

Broker/Agent Code ARN:			SUB-BROKER		EUIN				
Unit Folder Information									
Name of the First Applicant :									
PAN Number :		KYC:		Date Of Birth :					
Name of Guardian:				PAN:					
Contact Address:									
City:	Pincode:		State:		Country:				
Tel.(Off):	Tel.(Res):			Email:					
Fax(Off):	Fax(Res):			Mobile:					
Mode of Holding:				Occupation:					
Name of the Second Applicant :									
PAN Number :		KYC:		Date Of Birth :					
Name of the Third Applicant :									
PAN Number :		KYC:		Date Of Birth :					
Other Details of Sole / 1st Applicant	t								
Overseas Address(In case of NRI I	nvestor):								
City:	Pincode:		Country:						
Bank Mandate Details									
Name of Bank:				Branch:					
A/C No.:	A/C Type:			IFSC Code:	FSC Code:				
Bank Address:									
City:	Pincode:		State:		Country:				
Nomination Details									
Nominee Name: Relationship:									
Guardian Name(If Nominee is Minor):									
Nominee Address:									
City: Pincode: State:									
Declaration and Signature I/We confirm that details provided b commission or any other mode), pa is being recommended to me/us.	=				-				
Date:			Place :						
-									
1st applicant Signature :	2nd applicant Sig	nature :		3rd applicant Sigr	nature :				



KNOW YOUR CLIENT APPLICATION FORM (For Individuals only)

(Please fill the form Fields marked with					Lett	ers)		ication Type*	Type*					te KYC Number* PAN Exempt Investors (Refer instruction K)	
1. IDENTITY DETAILS (Please refer instruction A at the end)															
PAN				T				F	lease	enclo	se a d	uly a	ttest	ted copy of your PAN Card	
Name* (Same as ID p	aroof)			Prefix	_				First	Nam	e			Middle Name Last Name	
Maiden Name (If an				++	_						-				
Father / Spouse Na				++	\dashv										
Mother Name*				\forall	=										
Date of Birth*			D	D	M	M	γγ	Υ	Υ					РНОТО	
Gender*	☐ M- Male ☐ F- Female ☐ T-Transgender														
Marital Status*	Status* Married											U	Jnma	orried Others	
Citizenship*				IN- I	India	n)ther	rs - Country Code Country Code	
Residential Status	ntial Status* Resident Individual Foreign National									Non Resident IndianPerson of Indian Origin					
Occupation Type*				S-Se	ervice	е	(Privat	e Sect	or		P	ublic	Sector Government Sector)	
					thers		(\square	Profe	ssional				Gelf Er	mployed Retired Housewife Student) Signature / Thumb Impression	
				X- N	usine lot Ca		orised	1							
2 PRUVE VE	IDEN	TITV							etor (or if	PAN (rard	con	y not provided) (Please refer instruction C & K at the end)	
(Certified copy of any o										,, ,,	IAN	caru	coh	y not provided (i lease rerei instruction o & K at the end)	
A- Passport Nu					Ť									Passport Expiry Date D D M M Y Y Y Y	
☐ B- Voter ID Car	ď			T	寸	Ť	Ì				Ì				
C- PAN Card				\Box	寸	T									
D- Driving Licer	nce			\Box	寸									Driving Licence Expiry Date D D M M Y Y Y Y	
E- Aadhaar Car	d			Ħ	寸	T									
F- NREGA Job	Card			\Box	\mp										
Z- Others (any do	ocument	notified	by the c	entral	govei	rnmen	t)							Identification Number	
3. PROOF OF	ADD	RESS	(POA	*											
3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)															
Address															
Line 1*															
Line 2															
Line 3															
District*															
State/UT* Country Code as per ISO 3166 Address Type* Residential Business Registered Office Unspecified															
(Certified copy of any	one of							needs	to be su	bmitt					
Passport Numb	er													Passport Expiry Date D D M M Y Y Y Y	
☐ Voter ID Card															
Driving Licence	!													Driving Licence Expiry Date D D M M Y Y Y Y	
Aadhaar Card															
☐ NREGA Job Ca	rd														
Others (any document notified by the central government) Identification Number															
3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)															
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Additional Form', Submit relevant documentary proof)															
Line 1*															
Line 2														City / Town / Village*	
District*															
State/UT*														Country* Code as per ISO 316	

4. CONTAC	T DETAILS (All communications will be sent on provided Mobile No. / Ema	ail ID) (Please refer instructions F at the end)					
Email ID							
Mobile	Tel. (Off)	-					
	RS Information (Tick if Applicable) Residence for Tax Purposes in quired* (Mandatory only if above option (5) is ticked)	in Jurisdiction(s) Outside India (Please refer instruction B at the end)					
Country of Jurisdictio		Country Code of Jurisdiction of Residence as per ISO 3166					
•	mber or equivalent (If issued by jurisdiction)*						
Place / City of Birth*		y of Birth* Country Code as per ISO 3166					
Address	Country	y or birth					
Line 1*							
Line 2							
Line 3		City / Town / Village*					
District*	Z	Cip / 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 PERSON (Optional) (please refer instruction G at the e	end) (in case of additional related persons, please fill 'Annexure B1')					
Related Person		KYC Number of Related Person (if available*)					
Related Person Typ	pe*	ee					
Name*							
	(If KYC number and name are provided, below details of section	6 are optional)					
	ty [Pol] of Related Person* (Please see instruction (H) at the end)						
A-Passport N	<u>one</u> of the following Proof of Identity(Pol) needs to be submitted) umher						
B-Voter ID Ca		Passport Expiry Date DDMMMYYYYY					
C-PAN Card							
☐ D-Driving Lice	ence	Driving Licence Expiry Date D D M M Y Y Y Y					
Aadhaar Card		Driving Licence Expiry Date D D M M Y Y Y Y					
F-NREGA Job	Card						
Z-Others(any	document notified by the central government)	Identification Number					
7. REMARK	(S (If any)						
	(1. 4.1)						
8 APPLICA	NT DECLARATION						
	re that the details furnished above are true and correct to the best (of my knowledge and helief and Lundertake to inform you of any					
changes there	ein, immediately. In case any of the above information is found to b	be false or untrue or misleading or misrepresenting, I am aware					
that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time. [Signature / Thumb Impression]							
	ent to receiving information from Central KYC Registry through S	10.					
Date D D N	/ M Y Y Y Place	Signature / Thumb Impression of Applicant					
9. ATTEST	ATION / FOR OFFICE USE ONLY						
	ved Certified Copies						
KYC V	erification Carried Out by (Refer Instruction I) Institution	Institution Details					
Date	D D M M Y Y	Name					
Emp. Name		Code					
Emp. Code		Emp. Branch					
Emp. Designation							
	[Employee Signature]	[Institution Stamp]					
In-Pers	son Verification (IPV) Carried Out by (Refer Instruction J)	Institution Details					
Date	D D M M Y Y	Name					
Emp. Name		Code					
Emp. Code Emp. Designation		Emp. Branch					
Linh. Designation							
	[Employee Signature]	[Institution Stamp]					