

Know Your Client (KYC)**Application Form (For Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**CDL VENTURES LIMITED**

....Exploring New Horizons

Intermediary
Logo

Application Number:

Application Type*:



New KYC



Modification KYC

KYC Mode*: Please Tick (✓)☐ Normal☐ EKYC OTP☐ EKYC Biometric

Online KYC



Offline EKYC



Digilocker

1. Identity Details (please refer guidelines overleaf)PAN* 123456789

Please enclose a duly attested copy of your PAN Card

Name*(same as ID proof)

Ismail Shaikh

Maiden Name+ (if any)

Fathers/Spouse's Name*

Amir Shaikh

Date of Birth*

23/11/1996

Gender*



Male



Female



Transgender

Marital Status*



Single



Married

Nationality*



Indian



Other

Residential Status*

Please Tick (✓)



Resident Individual



Non Resident Indian



Foreign National



Person of Indian Origin

(Passport mandatory for NRIs, PIOs and Foreign Nationals)



Proof of Identity (POI) submitted for PAN exempted cases (Please tick)



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



Z —Others

(any document notified by Central Government)

Identification Number

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address***

Line 1*

Line 1

Line 2

Line 3

City/Town/Village*

Mumbai

District*

Pin Code* 400058

State*

Maharashtra

Country*

India

Address Type*



Residential/Business



Residential



Business



Registered Office



Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* Line 1
Line 2 _____
Line 3 _____
City/Town/Village* Mumbai District* _____ Pin Code* 400058
State* Maharashtra Country* India
Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☒ Unspecified

Proof of Address* (attested copy of any one POA 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 _____
☐ Z — Others _____ (any document notified by Central Government)
Identification Number _____

3. Contact Details

Email ID abc@gmail.com
Mobile No 123456789
Tel (Off) 123456789 Tel (Res) 123456789

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- 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.

DATE: 23/11/2020 (DD-MM-YYYY)

PLACE: Bangalore, India

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only****In-Person Verification (IPV) carried out by***

IPV Date 27/11/2020
Emp. Name A Mathews
Emp. Code EP9787
Emp. Designation KYC Officer

Intermediary Details*☒ Self certified document copies received (OVD)☐ True Copies of documents received (Attested)

AMC / Intermediary Name :

INA3487A

Employee Signature and Stamp

Institution Name and Stamp



