdiction	•							(5) 15		eu) T	Cou	ntry (	Code	٥	Juri	sdia	ctio	n of	Re	side	nc	_ □		٦.	_					
Tax Identification Nun			ent (If	issue	d by	iuris	dict	ion)*												orac	,			a	s pe	er IS	5 31	60		
Place / City of Birth*								buntry		Rirth			+	$\dashv$	+	╘	H	$\vdash$	╧	$\neg$	<u>`</u> ~	untry	, c	ode	Γ	-	1.		100	3166
Address Line 1*											·						- -								· ∟	-		s per	150	3100
Line 2			_	$\vdash$	++	+		+	++	+	+	$\vdash$	+			+	+	+	$\vdash$	$\vdash$	_		+	+	+	+	+	+	$\vdash$	$\left  \right $
Line 3					++	+	$\square$	+	++	+	+	$\vdash$	+			+	City	/ / To		n / V	/illa	ade*	+	+	+	+	╈	+	$\square$	
District*				 Zi	ip / P	ost (	L Code	-*	+	+	+		_		Stat							-								
State/UT*						7			Cunt	rv*									, 		 Co				r			nicle .		
State/UT*     Country*     Country*     Country Code     as per ISO 3166																														
6. Details of Related Pe	erson (Op	tional) (	(pleas	e refe	r insti	ructio	n G												, ple	ease	e fill	'Anr	nex	ure	B1	')				
Related Person	_	eletion			Perso	n	_			nber	of R	elated																		
Related Person Type*	∐ G Pre	uardiar	n of M	inor	First	Nam		Assig	nee						orizeo Name		epre	sent	ativ	e				La	net N	lam	0			
Name*						Inam	Т				$\square$					1				Γ	Т		Γ							
_	(If K)	YC numb	per and	Iname	are pr	ovide	d, be	low de	tails o	f sec	ction 6	are op	otiona	al)																
Proof of Identity [Po			•					. ,			,																			
(Certified copy of <u>any one</u> A- Passport Number		owing P		i laent		ij nee	eas t	o bes	upmn	tea)			P	200	port	Evi	nirv	Dat	A		1				4 1 1	4	V	$\sim$	<u></u>	
B- Voter ID Card	'		$\vdash$	$\left  \cdot \right $			_							433	pon	<b>۲</b>	piry	Dat			1						<u> </u>			
C- PAN Card			$\vdash$			┢┼																								
D- Driving Licence			$\vdash$	$\vdash$		+	Τ		1				р	rivi	ng Li	cer	nce	Exp	irv	Dat	e					- 1	V		vv	
E- Aadhaar Card			$\vdash$			++	+		1				_		.9 -				,	2 41							<u> </u>			
F- NREGA Job Card	t t								]																					
Z- Others (any docu	iment not	ified by	y the	centra	al gov	vernr	nen	t)		Т			П		Idei	ntifi	icat	ion l	Nur	nbe	r [		Т		Т				Τ	
7. Remarks (If any)		-			-																									
	1 1 1				П		T		T	Т			Т	Т		Т	Т			T	Т	Т	Т	T	Г			Т	Т	
					++		+		+	┢	$\vdash$	++	+	┢	$\vdash$	╈	+			+	+	+	┢	┢	┢	Η	$\neg$	+	+	
8. Applicant Declaration	n i i i i i i i i i i i i i i i i i i i								_	_			_			_				_					-				_	
<ul> <li>I hereby declare that the detait therein, immediately. In case</li> </ul>	ils furnished a																				_		_		_		_			
liable for it. I hereby declare legislation or any notifications	that I am no	ot making	this ap	plication	n for th	e purp	ose d	of contr	aventio	on of	any A											[Si	gnat	ture /	Thu	ımb In	npres	ssion]		
I hereby consent to receiving	information fr	om Centra	al KYC I	• •			/Emai	l on the	above	e regi	stered	number	/email	add	ress.				L											
Date: DD - MM		YY		P	lace :																Sig	gnatur	re / "	Thum	nb Im	npres	sion	of Ap	olican	t
9. Attestation / For Off		-																												
Documents Receive	ed 🗆 Cert		•	Rofor	Instruc	tion l	1											Inet	i++i	ion D	)ota	ile								
Date					1130.00						Nam							mau	nuu									_		
Emp. Name				<u> </u>							Code										-						_		-	
Emp. Code												. Brar	ch																	
												. Drui																		
Emp. Designation																														
In-Person Veri	In-Person Verification (IPV) Carried Out by (Refer Instruction J) Institution Details																													
Date	D D —	M	- Y	YYY							Nam	ie																		
Emp. Name											Cod	e																		
Emp. Code											Emp	. Brar	ich																	
Emp. Designation																														

NACH/ECS/AUTO DEBIT UMRN MANDATE INSTRUCTION FORM	Date         D         M         Y         Y         Y
Tick (🗸) Sponsor Bank Code	Utility Code
CREATE MODIFY I/We hereby authorize BSE Limited	to debit (tick $\checkmark$ ) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL 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 acco	ount as per latest schedule of charges of the bank.
PERIOD           From         D         D         M         Y         Y         Y           To         D         D         M         Y         Y         Y         Y	
Or Until Cancelled 1 2	3
<ul> <li>This is to confirm that the declaration has been carefully read, understood &amp; made by me/us. I am authorizing the user ent</li> <li>I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendmeni</li> </ul>	ity/ Corporate to debit my account, based on the instructions as agreed and signed by me. request to the User entity/ Corporate or the bank where I have authorized the debit.

355		Broker/	Agent Code ARN	ARN -									
		SUB-BROKE	ER <sub>XXXXXXX</sub>	EUIN									
Name of the First Applicant :		•			•								
PAN Number :	KYC :		Date Of Birth	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 Applicar	nt												
Overseas Address(In case of NRI	Investor):												
City:	Pincode:		Country:										
Bank Mandate Details Name of	Bank:	Bran	ch:										
A/C No.:	A/C Type:		IFSC Code:										
Bank Address:													
City:	Pincode:	State:		Country:									
Nomination Details Nominee Na	ame:		Re	elationship:									
Guardian Name(If Nominee is Mino Nominee Address:	or):												
City: Declaration and Signature - I/We confirm	Pincode: that details provided by me/us are tr	true and correct. The ARN h	State:	me/us all the commission (I	n the form of								
trail commission or any other mode), payab	le to him for the different competing	Schemes of various Mutua	I Fund From amongst w	which the schemes being re	commended to me/us.								
1st applicant Signature :	2nd applicant Signature :	3rd applican	nt Signature :	Date :	Place :								
	Place for Cancel	elled Cheque, for Single I	Page Scan										