



Broker/Agent Code ARN:	ARN-120781	SUB-BROKER		EUIN	E187538
<b>Unit Folder Information</b>					
<b>Name of the First Applicant :</b>		ADITHYA RAVARIKANDY			
PAN Number : BSFPA9283B		KYC :	Date Of Birth : 09-01-1998		
Father Name:			Mother Name:		
Name of Guardian:			PAN:		
<b>Contact Address:</b> D/O SUKUMARAN ADIYODI, RAVARIKANDY,, NADUVANNUR, NADUVANNUR, KAVIL,					
City: KOZHIKODE		Pincode: 673614	State: KERALA		Country: INDIA
Tel.(Off):		Tel.(Res):	Email: adithyasairk@gmail.com		
Fax(Off):		Fax(Res):	Mobile: 7902417211		
Income Tax Slab/Networth:			Occupation Details:		
Place of Birth :		Country of Tax Residence :			
Tax Id No :					
Politically exposed person /Related to Politically exposed person etc.?				Yes	No
Mode of Holding: SINGLE			Occupation: PUBLIC SECTOR / GOVERNMENT SERVICE		
<b>Name of the Second Applicant :</b>					
PAN Number :		KYC :	Date Of Birth :		
Income Tax Slab/Networth:			Occupation Details:		
Place of Birth :		Country of Tax Residence :			
Tax Id No :					
Politically exposed person /Related to Politically exposed person etc.?				Yes	No
<b>Name of the Third Applicant :</b>					
PAN Number :		KYC :	Date Of Birth :		
Income Tax Slab/Networth:			Occupation Details:		
Place of Birth :		Country of Tax Residence :			
Tax Id No :					
Politically exposed person /Related to Politically exposed person etc.?				Yes	No
<b>Other Details of Sole / 1st Applicant</b>					
Overseas Address(In case of NRI Investor):					
City: IRELAND		Pincode: 0000	Country: 105		
<b>Bank Mandate 1 Details</b>					
Name of Bank: AXIS BANK			Branch: THALASSERY, KERALA		
A/C No.: 924010072927205		A/C Type: NON-RESIDENT EXTERNAL	IFSC Code: UTIB0000892		
<b>Bank Address:</b> NO.44/2378/G, GROUND FLOOR, PILAKKANDY ARCADE , B BLOCK, A V K NAIR ROAD, THALASSERY, KERALA, PIN 670101					
City: THALASSERY		Pincode:	State: KERALA		Country: INDIA
<b>Bank Mandate 2 Details</b>					
Name of Bank:			Branch:		

A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	
				Country:	
Bank Mandate 3 Details					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	
				Country:	
Bank Mandate 4 Details					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	
				Country:	
Bank Mandate 5 Details					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	
				Country:	
Nomination Details					
Nominee Name: PRABUL DAS SIVADASAN RAJITHA				Relationship: 20	
Guardian Name(If Nominee is Minor):					
Nominee Address:					
City:		Pincode:		State:	
Declaration and Signature					
I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.					
Date :			Place :		
1st applicant Signature :		2nd applicant Signature :		3rd applicant Signature :	