## CKYC & KRA KYC APPLICATION FORM (FOR INDIVIDUALS ONLY)



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

ARN-64917 E434563

Application Type*	New		U	Jpdate	- 1	KYC N	o.*																
KYC Type*	Norma	ıl (PAN i	s mand	latory)		PA	AN Ex	cempt I	Invest	ors (Refer	instru	ıction	K)										
01. Identity Details (Ple	ase refer	instructio	on A at t	the end)																			
PAN*				Please	enclose	e a duly	y attes	sted co	py of	your PAN	Card												
Name* (same as ID proof																							
Maiden Name (if any*)																							
Father / Spouse Name*																							
Mother Name*																							
Date of Birth*	I M Y	YY	Y		Gen	der*		Male	•	Fema	ale		Tran	sgende	er							Pho	to
Marital Status* Mar	ried	Unmarri	ied	Other	Citiz	enship	)*	In-Inc	dian	Other	-Cour	ntry			Cou	ntry C	ode						
Residential Status*	Resid	lent Indi	vidual		Nor	n Resid	ent In	idian		Forei	gn Na	ationa	I		Pers	son of	India	n Or	igin				
Occupation Type*	S-Servi	се	Priva	te Secto	or	Gove	ernme	nt Sec	tor	O-Ot	her		Profe	essiona	al	s	elf Er	nplo	yed				
	Retired		Hous	ewife		B-Bu	sines	s		X-No	t Cate	egoris	ed										
02	Proof of I	dentity (Po	ol)* (for PA	N exempt In	vestor or i	f PAN copy	y not pro	ovided) (Pl	lease refe	er instruction C	& K at e	end)											
(Certified copy of any one	of the fol	lowing F	Proof of	dentity	[Pol] n	eeds to	be s	ubmitt	ed)														
A - Passport Numbe														Passp	ort E	xpiry [	Date		D	VI	M	Y	/ Y Y
B - Voter ID Card																							
D - Driving Licence												[	Driving	g Licen	ce E	xpiry [	Date		D	VI	M	Y	/ Y Y
E - Aadhaar Card																							
F - NREGA Job Card																							
Z - Other (any docur	nent notif	ied by th	ne centr	ral gove	rnment	)						Id	dentific Nu	ation mber									
03. Proof of Address (	PoA)*																						
3.1 Current / Permar	ent / Ove	erseas A	ddress	Details	(Please	e see ir	nstruc	tion D	at the	end)													
3.1 Current / Permar Address:	ent / Ove	erseas A	ddress	Details	(Please	e see ir	nstruc	tion D	at the	end)													
	ent / Ove	erseas A	ddress	Details	(Please	e see ir	nstruc	tion D	at the	end)													
Address:	ent / Ove	erseas A	ddress	Details	(Please								City /	Town /									
	ent / Ove	erseas A	ddress	Details	(Please			Post (					City /			age*	e		as pe	er Ind	lian M	otor Ve	hicle Act. 198
Address:	ent / Ove	erseas A	ddress	Details	(Pleaso			Post (					City /		e / U	T Cod	Co		as pe		lian M		hicle Act. 198 s per ISO 316
Address:  District*  State / UT*  Address Type*	Re	esidentia	ıl / Busi	iness		Co	Zip / untry Resid	Post (	Code*		Busin		City /		e / U		Co				lian M	a	
Address:  District*  State / UT*  Address Type*  (Certified copy of any one	Re	esidentia	ıl / Busi	iness		Co	Zip / untry Resid	Post (	Code*		Busin		City /		e / U	T Cod	Co				dian M	a	per ISO 316
Address:  District*  State / UT*  Address Type* (Certified copy of any one Proof of Address*	Re of the fol	esidentia	ıl / Busi	iness		Co	Zip / untry Resid	Post (	Code*		Busin			State	e / U	T Cod	Corred O				lian M	a	per ISO 316
Address:  District*  State / UT*  Address Type*  (Certified copy of any one Proof of Address*  A - Passport Numbe	Re of the fol	esidentia	ıl / Busi	iness		Co	Zip / untry Resid	Post (	Code*		Busin				e / U	T Cod	Corred O				M	a	per ISO 316
Address:  District*  State / UT*  Address Type* (Certified copy of any one Proof of Address*  A - Passport Number  B - Voter ID Card	Re of the fol	esidentia	ıl / Busi	iness		Co	Zip / untry Resid	Post (	Code*		Busin	ess		State	Re / U	T Cod	Corred O				M N	a	per ISO 316
Address:  District*  State / UT*  Address Type* (Certified copy of any one  Proof of Address*  A - Passport Numbe  B - Voter ID Card  D - Driving Licence	Re of the fol	esidentia	ıl / Busi	iness		Co	Zip / untry Resid	Post (	Code*		Busin	ess		State	Re / U	T Cod	Corred O				M M	a	per ISO 316
Address:  District* State / UT* Address Type* (Certified copy of any one Proof of Address*  A - Passport Numbe  B - Voter ID Card  D - Driving Licence  E - Aadhaar Card	Ref of the fol	esidentia	ıl / Busi	iness		Co	Zip / untry Resid	Post (	Code*		Busin	ess		State	Re / U	T Cod	Corred O				M M	a	per ISO 316
Address:  District* State / UT* Address Type* (Certified copy of any one Proof of Address*  A - Passport Numbe  B - Voter ID Card  D - Driving Licence  E - Aadhaar Card  F - NREGA Job Card	Re of the fol	esidentia	al / Busi	iness f Identity	r [Pol] n	Congress to	Zip / untry Resid	Post (	Code*		Busin	ess	Driving	Passpo Q Licen	Re / U	T Cod	Corred O				MI	a	per ISO 316
Address:  District* State / UT* Address Type* (Certified copy of any one Proof of Address*  A - Passport Numbe  B - Voter ID Card  D - Driving Licence  E - Aadhaar Card  F - NREGA Job Card  Z - Other (any docur	Re of the fol	esidentia lowing F	al / Busi	iness f Identity	rnment	Co	Zip / untry Resid	Post C * * lential submitt	ed)		Busin	ess	Driving	State Passpi	Re / U	T Cod	Corred O				MI MI	a	per ISO 316
Address:  District* State / UT* Address Type* (Certified copy of any one Proof of Address*  A - Passport Numbe  B - Voter ID Card  D - Driving Licence  E - Aadhaar Card  F - NREGA Job Card	Re of the fol	esidentia lowing F	al / Busi Proof of	iness f Identity  ral gove	r [Pol] n	Conseeds to	Zip / untry Resid	Post (	ed)			less	Drivinç Mu	Passport Licen	Re / U	T Cod	Coored O	D	y Coo	M	M	а а и и и и и и и и и и и и и и и и и и	per ISO 316
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04. Contact Details (All co	ommu	unicat	tions w	ill be s	sent	on pro	vide	ed Mo	bile (	no./	Emai	I-ID)	(Plea	ase refer	instru	ıctior	n F	at the	e en	nd)			/EA	4011	امان	to b		witt o	a in	DI O	CK	letter
Email Id																							(⊏!\	IAIL	. Ia i	IO D	e wi	illei	1 111 1	SLO	CK	letters
Tel No.: (Resi) (STD Code  05. FATCA / CRS Information		/Tiel	c if Ann	liooble	٥)			(C	Off) (	STL	Cod	de)																				
Residence for Tax Purp						ıtside	Ind	lia (Pl	ease	e ref	er in:	struc	ction	B at the	end																	
Additional Details Required*																																
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Country of Jurisdiction of											<u></u>	<u></u>	<u>_</u>			Co	oun	try C	od	le of	Jur	isdi	ctio	n of	Re	SIC	enc	е		as	s per	ISO 316
Tax Identification Number	or e	quiva	alent (	lf issu	ued	by ju	risd	lictio	n)*																					_		
Place / City of Birth*									C	oun	try o	f Bir	th*											Co	unt	try	Cod	le	$\perp$	as	s per	ISO 316
Address:																																
																		City	//1	Гowr	n / V	illag	e*									
District*										Zip	/ Pos	st Co	ode*	,						Sta	ite /	UT (	Cod	е	T		as pe	r Indi	an Mc	tor Ve	hicle	Act. 198
State / UT*									Co	untr	у*													Co	oun	try	Coc	de	T	a	s per	ISO 316
06. Details of Related Pe	rson	(Opt	tional) (	Please	e refe	er inst	ruct	ion G	at th	e en	d) (in	cas	e of a	additiona	l relat	ed p	erso	ons,	plea	se fi	ill 'Aı	nnexi	ure l	31')								
Related Person		Del	letion o	of Rela	ated	perso	n		KYC	Nu	mber	of F	₹elat	ted Pers	on (if	avai	ilab	le*)														
Related Person Type*		Gu	ıardian	of Mi	inor					Ass	igne	е						Aut	hor	ized	Rep	rese	enta	tive								
Name*																																
If KYC number and name are pr	ovide	d, bel	ow deta	ails of s	sectio	n 6 are	e op	tional)																								
Proof of Identity [Pol	of R	₹elat	ed Per	rson*	(Plea	ase se	e in	struct	ion (	H) at	the e	end)																				
Certified copy of any one of	the 1	follov	wing Pr	roof o	f Ide	ntity [	Pol	] nee	ds to	be	subn	nitte	d)																			
Proof of Address*						1 1																				_	_	_	_	_	_	
A - Passport Number		<u> </u>		<u> </u>															F	Pass	port	Ехр	iry [	)ate	D	) [	D	VI	VI	Y   '		YY
B - Voter ID Card																																
D - Driving Licence																		Driv	ing	Lice	ence	Ехр	iry [	Date	D	) [	D	VI	VI	Y	Y	Y
E - Aadhaar Card		T		$\overline{}$																												
F - NREGA Job Card		Ī		Ť						Ī		T	T																			
Z - Other (any docume	nt no	tified	by the	e cent	tral g	overr	nme	ent)	Ť	Ť	$\frac{}{}$	Ť	Ť				le			ation				T	T	T	T	T	T	T	T	
07. Remarks (if any)																			Nui	libei												
08. Applicant Declaration	n																															
hereby declare that the details furnished any changes therein, immediately. In casheld liable for it. I hereby declare that I ar statute of legislation or any notifications /	d above e any c	are tru	ue and co	rrect to t	the bes	st of my d to be f	know alse	ledge a	nd bel e or m	ief an	d I unde ing, I a	ertake m awa	to info	rm you of t I may be	$\otimes$																	
statute of legislation or any notifications /																																
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Attactation / Fan Offi																																
09. Attestation / For Office																																
			Copies																													
KYC Verific	ation	Car	ried O	ut by	/ (Refe	er Instr	uctio	on I)						D 1						Lv	Inst	ituti	on I	Deta	ils							
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Emp. Code							T							Emp.									T	Т	T	Т	Т	Т	Т		Т	
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In-Person Verific	ation	(IPV	/) Carr	ied O	out b	y (Ref	er Ins	structio	on J)												Inst	ituti	on I	)eta	ils							
Date D D M M Y	Y	Y \	r											Date	Non	D.	IVI	M	Y	Y	Y	Y										
Emp. Name: Emp. Code														Emp.						1				_	_	$\top$	$\neg$	$\neg$	$\neg$	$\neg$	$\neg$	
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																J																

#### **Supplementary CKYC Form** (To be additionally filled by customers using old KYC 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

KYC Type: c Normal (PAN is mandatory)

c PAN Exempt Investors



Tielus markeu witi - are manua	atory lielus		ARN-64917 E434563
1. Identity Details (Please r	efer instruction <b>A</b> at the	end)	
PAN		Please enclose a duly attested copy of your PAN Card	
	Prefix	First Name Middle Name	Last Name
Name* (same as ID proof)			
Maiden Name (If any*)			
Mother Name*			
Would Name			
Residential Status*	Resident Individua	al Non Resident Indian  Person of Indian Origin	
Occupation Type*	S-Service Pr		
occupation type		rofessional Self Employed Retired Housewife	e
	B-Business	☐ X-Not Categorised	_
	<del>(-</del> )		
2. FATCA/CRS Information	, , ,	Residence for Tax Purposes in Jurisdiction(s) Outside India (F	Please refer instruction <b>B</b> at the end)
Additional Details Require	`	<u> </u>	dance C
Country of Jurisdicti on of		Country Code of Jurisdicti on of Resi o	dence as per ISO 3166
Tax I dentificati on Number	or equivalent (it issu		
Place / City o f Birth*  Address		Country of Birth*	Country C ode as per ISO 3166
Line 1*			
Line 2			
Line 3		City / Town / \	/ illage*
District*		Zip / Post C ode* State/UT C ode	as per Indian Motor V ehicle Act, 1988
State/UT*		Country*	Country C ode as per ISO 3166
		,	
3. Details of Related Perso	n (Optional) (please ref	rer instruction G at the end) (in case of additional related persons, please fi	II A nnexure B1)
Related Person	☐ Deletion of Related	Person KYC Number of Related Person (if available*)	
Related Person Type*	Guardian of Minor	☐ Assignee ☐ Authorized Representative	
	Prefix	First Name Middle Name	Last Name
Name*	(If KYC number and nam	e are provided, below details of section 6 are optional)	
☐ Proof of Identity [Pol] of	`	se see instruction (H) at the end)	
		ntity[Pol] needs to be s ubmitted)	
A- Pass port Num ber		Passport Expiry Date	$ \   D \   D \   -M \   M \   -Y \   Y \   Y \   Y $
☐ B- Voter ID Card			
C- PAN Card			
D- Drivi ng Licence		Drivi ng Licence Expiry Dat	te DD-MM-YYYY
E- Aadhaar Card			
F- NREGA Job Card			
Z- Ot hers (any documer	nt notified by the cent	ral government)	er
4. Remarks (If any)			
5. Applicant Declaration			
therein, immediately. In case any o	f the above information is found	ect to the best of my knowledge and belief and I undertake to inform you of any changes d to be false or untrue or misleading or misrepresenting, I am aware that I may be held	
legislation or any notifications/direct	tions issued by any governmen	on for the purpose of c ontravention of any Act, Rules, Regulati ons or any statute of tall or statutory authority from time to time.	[Signature / Thumb Impression]
		ry through SMS/Email on the above registered number/email address.	
Date: DD - MM - L	YIYIY	Place :	Signature / Thumb Impression of Applicant



### FATCA / Foreign Tax Laws 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)

	First / Sole Applicant / Guardian	ARN-64917 E434563								
Name										
PAN	Folio No.									
Address <sup>1</sup>										
	tate Country									
Type of address given at KRA	Residential or Business V Residential V Business	Registered Office								
City of Birth										
Country of Birth										
Are you a tax resident of any country o										
	in which you are resident for tax purposes and the associated Tax									
Country <sup>#</sup>	Tax Identification Number <sup>%</sup> (TIN or o	ntification Type Other, please specify)								
¹Address would be taken as per the data av	vailable in KRA database. In case of any change in address please	e approach KRA.								
	is a citizen / green card holder of The USA									
III case Tax Identification Number is not a	vailable, kindly provide its functional equivalent  Second applicant									
Name										
PAN	Folio No.									
Address <sup>1</sup>										
City	tate									
	10bile Country									
Type of address given at KRA	Residential or Business  Residential  Business	Registered Office								
City of Birth										
Country of Birth										
Are you a tax resident of any country o	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.								
Country*	Tax Identification Number <sup>%</sup> Iden	ntification Type Other, please specify)								
<sup>1</sup> Address would be taken as per the data as	vailable in KRA database. In case of any change in address please	a annroach KRA								

\*To also include USA, where the individual is a citizen / green card holder of The USA \*In case Tax Identification Number is not available, kindly provide its functional equivalent

	Third applicant	
Name	Tima applicant	
PAN	Folio No.	
Address <sup>1</sup>	Tone ite.	
<u> </u>		
City Sta		Country
	bile	
Type of address given at KRA	Residential or Business V Residential	Business Registered Office
City of Birth		
Country of Birth		
Are you a tax resident of any country oth	ner than India? Yes V	
If yes, please indicate all countries in	n which you are resident for tax purposes and th	e associated Tax ID Numbers below.
Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)
· · · · · · · · · · · · · · · · · · ·	ailable in KRA database. In case of any change	in address please approach KRA.
*To also include USA, where the individual is  *In case Tax Identification Number is not ava	ailable, kindly provide its functional equivalent	
	Certification	
	Oei tilloation	
I have understood the information	requirements of this Form (read along v	with the FATCA Instructions) and
hereby confirm that the information	n provided by me on this Form is true, c	orrect, and complete. I also confirm
that I have read and understood th	ne FATCA Terms and Conditions given	under and hereby accept the same.
Signatures		
First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date ddmmyyyyy	Place	
	INSTRUCTIONS	
	INSTRUCTIONS	

Details under FATCA / Foreign Tax Laws: Towards compliance with tax information sharing laws such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or a Green card holder, please include The United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request to provide this information, if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe that you have already provided this information earlier.

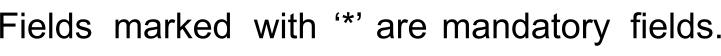
LIC MUTUAL FUND ASSET MANAGEMENT LTD.

Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400 020 www.licmf.com

Toll free : 1800 258 5678

Blank space for your branch or any other details.

# Annexure A1 – Addition/Modification/Change of Address – Correspondence/Local Address





-	Address Details (Please see instruent / Overseas Address details	ction E at the end) Enclose relev	(Mandatory for KYC update request)  vant documentary proof	
Same as Current / Permane	•	ction E at the end) Enclose relev	vant documentary proof	
	ent / Overseas Address details			
e 1*				
e 2				
e 3 trict*	Zip / Post Code*		City / Town / Village*  State/UT Code as per Indian Motor Vehicle Act	1000
te/UT		Country*	State/UT Code as per Indian Motor Vehicle Act ,  Country Code as per ISO	
2.Contact Details (All common	munications will be sent on provided	Mobile no. / Email-ID) (Please re	efer instruction <b>F</b> at the end)	
ail ID				
oile	Tel. (Off)		Tel. (Res)	
pplicant Declaration				
	ed above are true and correct to the best of my kr above information is found to be false or untrue			
islation or any notifications/directions	not making this application for the purpose of issued by any governmental or statutory authori	ry from time to time.	[Signature / Thumb Impression]	
	n from Central KYC Registry through SMS/Email	on the above registered number/email add		
te: DDD—MM—Y	Y Y Y Place:		Signature / Thumb Impression of Applica	ΠL

Annexure B1 – Addition	of Related Persons			ARN-64917 E434	4563 LIC MUTUAL FUNI
Fields marked with '*' are mand Please fill the form in English a					
For office use only (To be filled by financial institution)	Application Type*  KYC Number	New U	pdate/Change	<del></del>	KYC update request)
1.Details of Related P	Person (In case of additional relat	ed persons, pleas	e fill 'Annexure	e B1') (please refer instruction (	<b>G</b> at the end)
Addition of Related Per	son Deletion of Related Pers	on KYC Num	ber of Related	Person (if available*)	
Related Person Type*  Name*	Guardian of Minor  Prefix First N	Assignee		Authorized Representative  Middle Name	Last Name
	(If KYC number and name are prov	vided, below details o	ofsection 6 are of	otional)	
Proof of Identity [Pol] of R	elated Person* (Please see instru	ction ( <b>H</b> ) at the en	d)		
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  7- Others (any docume)	nt notified by the central governme	ant		Identification Number	
	in notifica by the central government			Identification (diffici	
therein, immediately. In case any liable for it. I hereby declare the legislation or any notifications/directi	furnished above are true and correct to the beyof the above information is found to be false at I am not making this application for the rections issued by any governmental or statutor from Central KYC Registry through Status	e or untrue or misleadin purpose of contraventic ory authority from time to	g or misrepresentir on of any Act, Rule o time.	ng, I am aware that I may be held es, Regulations or any statute of	[Signature / Thumb Impression]
Date: DD — MM —	Y Y Y Y Place:				Signature / Thumb Impression of Applicant
3.Attestation / For Office	Use Only				
Documents Received	l Certified Copies				
	C Verification Carried Out by			Institution	Details
Date			Name Code		
Emp. Name Emp.					
Code  Emp Designation					
Emp. Designation Emp. Branch				[Institution	Stamp]
	[Employee Signature]				