

**Know Your Client (KYC)**  
**Application Form (For Individuals Only)**



**CDSL VENTURES LIMITED**  
...Exploring New Horizons

**CANARA ROBECO**  
Mutual Fund

ARN-64917 E434563

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC

**KYC Mode\*:** Please Tick (✓)

Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

**1. Identity Details** (please refer guidelines overleaf)

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name+ (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Gender\*  Male  Female  Transgender

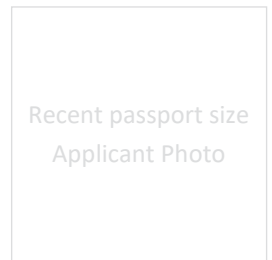
Marital Status\*  Single  Married

Nationality\*  Indian  Other \_\_\_\_\_

Residential Status\*  Resident Individual  Non Resident Indian

Please Tick (✓)  Foreign National  Person of Indian Origin

(Passport mandatory for NRIs, PIOs and Foreign Nationals)



Cross Signature across photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

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 \_\_\_\_\_

Z — Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**2. Address Details\*** (please refer guidelines overleaf)

**A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Blank area for stamp or signature

Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\*** (Mandatory for NRI Applicant)

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line3 \_\_\_\_\_

City/  
Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

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**

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Tel (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/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.

DATE: \_\_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

| In-Person Verification (IPV) carried out by*                                   | Intermediary Details*   |
|--|---|
| IPV Date _____<br>Emp. Name _____<br>Emp. Code _____<br>Emp. Designation _____ | <input type="checkbox"/> Self certified document copies received (OVD)<br><input type="checkbox"/> True Copies of documents received (Attested)<br>AMC / Intermediary Name :<br>_____ |
| Employee Signature and Stamp   | Institution Name and Stamp  |







# SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUALS

[Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]

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## A. FATCA & CRS INFORMATION (SELF CERTIFICATION)

|  |   |                |           |                  |                 |
|--|---|----------------|-----------|------------------|-----------------|
| PAN  |   |                | Folio No. |                  |                 |
| Name   |   |                |           |                  |                 |
| Type of Address given at KRA                   | <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> Registered Office   |                |           |                  |                 |
| Nationality                                    |   | Gender         |           | Date of birth    | D D M M Y Y Y Y |
| Mobile   |   | Place of Birth |           | Country of Birth |                 |
| Father's name                                  | (mandatory if PAN not provided)   |                |           |                  |                 |
| Spouse's name                                  |   |                |           |                  |                 |
| Documents required (if PAN not provided)       | <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others |                |           |                  |                 |
| Identification number of the document provided |   |                |           |                  |                 |

Is the applicant/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

| S No | Country of Tax Residency# | Tax Payer Identification Number ^ | Identification Type [TIN or other, please specify] |
|------|---------------------------|-----------------------------------|--|
| 1    |                           |                                   |  |
| 2    |                           |                                   |  |
| 3    |                           |                                   |  |

#To also include USA, where the individual is a citizen/ green card holder of USA.

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

## B. ADDITIONAL KYC INFORMATION

|   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Occupation Details [Please tick (✓)]        | <input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife<br><input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify) |  |  |  |  |  |
| Gross Annual Income (Rs.) [Please tick (✓)] | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore   |  |  |  |  |  |

OR

|   |                 |            |                         |
|---|-----------------|------------|-------------------------|
| Net-worth (Mandatory for Non-Individuals) | Rs. _____ as on | DD MM YYYY | (Not older than 1 year) |
|---|-----------------|------------|-------------------------|

|  |  |  |  |
|--|--|--|--|
| Politically Exposed Person (PEP) Status* | <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable |  |  |
|--|--|--|--|

\*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

## C. Declaration:

I have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Canara Robeco Asset Management Company Limited/Canara Robeco Mutual Fund/ Trustees for any modification to this information promptly.

I further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Date:  D  D  M  M  Y  Y  Y  Y

Place:

First Applicant / Guardian