Know Your Client (KYC) ARN-64917 E434563 **CDSL VENTURES LIMITED Application Form (For Individuals Only)** Please fill the form in ENGLISH and in BLOCK letters Application Number: Fields marked * are mandatory Fields marked ⁺ are pertaining to CKYC and mandatory only if processing CKYC Application Type*: ☐ New KYC ■ Modification KYC **KYC Mode*:** Please Tick (✓) ☐ EKYC OTP Normal ☐ 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 Nationality* Indian Other Residential Status* Resident Individual Non Resident Indian Please Tick (✓) ☐ Foreign National ☐ Person of Indian Origin[†] Cross Signature across photograph (Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual) Proof of Identity (POI) submitted for PAN exempted cases (Please tick) XXXX XXXX ______ A — Aadhaar Card (Expiry Date) **B** — Passport Number C — Voter ID Card (Expiry Date) D — Driving License 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 Line3 City/Town/Village* District* Pin Code* State* Country* Registered Office Unspecified Address Type* Residential/Business Residential Business 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* Dist | rict* | Pin Code* |
| State* Country* | | |
| Address Type* Residential/Business Residential | Business Registere | ed 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 (in CAPITAL) | | |
| Email ID* | | |
| Mobile No. * | | |
| Tel (off) Tel (Res) | | |
| Ter (Nes) | | |
| 4. Applicant Declaration | | |
| I/We hereby declare that the KYC details furnished by me are true and correct to 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: | Applicant e-SIGN | Applicant Wet Signature |
| 5. For Office Use Only | | |
| In-Person Verification (IPV) carried out by* | Intermediary Details* | |
| IPV Date | Self certified document copies received (OVD) | |
| Emp. Name | True Copies of documents received (Attested) | |
| Emp. Code | AMC / Intermediary Name : | |
| | | |
| Emp. Designation | | |
| | | |
| | | |
| Employee Signature and Stamp | Institution | Name and Stamp |

Proof of Identity / PAN (mandatory)

Proof of Address (mandatory)

Applicant Wet Signature Page (mandatory)