

D-NREGA Job Card

E-National Population Register Letter E-Proof of Possession of Aadhaar



	India Mutual Fund				A	RN-	6491	17 E	4345	63												CERSA
Important Instructions: 0) Teles 0) Please III for data in DLOCK letters. 0) Descet III for data in DLOCK letters. 0) Please III for data in DLOCK letters. 0) The former data in DLOCK letters. 0) Please III for data in DLOCK letters. 0) Please IIII	CENTR	AL KYC	REC	GIST	RY I	Kno	w Yo	our C	usto	mer (KY	C) A	ppli	catio	on F	orn	n I In	divi	dua			
To be filled by financial institution KVC Number Account Type* Normal Middle Name Lest Name Pather / Spouse Name* Mainal Status* Define of Birth* Define of Birth* Define of Birth* Define of Birth* Define of Birth* Define of Birth* Define of Birth* Define of Birth* Define of Birth* Define of Birth* Define	Important Instructions: A) Fields marked with ^{***} are mand B) Tick'√' wherever applicable. C) Please fill the form in English ar D) Please fill the date in DD-MM-Y E) For particular section update, p	latory fields. nd in BLOCI ′YYY format lease tick (≁	K lette t. ∕) in th	rs. ne box	section	F) G) H) I) n J)	Please List of S List of t KYC nu The 'O	read se State / wo cha umber o TP base	ection v U.T coo iracter l of applio ed E-K`	vise deta le as pe SO 316 cant is n /C' cheo	ailed r Indi 6 cou nanda	guidel an Mo intry o atory f	lines / otor Ve codes i for upc	instruc ehicle / is avai late ap	ctions Act, 19 Iable a oplicati	at the 988 is at the ion.	e end. availa end.	able at	the e	nd.	sed E-ł	≺YC in
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Date of Birth* Date of Birth* Date of Birth* PAN* Gender* Married Date of Birth* PAN* Gender* Form 60 furnished Marital Status* Married Unmarried Others Country Code Count	Name* <i>(same as ID proof)</i> Maiden Name																					
PAN* Image: Control of Control	Mother Name																					
Married Unmarried Others Citizenship* INI-Indian Others - Country Country Code Residential Status* Resident Individual Non Resident Indian Person of Indian Origin Occupation Type* S-Service Private Sector Public Sector Government Sector O-Others Professional Self Employed Retired Housewife Student B-Business X-Not Categorised I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) Photo B-Voter ID Card Photo Photo D-NREGA Job Card Photo Photo III. E-KYC Authentication X X X X X X X Photo III. Cefficase refer State / U.T Code* ISO 3166 Country Code* Ine 2* Ine 2* Ine 2* Iso 3166 Country Code* Iso 3166 Country Code*	Date of Birth*	D — M	M -	ΥY	ΥY]	Geno	der*	M	- Male		F- F	Fema	le	T-	Tran	sgen	der				
Citizenship* IN-Indian Others - Country Country Code Residential Status* Resident Individual Non Resident Indian Person of Indian Origin Occupation Type* S-Service Private Sector Public Sector Government Sector O-Others Professional Self Employed Retired Housewife Student B-Business X-Not Categorised I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) Photo B-Assport Number Image: Comparison of Adhaar Image: Comparison of Adhaar Image: Comparison of Adhaar II. Offline verification of Aadhaar Image: Comparison of Adhaar Image: Comparison of Adhaar Image: Comparison of Adhaar II. Offline verification of Aadhaar Image: Comparison of Adhaar Image: Comparison of Adhaar Image: Comparison of Adhaar III. Offline verification of Aadhaar Image: Comparison of Adhaar Image: Comparison of Adhaar Image: Comparison of Adhaar III. Offline verification of Aadhaar Image: Comparison of Adhaar Image: Comparison of Adhaar Image: Comparison of Adhaar Image: Comparison of Adhaar Image: Comparison of Adha	PAN*							Form	60 fu	rnisheo	d											
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Housewife Student B-Business X-Not Categorised 1 . PROOF OF IDENTITY AND ADDRESS* (Please refer instruction Bat the end) I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) A-Passport Number B-Voter ID Card D-NREGA Job Card D-NREGA Job Card E-National Population Register Letter Proof of Possession of Aadhaar X X X X X X X II. Offline verification of Aadhaar X X X X X X X District* PIN/ Post Code* INN Post Code* State / U.T. Code* ISO 3166 Country Code*	Occupation Type*		Э			🗌 Pr	ivate \$	Sector	-		Pub	lic S	ector			G	overn	ment	Sect	or		
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 Same as above mentioned address (In such cases address details as below need not be provided) Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) 		Housewif AND ADD alent e-docu ister Letter adhaar aar	re RESS ument ument	of OVI	D or O'	St refer i i v/D obt	udent nstruc ained ti 	e*	digital	e end)	B-B			d e subm		X-	Not C	Categ		d OVDs	Signatur	ie/ ession
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V1 February 2022

II. E-KYC Authentication	X X X X X X X X			
III. Offline verification of Aadhaar	XXXXXXXX			
IV. Deemed Proof of Address - Document Type cod				
V. Self Declaration				
Address:				
Line 1*				
Line 2*				
Line 3*				
District*	PIN/ Post Code*	State / U.T (Code*	O 3166 Country Code*
4. CONTACT DETAILS (All communication		er/ Email-ID provided)	(Please refer instruct	ion Cat the end)
Tel. (Off)	Tel. (Res)		Mobile	
Email ID				
5. REMARKS (If any)				
6. APPLICANT DECLARATION	rue and correct to the heat of my kno	wladge and balief and Lund	ortoko	
 I hereby declare that the details furnished above are t to inform you of any changes therein, immediately. 				
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Know Your Client (KYC)						ARN-	64917 E434563					
Application Form (For I		ୄୄୄୄ	CDSL VE		PGIM India Mutual Fund							
Please fill the form in ENGLISH and in BLOC Fields marked * are mandatory Fields marked [*] are pertaining to CKYC and also			on Number: on Type*:	С 🗆 Мо	Iodification KYC							
KYC Mode*: Please Tick (✓) ○ Normal ○ EKYC	OTP 🗌 EKYC Bio	ometric	🗌 Online K	XYC 🗌 C	Offline EKYC	Di	gilocker					
1. Identity Details (pleas	se refer guidelines ove	rleaf)					-					
PAN*			ly attested copy o	of your PAN Card								
			iy uttested copy c	your rai cara								
Name* (same as ID proof)												
Maiden Name ⁺ (if any)												
Fathers/Spouse's Name*												
Date of Birth*												
Gender*	🗌 Male	🗌 Female	5	Transgend	er							
Marital Status*	Single	Marrie	d				nt passport size					
Nationality*	🗌 Indian	Other				Ар	plicant Photo					
Residential Status*	Resident Individu	al	Non Re	sident Indian								
Please Tick (✓)	Foreign National			of Indian Orig	gin	Cross	Signature across photograph					
	(Passport mandatory for NRIs											
Proof of Identity (POI) sub			ease tick)									
A — Aadhaar Card	XXXX XXXX											
B — Passport Number	r				(Expiry Date)							
C — Voter ID Card					(Expiry Date)							
D — Driving License												
E —NREGA Job Card												
Z —Others			(ar	ny document notifie	ed by Central Gover	nment)						
Identification Nu	Imper											
2. Address Details* (ple	ase refer guidelines ov	erleaf)										
A. Correspondence/ Local	Address*											
Line 1*												
Lino 2												
Line3												
City/Town/Village*		Dis	strict*		Pin	Code*						
State*		Co	ountry*									
Address Type* 🗌 Reside	ential/Business 🗌 R	esidential	Busir	ness 🔄 I	Registered Off	ice	Unspecified					
						Applicant	e-SIGN					

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B. Permanent residence address of applicant, if differe	ent from above A / Overseas	Address* (Mandatory for NRI Applicant)
Line 1*		
Line 2		
Line3		
City/		
		Pin Code*
State*	_ Country*	
Address Type* Residential/Business Residen	tial 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 notifie	d 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 under-	Applicant e-SIGN	Applicant Wet Signature
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 ad- dress.		
DATE: (DD-MM-YYYY)		
PLACE:		

5. For Office Use Only	
In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date Emp. Name Emp. Code Emp. Designation	Self certified document copies received (OVD) True Copies of documents received (Attested) AMC / Intermediary Name :
Employee Signature and Stamp	Institution Name and Stamp

Proof of Identity / PAN (mandatory)

Proof of Address (mandatory)

Applicant Wet Signature Page (mandatory)

Additional KYC Information and FATCA & CRS Annexure for Individual Accounts



V1 August 2019

(Including Sole Proprietor) (Refer to instructions)

ARN-64917 E434563

FIRST / SOLE APPLICANT / GUARDIAN

Name			PAN	
		1		OR PAN Exempt KYC Ref No. (PEKRN)
Place of Birth		Country of Birt	1	
Nationality: Indian U.S. Others (Please specif	y)	Tax Residence		Residential Registered Office Business
Are you a tax resident (i.e., are you assessed for Tax) in any other co	ountry outside India?	Yes 🗌 No		
If 'No' Please proceed of the signature of declaration				
If 'Yes', please fill for ALL countries (other than India) in which you a countries	are a Resident for tax purpo	oses i.e., where y	ou are a Citizen / Resident / Green	Card Holder / Tax Resident in the respectiv
Sr. Country of Tax Residency No.	Tax Identification N Functional Equiv		Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason 🗌 A 🗌 B 🗌 C*
2				Reason 🗌 A 🗌 B 🗌 C*
* Please specify reason				
Reason A : The country where the Account Holder is liable to pay ta Reason B : No TIN required. (Select this reason Noly if the authoritie Reason C : others; please state the reason threof. Occupation Details Service Private Sector Public Sector	es of the respective country	y of tax residence		
Retired Agriculture Proprietorsh				
Gross Annual Income Below 1 Lac 1 - 5 Lacs 5 - 10 L	_acs 🗌 10 - 25 Lacs 🗌	>25 Lacs - 1 Crore	e 🗌 >1 Crore OR	
Net-worth (Mandatory for Non-Individuals) ₹	as	on D D M M	Y Y Y Y (Not older than 1 year)
Politically Exposed Person (PEP) Status*	ed to PEP Not Applicabl	e		
*PEP are defined as individuals who are or have been extrusted with prominent p	publications in a foreign country	, e.g., Heads of Stat	es or of Governments, senior politicians, s	senior Government/judicial/ military officers, senior
executives of state owned corporations, important political party officials, etc.				
SECOND APPLICANT				
Name			PAN	OR PAN Exempt KYC Ref No. (PEKRN)
Place of Birth		Country of Birt	n	
Nationality: Indian U.S. Others (Please specif	y)	Tax Residence	(/ —	Residential Registered Office Business
Are you a tax resident (i.e., are you assessed for Tax) in any other co If 'No' Please proceed of the signature of declaration	ountry outside India?	Yes 🗌 No		
If 'Yes', please fill for ALL countries (other than India) in which you a countries	are a Resident for tax purpo	oses i.e., where y	ou are a Citizen / Resident / Green	Card Holder / Tax Resident in the respectiv
Sr. Country of Tax Residency No.	Tax Identification N Functional Equiv		Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason 🗌 A 🗌 B 🗌 C*
2				Reason 🗌 A 🗌 B 🗌 C*
* Please specify reason	·			·
Reason A : The country where the Account Holder is liable to pay ta Reason B : No TIN required. (Select this reason Noly if the authoritie Reason C : others; please state the reason threof.				ed)
Occupation Details Service Private Sector Public Sector Retired Agriculture Proprietorsh			Professional 🗌 Housewife 🗌 Bus	siness
Gross Annual Income □ Below 1 Lac □ 1 - 5 Lacs □ 5 - 10 L Net-worth (Mandatory for Non-Individuals) ₹		>25 Lacs - 1 Crore on D D M M	>1 Crore OR Y Y Y (Not older than 1 year))
Politically Exposed Person (PEP) Status* PEP Relat	ted to PEP 🗌 Not Applicab	le		
*PEP are defined as individuals who are or have been extrusted with prominent p			as ar of Covernments, conjer politicians,	soniar Government/judicial/military officers, soniar

THIRD AP	PLICANT						
Name					PAN		
					C	OR PAN Exempt h	(YC Ref No. (PEKRN)
Place of Birth			Country of Bi				
Nationality:	Indian U.S. Others (Please speci	fy)	Tax Residen	ce Address (for K	, _	Residential Office	 Registered Business
Are you a tax resid	ent (i.e., are you assessed for Tax) in any other c	ountry outside India?	Yes 🗌 No)			
If 'No' Please proc	eed of the signature of declaration						
If 'Yes', please fill countries	for ALL countries (other than India) in which you	are a Resident for tax purpo	oses i.e., where	you are a Citizen	I / Resident / Green (Card Holder / Tax	Resident in the respective
Sr. No.	Country of Tax Residency	Tax Identification N Functional Equir			ation Type , please specify)		available, please tick 8 or C (as defined below)
1						Reason	A B C*
2						Reason	A B C*
* Please specify re	ason						
Reason B : No TII	untry where the Account Holder is liable to pay to I required. (Select this reason Noly if the authorit please state the reason threof.				the TIN to be collecte	ed)	
Occupation Deta	•			Professional	Housewife Bus	siness	
	come		>25 Lacs - 1 Cro s on D D M	re >1 Crore	OR (Not older than 1 year)	
Politically Expos	ed Person (PEP) Status*	ated to PEP	le				
*PEP are defined as ir	dividuals who are or have been extrusted with prominent ed corporations, important political party officials, etc.			ates or of Governme	ents, senior politicians, s	senior Government/j	udicial/ military officers, senior
POWER O	F ATTORNEY (POA) HOLDER						
Name					PAN		
					C	OR PAN Exempt H	YC Ref No. (PEKRN)
Place of Birth			Country of Bi	rth			
Nationality:	Indian U.S. Others (Please speci	fy)	Tax Residen	ce Address (for K	/	Residential Office	 Registered Business
Are you a tax resid	ent (i.e., are you assessed for Tax) in any other c	ountry outside India?	Yes 🗌 No)			
If 'No' Please proc	eed of the signature of declaration						
If 'Yes', please fill countries	for ALL countries (other than India) in which you	are a Resident for tax purpo	oses i.e., where	you are a Citizen	/ Resident / Green (Card Holder / Tax	Resident in the respective
Sr. No.	Country of Tax Residency	Tax Identification N Functional Equir			ation Type , please specify)		available, please tick 8 or C (as defined below)
1						Reason	A 🗌 B 🗌 C*
2						Reason	A B C*
* Please specify re	ason						
Reason B : No TII	untry where the Account Holder is liable to pay to I required. (Select this reason Noly if the authorit please state the reason threof. Is Service Private Sector Public Sector Retired Agriculture Proprietors	ies of the respective countr	y of tax residend	ce do not require	the TIN to be collecte	,	
	come		>25 Lacs - 1 Cro	re >1 Crore	OR (Not older than 1 year)	
		ated to PEP				·]
*PEP are defined as ir	dividuals who are or have been extrusted with prominent ed corporations, important political party officials, etc.			tates or of Governme	ents, senior politicians, s	senior Government/ji	udicial/ military officers, senior
CERTIFIC	TION						
I hereby confirm that the confirm that I have re	he information provided hereinabove is true, correct, an ad and understood the FATCA & CRS Terms and Con thin 30 days of the same being effective and also under	ditions below and hereby acce	pt the same. I als	o undertake to keep	o you informed in writin	g about any change	es / modification to the above
SIGNATURES							
Fir	st / Sole Applicant / Guardian	Second	Applicant			Third Applicar	nt

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Date	D	D	M	M	Y	Y	Y	Y	Place														