ARN-776	40	E065124					
Know Your Client (KY Application Form (For (Please fill the form in English and Fields marked with '*' are mandat	r Individuals only) d in BLOCK Letters)	Application New Type* Update KYC Number* PAN Exempt Inv	CAMSKRA KYC Services Restors (Refer instruction K)				
1. Identity Details (Please re	efer instruction A at the	nd)					
PAN		Please enclose a duly attested copy of your PAN Card					
7	Prefix	First Name Middle Name	Last Name				
Name* (same as ID proof)	THE IN	Thistreame imagine reame	Last Name				
Maiden Name (If any*)							
Father / Spouse Name*							
Mother Name*							
Date of Birth*			Photo				
Gender*	☐ M- Male	☐ F- Female ☐ T-Transgender	Filoto				
Marital Status*	☐ Married	☐ Unmarried ☐ Others	2				
Citizenship*	☐ IN- Indian		Country Code				
Residential Status*	Resident Individua Foreign National	☐ Non Resident Indian☐ Person of Indian Origin					
Occupation Type*	☐ S-Service ☐ Priv						
	O-Others Pro	essional					
	☐ B-Business	☐ X-Not Categorised	Thumb Impression				
• , , ,	•	or if PAN card copy not provided) (Please refer instruction C & K	(at the end)				
	he following Proof of Iden	ity [Pol] needs to be submitted)	to 515 [1111] [V]V[V]				
☐ A- Passport Number☐ B- Voter ID Card		Passport Expiry Da					
D- Driving Licence		Driving Licence Exp	piry Date D.D.—M.M.—V.V.V.V.V				
☐ E- Aadhaar Card		Driving Electrice Exp	my bate b b mm				
☐ F- NREGA Job Card							
Z- Others (any documer	nt notified by the cent	al government)	Number				
3. Proof of Address (PoA)*							
3.1 Current / Permanent /	/ Overseas Address Det	uils (Please see instruction D at the end)					
Address		,					
Line 1*							
Line 2							
Line 3			own / Village*				
District*	Z	p / Post Code* State/UT Code					
State/UT*		Country*	Country Code as 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		Passport Expiry Da	te \square				
☐ Voter ID Card							
□ Driving Licence Expiry Date □ □ □ − M M − Y Y Y Y							
☐ Aadhaar Card							
□ NREGA Job Card							
Others (any document notified by the central government)							
3.2 Correspondence / Local Address Details* (Please see instruction E at the end)							
	nent / Overseas Addre	ss details (In case of multiple correspondence / local addresses, please	fill 'Annexure A1', Submit relevant documentary proof)				
Line 1*							
Line 2		Cia. / T.	own / Village*				
District*		p / Post Code* State/UT Code					

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: DD MM PYYYY Place: Signature / Thumb Impression of Applicant						
9. Attestation / For Office U	•					
Documents Received			n ()	Institution Poteila		
Date		by (Refer Instruction	n i)	Institution Details Name		
) — [M M] —					
Emp. Name				Emp. Branch		
Emp. Code				Emp. Branch		
Emp. Designation						
[Employee Signature] [Institution Stamp]						
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 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				Branch:					
A/C No.:		A/C Type:				IFSC Code:				
Bank Address:										
City:		Pincode:	ncode: 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			RN holder	State: N holder has disclosed to me/us all the commission (In the form of				
trail commission or any other n	node), payable	ole to him for the different competing Schemes of		of various Mutual Fund From amongst which		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										