ARN-837	718	E069237					
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 New Type* Update KY KYC Type* Normal (PAR	C Number* □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	CAMSKRA KYC Services			
1. Identity Details (Please r	refer instruction A at the	nd)					
PAN		Please enclose a duly attested	Loopy of your PAN Card				
7	Prefix	First Name	Middle Name	Last Name			
Name* (same as ID proof)		T II Straine		Lastivalile			
Maiden Name (If any*)							
Father / Spouse Name*							
Mother Name*							
				Phyto			
Date of Birth*		<u>_</u>		Photo			
Gender*		☐ F- Fema					
Marital Status*		☐ Unmarrie					
Citizenship*	☐ IN- Indian	☐ Others –	•	ry Code LL			
Residential Status*	Resident Individua		dent Indian				
Occupation Type*	☐ Foreign National☐ S-Service ☐ Pri	_	Indian Origin ctor				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O-Others Pro	_					
	☐ B-Business	☐ X-Not Ca	tegorised	Thumb Impression			
, , ,	•	• • • • • • • • • • • • • • • • • • • •	ed) (Please refer instruction C & K at the	end)			
☐ A- Passport Number	the following Proof of Idei	ity [Pol] needs to be submitted)	Passport Expiry Date				
☐ B- Voter ID Card			r assport Expiry Date				
☐ D- Driving Licence			Driving Licence Expiry Da	ate D D — M M — Y Y Y Y			
☐ E- Aadhaar Card							
☐ F- NREGA Job Card							
Z- Others (any docume	ent notified by the cent	al government)	Identification Numb	er			
3. Proof of Address (PoA)*							
3.1 Current / Permanent	/ Overseas Address De	ils (Please see instruction D a	t the end)				
Address							
Line 1*							
Line 2			City / Town / \	Village*			
District*	7	p / Post Code*		_			
State/UT*		Country*	State/UT Code	as per Indian Motor Vehicle Act, 1988 Country Code as per ISO 3166			
	Posidential / Pusiness		☐ Pusings ☐ Posists	,			
Address Type* Residential / Business Residential Business Registered Office Unspecified (Certified copy of any one of the following Proof of 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							
☐ Aadhaar Card							
NREGA Job Card							
Others (any document notified by the central government)							
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)							
Line 1*		,		,			
Line 2							
Line 3			City / Town / \	/illage*			
District*	Z	p / Post Code*	State/UT Code	as per Indian Motor Vehicle Act, 1988			

Country*

State/UT*

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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: Dietrical Minior								
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								

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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 account 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 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	Bank:								
A/C No.:		А/С Туре:				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			State: ARN holder has disclosed to me/us all the commission (In the form of				ne form of	
trail commission or any other n	node), payable	le to him for the different competing Schemes o		f various Mutual Fund From amongst which		st which	the schemes being recor	nmended to me/us.		
1st applicant Signature :		2nd applicant Signature:		3rd applicant Signature :			Date :	Place :		
Place for Cancelled Cheque, for Single Page Scan										