ARN-965		E108757																	
Application Form (For Individuals only)				plication										V	7 \				
(Please fill the form in English an		pe*		pdate	-										K I	(C Ser	vices		
Fields marked with **' are mandatory fields KYC Type* ONOrmal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)																			
1. Identity Details (Please refer instruction A at the end)																			
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*														\square					
Date of Birth*		мм-	YYY	TY I													P	hoto	
Gender*	□ M- M					F- Fer	nale		П т-	Transo	nende	r							
											jenue	•							
Marital Status*	∐ Marri					Unma						0		• •		۱			
Citizenship*	IN-In							-				Cd	ountry	Code					
Residential Status*		ent Indiv on Natior				Non Ro Persor													
Occupation Type*		·	Private	Sector		Public			_	overnm	ent Se	ector							
	_	_	Professi			Self Er					_	House	wife	□ s	tudent				
	B-Bus	siness				X-Not			l										an
2. Proof of Identity (PoI)* (f	or PAN exe	mpt Inve	stor or if	PAN card	I сору	not pro	vided)	(Plea	se refei	· instruc	ction C	& K at	t the e	nd)					
(Certified copy of <u>any one of</u> t	the following	Proof of	Identity [F	Pol] needs	to be	submitte	d)		_			_							,
A- Passport Number									Pas	sport I	Expiry	/ Date		DI		1 M	ΥΥ	YY	
B- Voter ID Card		+++	+++			1													,
D- Driving Licence		+++	+++						Driv	ing Lio	cence	Expiry	/ Date			1 M -	YY	YY	
E- Aadhaar Card						1													
F- NREGA Job Card] 				1									
Z- Others (any docume		by the o	central g	overnme	nt)					lden	itificat	tion Nu	Imber						
3. Proof of Address (PoA)*																			
3.1 Current / Permanent	/ Overseas	Address	Details (Please se	e inst	ruction	D at the	e enc	I)										
Address																			
Line 2		+++			$\left \cdot \right $			+	++	$\left \right $	$\left \cdot \right $	++	++	++	++	++			
Line 3		+++						+	++	$\left \right $	City	/ Tow	n / Vi			++			
District*			Zin / F	Post Cod	<u>ه</u> *			+		0	-			-					
State/UT*						Country*				State		,ode			oer India v Cod			le Act, 1	
									uningg									per ISO	
Address Type* R (Certified copy of any one	esidential of the follo				sident oA1 n				usines ed)	5	L	Reg	Istere		ice		_ Uns	specifi	ea
Proof of Address*		g			o, ij 11				cu)										
Passport Number									Pas	sport I	Expiry	/ Date		D		I M -	YY	YY]
Voter ID Card					\square														-
Driving Licence]			Driv	ing Lio	cence	Expiry	/ Date	D		I M -	ΥΥ	Y Y]
🗌 Aadhaar Card						-													-
□ NREGA Job Card]													
Others (any document notified by the central government) Identification Number																			
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)																			
Line 1*																			
Line 2								_							\downarrow	\downarrow	\parallel	\square	
Line 3	+				$\Box \vdash$		-	+			City	/ Tow	n / Vi	llage*					
District*	<u> </u>	<u>Ц</u>	Zip / F	Post Cod				\dashv		State	UT C	ode					r Vehic	le Act, 1	988
State/UT*					(Country*							(Countr	y Cod		as	per ISO	3166

4. Contact Details (All of	ommunications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)
Email ID	
	Tel. (Off)
5. FATCA/CRS Informa	tion (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)
Additional Details Red	uired* (Mandatory only if above option (5) is ticked)
Country of Jurisdiction	of Residence* as per ISO 3166
Tax Identification Nun	ber or equivalent (If issued by jurisdiction)*
Place / City of Birth*	Country 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* Count
6 Details of Related P	rson (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')
Related Person	
Related Person Type*	Deletion of Related Person KYC Number of Related Person (if available*) Guardian of Minor Assignee Authorized Representative
Related Ferson Type	Prefix First Name Middle Name Last Name
Name*	
_	(If KYC number and name are provided, below details of section 6 are optional)
] of Related Person* (Please see instruction (H) at the end)
	of the following Proof of Identity[Pol] needs to be submitted)
A- Passport Numbe	Passport Expiry Date
B- Voter ID Card	
C- PAN Card	
D- Driving Licence	
E- Aadhaar Card	
F- NREGA Job Card	
	ment notified by the central government)
7. Remarks (If any)	
8. Applicant Declaration	
therein, immediately. In case	s furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held
	that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of directions issued by any governmental or statutory authority from time to time. [Signature / Thumb Impression]
I hereby consent to receiving	nformation from Central KYC Registry through SMS/Email on the above registered number/email address.
Date: DD - MM	Image: Place in the second
9. Attestation / For Off	_
	ed Certified Copies
Date	□ □ ¬ ∨ ∨ ∨ ∨ Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
In Dama Ward	
In-Person Veri Date	D M Y Y Name Institution Details
Emp. Name	
Emp. Code	Emp. Branch
Emp. Designation	

Version 1.6

NACH/ECS/AUTO DEBIT UMRN MANDATE INSTRUCTION FORM	Date D M Y Y Y
Tick (\checkmark) Sponsor Bank Code	Utility Code
CREATE I/We hereby authorize BSE Limited	to debit (tick) SB/CA/CC/SB-NRE/SB-NRO/Other</td
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 M Y Y Y	
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.

		-									
358		Broker/Ag	ent Code AR	N	ARN -						
		;	SUB-BROKER	XXXXXX	xx	EUIN					
Name of the First Applicant :											
PAN Number :	YC :		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 :	KY	YC :		Date Of Birth :							
Name of the Third Applicant :											
PAN Number :	KY	YC :		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:		Branch:								
A/C No.:	A/C Type:			IFSC Code:							
Bank Address:											
City:	Pincode:		State:			Country:					
Nomination Details Nominee Na	ame:		Re			lationship:					
Guardian Name(If Nominee is Mine	or):										
Nominee Address:											
City: <u>Declaration and Signature</u> - I/We confirm	Pincode:	lus are true and cor	rect The ARN hold	State:	to me/us	all the commission (In t	he form of				
trail commission or any other mode), payab	le to him for the different co	ompeting Schemes c	of various Mutual Fu	and From among	gst which	the schemes being reco	mmended to me/us.				
1st applicant Signature :	2nd applicant Signat	ture :	3rd applicant S	Signature :		Date :	Place :				
	Place for	r Cancelled Chequ	ue, for Single Pa	ge Scan							