ARN-995	51	E035834						
Know Your Client (KY Application Form (Form) (Please fill the form in English an Fields marked with **' are manda	r Individuals only) nd in BLOCK Letters)	Type"	□Upda	ate KYC Number*		CAMSKRA KYC Services (Refer instruction K)		
TO Type   INOTHIAI (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								
Name* (same as ID proof)	Prefix	First Name			Middle Name	Last Name		
Maiden Name (If any*)								
Father / Spouse Name*								
Mother Name*								
Date of Birth*		YYY				Photo		
Gender*	☐ M- Male		□ F-	- Female	T-Transgender			
Marital Status*	☐ Married		□ U	Inmarried	Others			
Citizenship*	☐ IN- Indian		□ O	others - Country	Country	/ Code		
Residential Status*	Resident Individua	al		lon Resident Indian				
Occupation Type*	<ul><li>☐ Foreign National</li><li>☐ S-Service ☐ Pri</li></ul>	ivate Sector		erson of Indian Orig				
Обобранон туро	O-Others Pro			elf Employed		Student Signature/		
	☐ B-Business			-Not Categorised				
2. Proof of Identity (PoI)* (for Certified copy of any one of the Certified copy of the Certified c	•				refer instruction C & K at the	end)		
☐ A- Passport Number			10 20 042	omitody	Passport Expiry Date	D D — M M — Y Y Y Y		
☐ B- Voter ID Card								
☐ D- Driving Licence					Driving Licence Expiry Dat	e  D  D  -  M  M  -  Y  Y  Y  Y		
☐ E- Aadhaar Card								
☐ F- NREGA Job Card								
Z- Others (any docume	•	trai governmer	it)		Identification Numbe	r		
3. Proof of Address (PoA)*		· '' (D)		5				
3.1 Current / Permanent Address	/ Overseas Address De	tails (Please se	e instruc	ction D at the end)				
Line 1*			$\top$					
Line 2			$\Box$					
Line 3					City / Town / V	illage*		
District*	Z	Zip / Post Code			State/UT Code	as per Indian Motor Vehicle Act, 1988		
State/UT*				untry*		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		П			Passport Expiry Date	D D — M M — Y Y Y		
☐ Voter ID Card								
☐ Driving Licence					Driving Licence Expiry Dat	e  D  D  -  M  M  -  Y  Y  Y  Y		
☐ Aadhaar Card								
☐ NREGA Job Card			Щ.		_			
Others (any document notified by the central government)								
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*	TIOTE / OVERSEAS AUGIE	USS GETAILS (IN	ase of MC	and pie correspondence	niocai audiesses, piease iiii Anne)	are AT, Submit relevant documentary proof)		
Line 2	<del>                                     </del>		++	++++	++++++			
Line 3					City / Town / V	illage*		
District*	Z	Zip / Post Code	± ل ∗د		State/UT Code	as per Indian Motor Vehicle Act, 1988		

Country\*

State/UT\*

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 <b>F</b> 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>B</b> at the end)		
Additional Details Required				diposes in durisdiction(s) edicide maid (i lease refer matraction <b>2</b> 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 ( <b>H</b> ) 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:  Diegislation of any Notifications/directions issued by any governmental or statutory authority from time to time.  Signature / Thumb Impression of Applicant						
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	on (IPV) Carrie	d Out by (Refer Inst	ruction 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 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.:		A/C Type:				IFSC Code:				
Bank Address:										
City:	Pincode:	Pincode: 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. T			State:			all the commission (In the form of		
trail commission or any other n	node), payable	ele to him for the different competing Schemes		of various Mutual Fund From amongst wh		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										