ARN-64917 E4345	63																					\mathbb{Z}	P	B	ar			۲	A M
CENTRAL KYC REGISTRY	(Know	íour C	usto	mer (KYC)	Арр	olicat	ion F	orm	Inc	divi	dua	I/R	elat	ed F	Pers	on				2		וט	MU	TUA	L FU	В А ND	3	
 Important Instructions: A) Fields marked with ^{**} are man B) Tick ^{**} wherever applicable. C) Please fill the form in English a D) Please fill the date in DD-MM-² E) For particular section update, sections not required to be upopulated. 	and in BLOO YYYY forma please tick	CK letter at.		< sectio	on num	nber a	and str	ike off	the	C H I	G) H) I) J)	List o List o KYC The '	of Sta of two num	ite I L o chai ber o base	J.T c racte of app ed E-l	ode a r ISC blican KYC'	as pe 0 316 nt is r ' che	er Ind 36 co mand ck bc	lian I untry lator	Moto y cod y for	r Vel les is upda	nstruc hicle A s avail ate ap cked	Act, 1 lable oplica	1988 e at th ation.	is ava ie end	ailable 1.			l. 9 based
For office use only		Applicatio	on Typ	e*	1	Vew		Upda	te		Dele	te			_														
(To be filled by financial institution)		(YC Nun						1										-				reque	est)						
					_	Norma		Minc					TP ba				ח nor	n-face	e to f	face	mod	e)							
1. PERSONAL DETAILS*		DETAIL			ATED																1	1 1			1 1				
Addition of Related Person Related Person Type*		on of Rel ian of Mi	-		signee		Upda Autho	tion prized l		KYC N esenta			t Rela	ated F	Perso	on (if a	avail	able*)										
	Prefix				irst Na	ame	-						Ν	/liddle	e Nar	ne								L	ast N	ame			
Name* (same as ID proof) Maiden Name																													
Father I Spouse Name																			1										
Mother Name																													
Date of Birth*	DD	I M	M	ΙY	Y	Y	(
Gender*	M-Male						F-Fe						T-Tra	0	nder														
Marital Status* Citizenship*	Marrie						Unm Othe	arried rs (ISC) 316	6 Cou	untrv		Other e	rs															
Residential Status*	Reside	ent Indivi					Non	Reside	ent Ind		.,	-	Forei	-						Per	rson	of Ind	lian	Origir	ו				
Occupation Type*	S-Serv			rivate S rofessio				c Sect Employ					Gove Retire		ent Se	_	ouse	wife		Stu	ident	ł							
	B-Busi		· ·		or run			t Cate		ed		·		Ju						_ 0.0		•							
PAN*													Form	n 60 f	urnis	hed													
2. PROOF OF IDENTITY	AND ADD	RESS*	(Plea	ase ref	fer ins	tructi	ion B	at the	end	1)																			
I. Certified copy of OVD or equiv	alent e-doc	ument c	of OVD	or OV	'D obta	ained	throug	h digita	al KY	′C pro	ocess	nee	ds to	be s	ubmi	tted	(any	one c	of the	e follo	owin	g OV[Ds)						
A- Passport Number																							[Ph	oto		
B- Voter ID Card																													
C- Driving Licence																													
D-NREGA Job Card																													
E-National Population Reg	gister Letter																						1						
F-Proof of Possession of A	Aadhaar	\square					\times																						
II. E-KYC Authentication							\times																		_	_	-	_	
III. Offline verification of Aadh	aar						\times																						
Address		v V	\	v V		<u>v V</u>	- N																						
Line 1*																													
Line 2										_	_										_								
Line 3 District*					F	Pin/Po	st Cod	e*	-		-	-		Stat	te/ U	Ci T Coo	-	[own	/ Villa	age*				ISO 3	166 (Countr	y Cod	e*	
											1						~										,		
3. CURRENT ADDRESS I		•						,																					
Same as above mentioned add I. Certified copy of OVD or equiv									•		·	nee	ds to	be s	ubmi	tted	(any	one c	of the	e follo	owin	g OV[Ds)						
A- Passport Number																													
B- Voter ID Card																													
C- Driving Licence																													
D-NREGA Job Card]						
	viata-1 - 11]						
E-National Population Reg																													
F-Proof of Possession of A	Aadhaar																												
II. E-KYC Authentication							$\underline{\times}$																						
III. Offline verification of Aadh						JX.	\times																						
IV. Deemed Proof of Address	- Documen	t Type c	code																										
V. Self Declaration																													

M Raroda 🔜

Address																																						
Line 1*																																						
Line 2																																						
Line 3								_																-	Towr	1 / V	illag	e *										
District*											Pin	/Post	Code	*							State	/ UT	Cod	le							ISC	D 316	36 Co	ountr	у Со	de*		
4. CO	NTAC	T DE	TAIL	S (Al	l cor	nmui	nicati	ions w	ill be	sent	to Me	obile	num	ber/	/ En	nail-II	D pr	ovid	ed) ((Ple	ease	refe	er in:	stru	ictio	n C	Cat t	he e	end)									
Mobile		-							_	I. (Off)				-				Т					(Re						-	Т		Т	Γ			٦		
Email ID																T									Τ							T	T	T	\Box			
5. REM	IARK	'S /If	anv)																			_	-			-								_				
		.5 (11	any)	1								1 1						_				_	_				-	1	1	-	1							1
			_					_		_	_			_			_					_	_	_			-		_	_		<u> </u>	<u> </u>	-	<u> </u>			
			_			_		_		_				-		_	-	_		_		_	+	_	_		-	-	-	-	-	<u> </u>	-	-	<u> </u>	<u> </u>		$\left \right $
6. APPLIC	CANT	DEC	LAR	ATIC	N																																	
I hereby de of any char am aware t	nges th hat I n	nerein, nay be	imme held	ediate liable	ly. In for it	case	any o	of the a	bove	inform	ation	is fou	ind to	be	false	e or u	ntrue	e or i	nislea	adir	ng or r	nisr	epre	sen	ting,				[S	igna	ture /	Thu	mblr	mpre	ssioi	1]		
I hereby co	nsent	to rece	eiving	Intori	natio	n tror	m Cen		CRE	gistry	tnrou	gn SN	/IS/Er	naii (on tr	ie abo	over	regis	terea	nui	mber/e	ema	li ad	ares	SS.	-		0:~	t		- hm				of A			
Date: D	D	/ M	Μ	1	Y	YY	ΥΥ	Plac	e:																			Sig	natu	leii	num		pres	sion			anı	
7. ATTES	TATIC	ON I F	OR	OFFI	CΕι	JSE	ONL	Y.																														
Documents	Recei	ved		Certifi Equiv		•	s cumei	nt		E-KYC /ideo E				om l	JIDA	J			Data	rec	ceived	fron	n Of	fline	e ver	ifica	ition			Dig	ital K	(YC I	Proc	ess				
			K١	C VE	RIFI	CATI	ION C	ARRIE	DOL	JT BY															INS	STIT	UTI	ON I	DET/	AILS								
Date) D	1	Μ	M	1	ΥY	Y	Y						1	Nam	е																				
Emp.Name																(Code	Э		Γ																		
Emp.Code																	Γ			_																		
Emp. Desigr	ation																																					
									-1								[Institution Stamp]																					
					[En	рюу	/ee 51	gnatu	el																													
		IN-	PERS	ON V	ERIF	ICAT	FION ((IPV) C	ARRI		UT BY	(INS	STIT	TUTI	ON [DET	AILS								
Date) D	1	М	M	1	ΥΥ	Y	Y						1	Nam	е		Γ									_				\neg					
Emp.Name				1												(Code	Э		Γ													$\overline{}$					
Emp.Code																	Emp		nch											_		\neg	—	_	\neg	—		
Emp. Design	ation																																					
															_										[Inst	tituti	on S	Stam	p]								
					[En	ploy	vee Si	gnatu	e]																													
L																																						

Know Your Client (KYC) Application Form (For I		·c <mark>6</mark>	CDSL VE		S LIMI oring New H		ARN-64917 E434563
Please fill the form in ENGLISH and in BLOCK Fields marked * are mandatory Fields marked [*] are pertaining to CKYC and r also		Application Application			w KYC	□ Mod	ification KYC
KYC Mode*: Please Tick (✓) □ Normal □ EKYC C	OTP 🗌 EKYC Bio	ometric	Online H	(YC	Of	fline EKYC	Digilocker
1. Identity Details (pleas	e refer guidelines over	rleaf)					
PAN*	Ple	ase enclose a duly	attested copy	of your PAN	l Card		
Name* (same as ID proof)							
Maiden Name ⁺ (if any)							
Fathers/Spouse's Name*							
Date of Birth*							
Gender*	Male	🗌 Female		Tran:	sgende	r	
Marital Status*	Single	Married					Recent passport size
Nationality*	🗌 Indian	Other					Applicant Photo
Residential Status*	🗌 Resident Individua	al	🗌 Non Re	sident li	ndian		
Please Tick (✓)	Foreign National		Person	of India	n Origii	n ⁺	Cross Signature across photograph
	(Passport mandatory for NRIs Select NRI or Foreign National				or CKYC a	nd not for KRA KYC.	
Proof of Identity (POI) sub	-						
A — Aadhaar Card	XXXX XXXX		,				
B — Passport Number	·				(E	xpiry Date)	
C — Voter ID Card							
D — Driving License					(E	xpiry Date)	
E —NREGA Job Card							
F — NPR							
Z —Others			(a	nv documei	nt notified	by Central Governr	ment)
	ımber			,		.,	
2. Address Details* (plea							
A. Correspondence/ Local	Address*						
Line 1*							
Line 2							
Line3							
City/Town/Village*		Dist	trict*			Pin	Code*
State*		 Cοι	untry*				
Address Type* 🗌 Reside	ential/Business R	esidential	Busi	ness	Re	egistered Offic	ce Unspecified
							Applicant e-SIGN

B. Permanent residence address of applicant, if different from	m above A / Overs	eas Address* (Mandato	ory for NRI Applicant)
Line 1*			
Line 2			
Line3			
City/ Town/Village* Distr	rict*	Pin Code	.*
State* Cour	ntry*		
Address Type* Residential/Business Residential	Business	Registered Office	Unspecified
Proof of Address* (attested copy of any 1 POA for correspondence and permane	ent address each to be sub	pmitted)	
A — Aadhaar Card XXXX XXXX			
B — Passport Number		(Expiry Date)	
C — Voter ID Card			
D —Driving License		(Expiry Date)	
E — NREGA Job Card			
F — NPR Letter			
Z—Others	(any document	notified by Central Government)	
Identification Number			
3. Contact Details (in CAPITAL)			
Email ID*			
Mobile No. *			
Tel (off)	Tel (Res)		
4. Applicant Declaration			
4. Applicant Declaration I/We hereby declare that the KYC details furnished by me are true and correct to	Applicant e		licant Wet Signature
the best of my/our knowledge and belief and I/we under-take 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/We are aware that I/We may be held liable for it. I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only. DATE:			
5. For Office Use Only			
In-Person Verification (IPV) carried out by*		Intermediary Details	*
IPV Date	Self certified	d document copies receiv	/ed (OVD)
Emp. Name	True Copies	of documents received (Attested)
Emp. Code	AMC / Intermed	liary Name :	
Emp. Designation			
Employee Signature and Stamp		Institution Name and Stamp	

BNP PARIBAS

ARN-64917 E434563

FATCA & CRS ANNEXURE FOR INDIVIDUAL ACCOUNTS

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

	APPLICANT / GUARDIAN		
Name	First Name	Middle Name	Last Name
$\textbf{Gender}~(\text{Please}~\checkmark)$	M F O PAN	Occupation Ty	De Service Business Others
Father's Name	First Name	Middle Name	Last Name
Cust. ID / Folio No.			
Address of tax resid	dence would be taken as available in	KRA database. In case of any change please approach	KRA & notify the changes
Type of address give	en at KRA (Please ✓) Resident	ial or Business Residential	Business Registered Office
Permissible docume	ents are Passport Election ID	Card PAN Card Govt. ID Card Driving License	UIDAI Card NREGA Job Card Others
Date of Birth	D D M M Y Y Y Y	Place of Birth	
Country of Birth		Nationality	
Are you a tax reside	nt of any country other than India? (Pl	ease ✓) YES NO	
If yes, please indicate a	Il countries in which you are resident for tax	purposes and the associated Tax ID Numbers below:	
	Country #	Tax Identification Number [^]	Identification Type (TIN or Other, please specify)
# To also include USA, v	where the individual is a citizen / green card	holder of The USA ^ In case Tax Identificatio	n Number is not available, kindly provide its functional equivalent \$
SECOND APPL	ICANT		
Name	First Name	Middle Name	Last Name
Gender (Please \checkmark)	M F O PAN	Occupation Ty	De Service Business Others
Father's Name	First Name	Middle Name	Last Name
Cust. ID / Folio No.			
Address of tax resid	dence would be taken as available in	KRA database. In case of any change please approach	KRA & notify the changes
Type of address give	en at KRA (Please ✓) Resident	ial or Business Residential	Business Registered Office
Permissible docume	ents are Passport Election ID	Card PAN Card Govt. ID Card Driving License	UIDAI Card NREGA Job Card Others
Date of Birth	D D M M Y Y Y Y	Place of Birth	
Country of Birth		Nationality	
-	nt of any country other than India? (Pl	,	
If yes, please indicate a	Il countries in which you are resident for tax	purposes and the associated Tax ID Numbers below:	
	-		
	Country #	Tax Identification Number ^A	Identification Type (TIN or Other, please specify)
	-	Tax Identification Number	Identification Type (TIN or Other, please specify)
	-	Tax Identification Number	Identification Type (TIN or Other, please specify)
	-	Tax Identification Number	Identification Type (TIN or Other, please specify)
	-		Identification Type (TIN or Other, please specify)
	Country #		
# To also include USA, v	Country #		
# To also include USA, \	Country # where the individual is a citizen / green card	holder of The USA ^ In case Tax Identification	n Number is not available, kindly provide its functional equivalent s
# To also include USA, THIRD APPLIC	Country # where the individual is a citizen / green card ANT First Name	holder of The USA ^ In case Tax Identificatio Middle Name	n Number is not available, kindly provide its functional equivalent s
# To also include USA, \ THIRD APPLIC Name Gender (Please ✓)	Country # where the individual is a citizen / green card ANT First Name M F O PAN	holder of The USA In case Tax Identification Middle Name Occupation Ty	n Number is not available, kindly provide its functional equivalent s Last Name De Service Business Others
# To also include USA, v THIRD APPLIC, Name Gender (Please ✓) Father's Name Cust. ID / Folio No.	Country #	holder of The USA In case Tax Identification Middle Name Occupation Ty	n Number is not available, kindly provide its functional equivalent s Last Name De Service Business Others Last Name
# To also include USA, v THIRD APPLIC, Name Gender (Please ✓) Father's Name Cust. ID / Folio No.	Country # where the individual is a citizen / green card ANT First Name M F O PAN First Name Country # Dence would be taken as available in	holder of The USA ^ In case Tax Identification Middle Name Occupation Ty Middle Name	n Number is not available, kindly provide its functional equivalent s Last Name De Service Business Others Last Name
# To also include USA, v THIRD APPLIC. Name Gender (Please ✓) Father's Name Cust. ID / Folio No. Address of tax resid Type of address give Permissible docume	Country # where the individual is a citizen / green card ANT First Name M F O PAN First Name dence would be taken as available in ents are Passport Election ID	holder of The USA ^ In case Tax Identification Middle Name Occupation Ty Middle Name KRA database. In case of any change please approach ial or Business Residential Card PAN Card Occupation	n Number is not available, kindly provide its functional equivalent s Last Name De Service Business Others Last Name KRA & notify the changes
# To also include USA, v THIRD APPLIC/ Name Gender (Please ✓) Father's Name Cust. ID / Folio No. Address of tax resid Type of address give Permissible docume Date of Birth	Country # where the individual is a citizen / green card ANT First Name M F O PAN First Name Image: Second S	holder of The USA In case Tax Identification Middle Name	n Number is not available, kindly provide its functional equivalent s Last Name Service Business Others Last Name KRA & notify the changes Business Registered Office
# To also include USA, v THIRD APPLIC. Name Gender (Please ✓) Father's Name Cust. ID / Folio No. Address of tax resid Type of address give Permissible docume	Country # where the individual is a citizen / green card ANT First Name M F O PAN First Name dence would be taken as available in ents are Passport Election ID	holder of The USA ^ In case Tax Identification Middle Name Occupation Ty Middle Name KRA database. In case of any change please approach ial or Business Residential Card PAN Card Occupation	n Number is not available, kindly provide its functional equivalent s Last Name Service Business Others Last Name KRA & notify the changes Business Registered Office
# To also include USA, A THIRD APPLIC/ Name Gender (Please ✓) Father's Name Cust. ID / Folio No. Address of tax resid Type of address give Permissible docume Date of Birth Country of Birth Are you a tax reside	Country #	holder of The USA	n Number is not available, kindly provide its functional equivalent s Last Name Service Business Others Last Name KRA & notify the changes Business Registered Office
# To also include USA, A THIRD APPLIC/ Name Gender (Please ✓) Father's Name Cust. ID / Folio No. Address of tax resid Type of address give Permissible docume Date of Birth Country of Birth Are you a tax reside	Country # where the individual is a citizen / green card ANT First Name M F O PAN First Name Image: State of the state	holder of The USA ^ In case Tax Identification Middle Name Occupation Ty Middle Name Middle Name KRA database. In case of any change please approach Middle Name KRA database. In case of any change please approach Place of Birth Place of Birth	n Number is not available, kindly provide its functional equivalent s Last Name Last Name Last Name KRA & notify the changes Business Registered Office UIDAI Card NREGA Job Card Others
# To also include USA, A THIRD APPLIC/ Name Gender (Please ✓) Father's Name Cust. ID / Folio No. Address of tax resid Type of address give Permissible docume Date of Birth Country of Birth Are you a tax reside	Country #	holder of The USA	n Number is not available, kindly provide its functional equivalent s Last Name Service Business Others Last Name KRA & notify the changes Business Registered Office
# To also include USA, A THIRD APPLIC/ Name Gender (Please ✓) Father's Name Cust. ID / Folio No. Address of tax resid Type of address give Permissible docume Date of Birth Country of Birth Are you a tax reside	Country # where the individual is a citizen / green card ANT First Name M F O PAN First Name Image: State of the state	holder of The USA ^ In case Tax Identification Middle Name Occupation Ty Middle Name Middle Name KRA database. In case of any change please approach Middle Name KRA database. In case of any change please approach Place of Birth Place of Birth	n Number is not available, kindly provide its functional equivalent s Last Name Last Name Last Name KRA & notify the changes Business Registered Office UIDAI Card NREGA Job Card Others
# To also include USA, A THIRD APPLIC/ Name Gender (Please ✓) Father's Name Cust. ID / Folio No. Address of tax resid Type of address give Permissible docume Date of Birth Country of Birth Are you a tax reside	Country # where the individual is a citizen / green card ANT First Name M F O PAN First Name Image: State of the state	holder of The USA ^ In case Tax Identification Middle Name Occupation Ty Middle Name Middle Name KRA database. In case of any change please approach Middle Name KRA database. In case of any change please approach Place of Birth Place of Birth	n Number is not available, kindly provide its functional equivalent s Last Name Last Name Last Name KRA & notify the changes Business Registered Office UIDAI Card NREGA Job Card Others

^ In case Tax Identification Number is not available, kindly provide its functional equivalent \$

CERTIFICATION

1/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Signatures

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
	Place:	

FATCA & CRS TERMS & CONDITIONS

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND
Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND
Any one of the following documents:
Certified Copy of "Certificate of Loss of Nationality
or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship;
or Reason the customer did not obtain U.S. citizenship at birth
Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and
Documentary evidence (refer list below)
Indian telephone number is provided
Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and
Documentary evidence (refer list below)
dian telephone number is provided along with a foreign country telephone number
Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR
Documentary evidence (refer list below)
Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and
Documentary evidence (refer list below)
, ,

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*

2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

AMC contact address & call centre details.	Blank space for your branch or any other details.