						Cł	<b>(</b> Y(	C 8	k κ	(R/	A k	<b>(</b> Y)	CF	or	m									*	U	t	®	
Know Your Client Application Form (For (Please fill the form in English an Fields marked with '*' are mandator	d in BLO	OCK Le		only)	ту	oplica vpe* YC Ty	lion		pdat			Num				Exe	mnt	Inve	esto	IS (P	efer ir		<b>ū</b> taq, ( ]		utu ehfo	al Fu Ir <i>zir</i>	nd Idag	ıi ka.
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1. Identity Details (Please re	eter ins	structio	n <b>A</b> a	it the	end)																	A	RN-	649	17	E4	34:	563
PAN					Ple	ase er	nclose	e a d	uly at	ttest	ed co	ору о	f your	PA	N Ca	rd												
	Prefix First Name					me						M	lidd	le Na	ame	;						La	st Na	me				
Name* (same as ID proof)		ШL																										
Maiden Name (If any*)																												
Father / Spouse Name*																1								$\square$			╈	$\square$
Mother Name*						++	+		$\square$			+				╈		+	$\square$		$\square$	+		$\square$			╈	+ -
Date of Birth*		— [M	1 M -	- [ \	YY	Y				[																Photo	 \	
	_													<b>-</b> -	<b>-</b>			_							-	note	,	
Gender*		1- Male							F-F						Frans	-	naer											
Marital Status*	LN	larried	1						Unr	narr	ied			Otl	hers													
Citizenship*	11 🗌	N- Indi	an						Oth	ers	– Co	ountr	У					(	Cour	ntry	Code	• 🗆	Ш					
Residential Status*	R	esider	nt Indi	ividua	al							nt Ind																
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Occupation Type*		-Servio -Other			ivate ofess		r				Secto ploye				vernı tired				sewif	50	□ s	tud	ont					
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(Certified copy of <u>any one of t</u>													ase 11	elei	1150	ucu		o n	atu		iu)							
A- Passport Number											/		F	Pas	spor	t Ex	piry	Dat	е		DI	0 -	M	M -	Y	YY	Y	
B- Voter ID Card	$\vdash$	$\square$	+	$\vdash$	++										•		. ,									_		
D- Driving Licence			+		++	++	++	+	1				[	Driv	ing L	Lice	ence	Exp	iry D	Date	DI	0 -	M	M -	Y	YY	Y	
E- Aadhaar Card			$\top$		++				1						•				-					_				
F- NREGA Job Card									]																			
Z- Others (any docume	nt noti	fied by	y the	cen	tral g	overn	ment	t) 🗌							lde	enti	ficati	ion l	Num	ber								
3. Proof of Address (PoA)*																												
3.1 Current / Permanent	/ Overs	seas A	ddres	s De	etails (	Pleas	e see	inst	ructio	on D	at th	ne en	d)															
Address																												
Line 1*																												
Line 2									$\square$	$\perp$			_												_			$\square$
Line 3	++	++						_	$\left  \right $	+	_	$\left  \right $				_	-		wn /	/ Vill	age*							
District*				2	Zip / I	Post (	Code								Stat	te/L	л с	ode	_ L				ndian	Motor	Vehi	cle Ac	t, 19	88
State/UT*								C	Count	try*										C	ounti	ry C	ode		a	s per l	SO 3	3166
Address Type* 🗌 Residential / Business 🗌 Residential 🗌 Business 🗌 Registered Office 🗌 Unspecified								d																				
(Certified copy of <u>any one</u> Proof of Address*	of the	tollow	ing P	root	of Ad	aress	s [Po/	Aj ne	eeds	to t	be si	ubmii	ted)															
Passport Number													F	Pas	spor	t Ex	kpiry	Dat	е		DI	0 -	M	M -	Y	YY	Y	
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Driving Licence			+		++	++	++	+	1				[	Driv	ing L	Lice	nce	Exp	iry D	Date	DI	0 -	M	M -	Y	YY	Y	
Aadhaar Card			+		++		+ '		1						•				-									
NREGA Job Card									]																			
Others (any document i	notifie	d by th	ne ce	ntra	l gove	ernme	ent)							1	lde	enti	ficati	ion I	Num	ber								
3.2 Correspondence / Lo	cal Add	dress [	Detail	s* (P	lease	see ir	nstruc	ction	E at	the	end)			-														
Same as Current / Permar													ce / loo	cal ac	ldress	ies, p	lease	fill 'Ar	nnexu	re A1	', Subr	nit re	levant	docur	nenta	ıry pro	of)	
Line 1*																		Π			Π				Τ			
Line 2																												
Line 3									$\square$			$\downarrow$					City	/ To	wn /	/ Vill	age*	•						
District*				Ż	Zip / I	Post (	Code	*						_	Stat	te/L	л с	ode	Ĺ		asp	oer Ir	ndian	Motor	Vehi	cle Ac	t, 19	88
State/UT*								C	Count	try*										C	ounti	ry C	ode		a	s per l	SO 3	3166

4. Contact Details (All	communications will be sent on p	provided Mobile no. / Email-	ID) (Please refer instruction F at the	e end)
Email ID				
Mobile	Tel.	(Off)	Tel. (Res)	
	ation (Tick if Applicable)		poses in Jurisdiction(s) Outside Indi	ia (Please refer instruction <b>B</b> at the end)
	quired* (Mandatory only if abo	, ,		
Country of Jurisdictio			Country Code of Jurisdiction of R	as per ISO 3166
	mber or equivalent (If issued b			
Place / City of Birth*		Country of Birth*		Country Code as per ISO 3166
Address Line 1*				
Line 2				
Line 3			City / Tov	vn / Village*
District*	Zip /	Post Code*	State/UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*		Country*		Country Code as per ISO 3166
6. Details of Related P	erson (Optional) (please refer in	struction G at the end) (in ca	ase of additional related persons, plea	se fill 'Annexure B1')
Related Person	Deletion of Related Per	_	of Related Person (if available*)	
Related Person Type*	Guardian of Minor Prefix Fi	Assignee Inst Name	Authorized Representati Middle Name	ive Last Name
Name*				
	(If KYC number and name are	provided, below details of section	on 6 are optional)	
_ ,.	ol] of Related Person* (Please se	. ,	)	
	<u>e</u> of the following Proof of Identity[	Pol] needs to be submitted)		
A- Passport Numbe			Passport Expiry Date	
B- Voter ID Card				
C- PAN Card			<b>_</b>	-
D- Driving Licence			Driving Licence Expiry	
E- Aadhaar Card				
F- NREGA Job Car				
	ument notified by the central g	jovernment)	Identification Nu	
7. Remarks (If any)				
8. Applicant Declarati				
therein, immediately. In case	any of the above information is found to b	e false or untrue or misleading or mi	and I undertake to inform you of any changes srepresenting, I am aware that I may be held	
legislation or any notification	s/directions issued by any governmental or	statutory authority from time to time.	ny Act, Rules, Regulations or any statute of	[Signature / Thumb Impression]
	information from Central KYC Registry thro		ered number/email address.	
Date:   D     9. Attestation / For Of		*. <u>             </u>		Signature / Thumb Impression of Applicant
	_			
	red Certified Copies rification Carried Out by (Refer Inst.	ruction I)	Institu	tion Details
Date		-	lame	
Emp. Name			Code	
Emp. Code			Emp. Branch	
Emp. Designation				
In-Person Ve	rification (IPV) Carried Out by (Refe	r Instruction J)	Institu	tion Details
Date		,	lame	
Emp. Name			Code	
Emp. Code			imp. Branch	
Emp. Designation				

Know Your Client (KYC) Application Form	
For Individuals Only	

(Please fill the form in English and in BLOCK Letters)

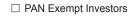
Fields marked with \* are mandatory fields

## Supplementary CKYC Form

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

KYC Type: 

Normal (PAN is mandatory)





1. Identity Details (Please	refer instruction	A at the end)													
PAN		Plea	ase enclose	a duly	y attes	ted co	opy of y	our PA	N Card						
	Prefix First Name Middle Name La														
Name* (same as ID proof)					$\square$										
Maiden Name (If any*)				$\square$	$\top$						$\uparrow \uparrow$			$\uparrow$	
Mother Name*															
Residential Status*	<ul><li>Resident Ir</li><li>Foreign Na</li></ul>			_			nt India dian Oi								
Occupation Type*		Private S	Sector		Public				vernm	ent Sec	ctor				
		Profession	onal		Self En			🗌 Re	tired	□ H	House	wife	🗌 Stu	udent	
	B-Business	3		□ ×	K-Not C	Catego	orised								
2. FATCA/CRS Informatio	n_(Tick if Applica	ble)	Reside	nce fo	or Tax	Purpo	oses in	Jurisd	iction(s	).Outsi	de Ind	ia (Ple	ase ref	fer inst	ructi
Additional Details Require						i anpe	0000-11-	o cinico ci	Guoni	) Outon	ue-me			CI-III.ct.	
Country of Jurisdiction of	· _				$\square$	Cou	untry C	ode o	f Juriso	diction	of Re	siden	ce	as	per IS
Tax Identification Number	or equivalent (	(If issued by	jurisdictio	n)*											
Place / City of Birth*				. 1	of Birt	th*							ountry	Code	as per ISO 316
Address Line 1*															
Line 2				$\uparrow \uparrow$			++								
Line 3				$\square$			匚			City	/ Tow	n / Vil	lage*		
District*		Zip / P	ost Code*						State	'UT Co	ode		as pe	r Indian	Motor X
State/UT*				Со	ountry*							C	ountry		
3. Details of Related Perso	<u>on</u> (Optional) (pl	<u>ease</u> refer ins	truction G	at the	end) (	(in case	<u>e of</u> ad	<u>ditio</u> nal	related	persor	<u>ns, p</u> lea	a <u>se fi</u> ll '	<u>Annexu</u>	ire B	
3. Details of Related Person	on (Optional) (pl										_	ase fill '	Annexu	re B	
		Related Perso	on ł		Numbe			Perso	related n (if ava orized F	ilable*	)		Annexu	re B	
Related Person Related Person Type*	Deletion of F	Related Perso Minor	on ł	KYC N	Numbe			Person Auth	n (if ava	ilable*	)		Annexu	re B	
Related Person	Deletion of F     Guardian of     Prefix	Related Perso Minor First	on ł CAS t Name	KYC N ssigne	Numbe ee	er of R	elated	Person Auth Middle	n (if ava orized F	ilable*	)		Annexu	ire B	
Related Person Related Person Type* Name*	Deletion of F	Related Perso Minor First	on ł As t Name rovided, belov	KYC N ssigne w detai	Numbe ee	er of R	elated	Person Auth Middle	n (if ava orized F	ilable*	)		Annexu	re B	
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Related Person Related Person Type* Name* Proof of Identity [Pol] of (Certified copy of <u>any one</u> of the copy of any one of any one of the copy one of any one of	Deletion of F Guardian of Prefix (If KYC number a Related Person be following Proof	Related Perso Minor First and name are pr (Please see f of Identity[Po	on ł A: t Name rovided, belov instruction	KYC N ssigne w detai (H) at	Numbe ee ils of se t the e	er of Rection 6	elated	Person Auth Middle tional)	n (if ava orized F Name	ilable* Repress	) entativ Date	/e	Annexu	re B	
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Related Person         Related Person Type*         Name*         Proof of Identity [Pol] of         (Certified copy of any one of the         A- Passport Number         B- Voter ID Card         C- PAN Card         D- Driving Licence         E- Aadhaar Card         F- NREGA Job Card		Related Person Minor First and name are pr * (Please see f of Identity[Po	on H	KYC N       ssigne       w detail       (H) at       be sub	Numbe ee ils of se t the e	er of Rection 6	elated	Person Auth Middle tional)	n (if ava orized f Name	ilable* Represe xpiry [ ence E	Date	/e Di	Annexu	re B	
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Related Person Related Person Type*  Name*   Proof of Identity [Pol] of (Certified copy of any one_of th A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any documer  4. Remarks (If any)  5. Applicant Declaration		Related Person Minor First and name are pr * (Please see f of Identity[Po e central gov	on H	kYC N       ssigne       w detail       (H) af       be sub	Vumbe ee ills of se t the e bmitted,	er of R ection 6 end) U	Related	Persor Auth Middle tional) Pass Drivi	n (if ava orized f Name Sport E ng Lic Ident	ilable* Represent xpiry [ ence E ification	Date	/e Di	Annexu	re B	
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KYC Details Change form	Place for Intermediary Logo	Application No. : ARN-64917 E					
		RS (Please strike off Sections that are not us	ed).				
A Name of Applicant (Mandatory as per original							
Title Mr. Ms. Other <u>Pleases</u> Aadhaar	Number, if any:	PAN					
Name							
Date of Birth d d / m m / y y y y							
Please Provide the new KYC details which should l							
B. Mandatory fields for KYCs done before 1 <sup>st</sup> J 1. Father's/Spouse Name	anuary 2012						
2. Current Marital status Single Married Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for changes to Identity and Address	be mandatorily filled for all KYCs registere	☐ Indian ☐ Other (Please specify) d before 1st January 2012. Originals Seen and Verified should	d				
C. Identity Details (please see guidelines over	eaf)						
1. New Name (As appearing in supporting identification docume	ent).		1 1				
Name							
2. New Status Please tick (✓) □ Resident Individual □ No	n Pacidant (Pacchart Cany Mandatany for NI	21: & Ecroign Nationale)					
	enclose a duly attested copy of your PAN Ca						
4. Proof of Identity submitted for PAN exempt cases Ple	, ,, ,						
Addhaar Card Passport Voter ID Driving		(Please see guideline 'D	)' overle				
D. Address Details (please see guidelines overl	eaf)						
1. New Address for Correspondence	,						
		No Colle					
City / Town / Village	Country	Pin Code					
State	Country						
2. Contact Details           Fel. (Off.)         (ISD)         (STD)         (ISD)         (STD)	Tel. (Res.)	(ISD)   (STD)					
Mobile (ISD) (STD)	Fax						
E-Mail Id.							
<ul> <li>3. Proof of address to be provided by Applicant. Please s         Passport Ration Card Registered Lease/Sale Agree         *Latest Telephone Bill (only Land Line) *Latest Electric         *Not more than 3 Months old. Validity/Expiry date of proof of     </li> <li>4. New Permanent Address of Resident Applicant if different and the second sec</li></ul>	ement of Residence Driving License to city Bill *Latest Gas Bill Others (Please of address submitted d d / r	/oter Identity Card T*Latest Bank A/c Statement/Passbook specify m M / y y y y					
City / Town / Village		Pin Code					
State	Country						
	Agreement of Residence □Driving Licer lectricity Bill □*Latest Gas Bill □Othe	g valid documents & tick (√) against the document a hse □Voter Identity Card □*Latest Bank A/c Statement/F rs (Please specify) h   m ] /   y   y   y   y   h   m ] /   y   y   y   y   y					
SIGNATURE OF APPLICANT	DECLARATION	SIGNATURE OF APPL	ICAN				
Old signature as per original KYC the best of you of an informatic	eclare that the details furnished above a f my/our knowledge and belief and I y changes therein, immediately. In ca on is found to be false or untrue	undertake to inform se any of the above e or misleading or					
Wherever Applicable misreprese Place:	enting, I am/we are aware that I/we ma	y be held liable for it.					
FOR OFFICE		IPV Done on dd/mm//y	у у				
AMC/Intermediary name <b>OR</b> code	Seal/Stamp of the intermediary shou	ld contain Seal/Stamp of the intermediary should					
□ (Originals Verified) Self Certified Document copies received	Staff Name Designation	Staff Name Designation					
	Name of the Organization						
(Attested) True copies of documents received	Signature	Signature					
Main Intermediary	Date	Signature Date					



## FATCA & CRS 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									
Gender M F O PAN		cupation Type Service Business Others							
Father's Name									
Folio No.									
	n as available in KRA database. In case of any change ential or Business	please approach KRA & notify the changes Business ✓ Registered Office							
		ving License  UIDAI Card NREGA Job Card Others							
Date of Birth         D         M         M         Y         Y           Country of Birth         Image: Country of Birth <td< th=""><th>Y   Place of Birth</th><th></th></td<>	Y   Place of Birth								
Nationality									
Are you a tax resident of any country ot	ner than India? Yes 🗸 No 🔻								
	which you are resident for tax purposes and the								
County#	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)							
*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 \$									
	Second applicant								
Name									
Gender M F O P/		cupation Type Service Business Others							
Father's Name									
Folio No. Address of tax residence would be taken as available in	KRA database. In case of any change please approa	ch KRA & notify the changes							
	ential or Business 🗸 Residential 🗸	Business 🗸 Registered Office							
Permissible documents are Passport El	ection ID Card ⊚ PAN Card ⊚ Govt ID Card ⊚ Driv	ng License ● UIDAI Card ● NREGA ● Job Card ● Others							
Date of Birth D D M M Y Y	Y Place of Birth								
Country of Birth									
Nationality									
Are you a tax resident of any country 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.									
Are you a tax resident of any country of		a approximated Tax ID Numbers below							
	which you are resident for tax purposes and the								
County#	Tax Identification Number%	Identification Type (TIN or Other, please specify)							
L									
<sup>#</sup> To also include USA, where the individua <sup>%</sup> In case Tax Identification Number is not a									

Third applicant										
Name										
Gender M F O PA	N Oc	cupation Type Service Business Others								
Father's Name										
Folio No. Address of tax residence would be taken	as available in KRA database. In case of any change	please approach KRA & notify the changes								
Type of address given at KRA 🛛 🗸 Reside	ential or Business $\checkmark$ Residential $\checkmark$	Business 🗸 Registered Office								
Permissible documents are Passport	● Election ID Card ● PAN Card ● Govt ID Card ● Driv	ing License ● UIDAI Card ● NREGA ● Job Card ● Others								
Date of Birth         D         D         M         Y         Y	Y Place of Birth									
Country of Birth										
Nationality										
Are you a tax resident of any country oth	ner than India? Yes ✓ No ✓	·								
	which you are resident for tax purposes and the	associated Tax ID Numbers below.								
County#	Tax Identification Number%	Identification Type								
		(TIN or Other, please specify)								
<sup>#</sup> To also include USA, where the individual <sup>%</sup> In case Tax Identification Number is not a										
	Certification									
confirm that the information provided by n		the FATCA & CRS Instructions) and hereby mplete. I / We also confirm that I / We have ccept the same.								
FATCA & CRS Terms & Conditions										
Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the Folio(s) or any proceeds in relation thereto.										
Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.										
Please note that you may receive more than one request for 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 you have already supplied any previously requested information.										
If you have any questions about your tax re holder, please include United States in the		you are a US citizen or resident or greencard your US Tax Identification Number.								
\$It is mandatory to supply a TIN or function	al equivalent if the country in which you are	e tax resident issues such identifiers. If no TIN								
s yet available or has not yet been issued, please provide an explanation and attach this to the form. In case investor has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:										