ARN-64917 E434563

Know Your Customer (KYC) Application Form | Individual

F. Please read section wise detailed guide



Important Instructions:

- A. Fields marked with '*' are mandatory fields.
- B. Tick "wherever applicable.

- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- H. List of two character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- E. For particular section update, please tick () in the box section number and strike off the sections not OTP based E-KYC in non-face to face mode

required to be updated.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0				•	. 20								.000																		
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	Details (All communications will be sent to Mobile number/El	nail-ID provided including for validation purpose) (Please refer instruction C at the end)
Tel. (Off)	- Tel. (Res)	Mobile*
Email ID*		
	to validation, hence provide the valid information in legible manner	
5. Remarks	s (If any)	
6. Applicant De	eclaration	
undertake to infor or untrue or misle I hereby declare t any statute of leg time I hereby consent number/email add I am providing the data with KRA a guidelines. Date: D D M	that the details furnished above are true and correct to the myou of any changes therein, immediately. In case any of the ading or misrepresenting. I am aware that I may be held liable f hat I am not making this application for the purpose contraventialisation or any notifications/directions issued by any government to receiving information from Central KYC Registry through tress and to download the information from CKYCR econsent to MF/RTA/SEBI registered intermediary to share the data to other participating intermediaries as MM - YYYYY Place: Place:	above information is found to be false or it. iton of any Act, Rules, Regulations or otal or statutory authority from time to SMS/Email on the above registered is KYC data / applicable Aadhaar XML mandated by PMLA Act/Rules/SEBI Signature/Thumb Impression of Applicant
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Supplementary CKYC Form

Know Your Client (KYC) Application Form For Individuals Only

(Please fill the form in English and in BLOCK Letters) Fields marked with * are mandatory fields

(To be additionally filled by customers using old KYC form)

KYC Type: ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors



ARN-64917 E434563

1. Identity Details (Please	refer instruction A at the e	nd)		
PAN		Please enclose a duly attest	ed copy of your PAN Card	
	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)				
Maiden Name (If any*)				
Mother Name*				
Residential Status*	Resident IndividualForeign National		sident Indian of Indian Origin	
Occupation Type*	☐ S-Service ☐ Priva☐ O-Others ☐ Profe☐ B-Business	essional Self Em		ewife Student
2. FATCA/CRS Information	_		_	ia (Please refer instruction B at the end)
	, ,,		urposes in surisdiction(s) Outside ind	ia (Flease relei instruction B at the end)
Additional Details Require Country of Jurisdiction of	·	bove option is ticked)	Country Code of Jurisdiction of R	osidoneo
-		h by juris disting)*	Country Code of Jurisdiction of K	esidence as per ISO 3166
Tax Identification Number	or equivalent (ii issued			
Place / City of Birth* Address		Country of Birtl	n"	Country Code as per ISO 3166
Line 1*				
Line 2				
Line 3			City / Tov	vn / Village*
District*	Zip	o / Post Code*	State/UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*		Country*		Country Code as per ISO 3166
3. Details of Related Perso	on (Optional)			fi
Related Person	☐ Deletion of Related P	Person KYC Number	r of Related Person (if available*)	
Related Person Type*	Guardian of Minor	Assignee	☐ Authorized Representat	
Name*	Prefix	First Name	Middle Name	Last Name
Droof of Identify (Dell of		are provided, below details of sec	ction 6 are optional)	
Proof of Identity [Pol] of (Certified copy of any one of the copy of the copy of the copy of any one of the copy		ty[Pol] needs to be submitted)		
☐ A- Passport Number	ne ronowing r roor or racmit		Passport Expiry Date	
☐ B- Voter ID Card		 		
C- PAN Card				
D- Driving Licence			Driving Licence Expir	v Dato
☐ E- Aadhaar Card			Driving Licence Expir	y Date DD - MM - YYYYY
F- NREGA Job Card	at notified by the centra	L government)	Identification Nu	umbor
Z- Others (any docume	in notined by the centra	r government)	Identification No	illibei
4. Remarks (If any)				
5. Applicant Declaration				
 I hereby declare that the details fur therein, immediately. In case any of liable for it. I hereby declare that 	of the above information is found to I am not making this application	be false or untrue or misleading or	ief and I undertake to inform you of any changes misrepresenting, I am aware that I may be held f any Act, Rules, Regulations or any statute of lee.	[Signature / ThumbImpression]
. — —		hrough SMS/Email on the above regi	istered number/email address.	
Date: DD — MM —	Y Y Y Y Pla	ace:		Signature / Thumb Impression of Applicant



Sole / First Investor/ Guardian

Second Investor

FATCA, CRS AND ADDITIONAL KYC

Details and Declaration form

For Investors using OLD Application Forms / Transaction Forms / Slips which do not contain new requirement on FATCA, CRS and KYC details.

Non Individual Investors have to additionally submit separate FATCA Details and UBO forms.

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Third Investor

POA holder, if any