

Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with * are mandatory fields

Application Type* New

Update KYC Number*

KYC Type* Normal (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) Maiden Name (If any*) Father / Spouse Name* Mother Name* Date of Birth* Gender* Marital Status* Citizenship* Residential Status* Occupation Type* Prefix First Name Middle Name Last Name Photo Signature/Thumb Impression

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number B- Voter ID Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any document notified by the central government) Identification Number Passport Expiry Date Driving Licence Expiry Date

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1* Line 2 Line 3 District* Zip / Post Code* State/UT Code Country* City / Town / Village* as per Indian Motor Vehicle Act, 1988

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address* Passport Number Voter ID Card Driving Licence Aadhaar Card NREGA Job Card Others (any document notified by the central government) Identification Number Passport Expiry Date Driving Licence Expiry Date

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 Line 3 District* Zip / Post Code* State/UT Code Country* City / Town / Village* as per Indian Motor Vehicle Act, 1988

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID
Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)
Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City 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* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person Deletion of Related Person KYC Number of Related Person (if available*)
Related Person Type* Guardian of Minor Assignee Authorized Representative
Name* Prefix First Name Middle Name Last Name
(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number Passport Expiry Date
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date
 E- Aadhaar Card
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number

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.

[Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

Date: -- Place:

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date
Emp. Name
Emp. Code
Emp. Designation
[Employee Signature]

Institution Details

Name
Code
Emp. Branch
[Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date
Emp. Name
Emp. Code
Emp. Designation
[Employee Signature]

Institution Details

Name
Code
Emp. Branch
[Institution Stamp]

Know Your Customer (KYC) and FATCA/CRS Form (Resident Individuals)

*For an existing customer, the information and documents furnished herein will supersede the information and documents submitted earlier.

Customer ID [grid] CKYCR No./KIN (if available) [grid]

(in case of an existing customer)

PAN [grid] Form 60, if PAN not allotted (Please attach Form 60) Date of Birth D D M M Y Y Y Y

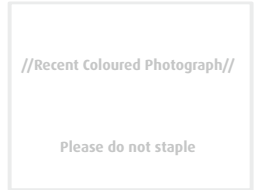
Type of applicant First Second Third Gender Male Female Third Gender

Applicant Details Mr. Ms. Mrs.

Name of applicant F I R S T M I D D L E L A S T

Maiden Name (if any) F I R S T M I D D L E L A S T

Father/Mother/Spouse Name F I R S T M I D D L E L A S T



Guardian Details (in case applicant is minor) Father Mother Court Appointed Guardian

Name of Guardian [grid]

PAN/ FORM 60 (in case PAN is not allotted) Date of Birth D D M M Y Y Y Y

CKYCR No./KIN [grid] Mobile No. [grid]

Current Address [grid]

[grid] Pin [grid]

City [grid] State [grid]

Permanent Address (tick here if permanent address is same as current address) [grid]

[grid] Pin [grid]

City [grid] State [grid]

Landline (STD Code) [grid] Landline No. [grid] Mobile (mandatory) [grid]

Email ID [grid]

Annual income Up to Rs. 15 Lakhs Rs. 15 Lakhs - Rs.50 Lakhs above Rs.50 Lakhs Marital Status Married Unmarried Others

Occupation Self-employed/Business Private sector job Public Sector Job Govt. Job Retired Professional

Housewife Student Others

Qualification Undergraduate Graduate Post-Graduate Others Politically Exposed Person(PEP) Relative of PEP

FATCA/CRS declaration

Are you a Citizen or national of any country outside India? Yes No If Yes then provide country

Are you a Tax resident of any country outside India? Yes No

If Yes, please provide country and Tax identification No (TIN) or functional equivalent

Country of Birth [grid] City of Birth [grid]

Officially Valid Document Deemed to be OVDs**

Table with 5 columns: Proof of Identity (PoI), Proof of Address (PoA), PoI/ PoA No., Expiry Date, Documents. It lists various acceptable documents like Aadhaar, Valid Passport, and Utility bills.

**Customer shall submit OVD updated with current address within a period of three months of submitting deemed OVDs

Applicant Consent/ Confirmation

I hereby state that all particulars, information and details provided above together with documents submitted to Bajaj Finance Limited ("BFL") are true, correct and up to date and I am obliged to keep BFL immediately updated of any change in the information provided by me herein...

Applicant's Signature/Thumb Impression

In case of thumb impression above:

Witness 1 Name & Signature

Witness 2 Name & Signature

BFL Employee Employee ID and sign