

<b>Know Your Client (KYC)</b> <b>Application Form (For Individuals Only)</b> <small>Please fill the form in ENGLISH and in BLOCK letters</small> <small>Fields marked * are mandatory</small> <small>Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also</small>	 <b>CDSL VENTURES LIMITED</b> <small>....Exploring New Horizons</small>	<div style="border: 1px solid black; width: 100px; height: 70px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Intermediary Logo </div>
Application Number: _____ Application Type*: <input type="checkbox"/> New KYC <input checked="" type="checkbox"/> Modification KYC		
<b>KYC Mode*:</b> Please Tick (✓) <input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input checked="" type="checkbox"/> Digilocker		
<b>1. Identity Details</b> (please refer guidelines overleaf)		
PAN* <u>ABEPI4531R</u> <small>Please enclose a duly attested copy of your PAN Card</small> Name* (same as ID proof) <u>MR</u> <u>ISMAIL</u> <u>KHAN</u> Maiden Name* (if any) _____ Fathers/Spouse's Name* <u>MR</u> <u>IFTAKAR</u> <u>AHMED</u> <u>KHAN</u> Date of Birth* <u>28/04/1986</u> Gender* <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Marital Status* <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married Nationality* <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Other _____ Residential Status* <input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian Please Tick (✓) <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin+ <small>(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)</small>		
<div style="float: right; text-align: center;">   <small>Cross Signature across photograph</small> </div> <b>Proof of Identity (POI) submitted for PAN exempted cases</b> (Please tick) <input type="checkbox"/> A — Aadhaar Card <u>XXXX XXXX _ _ _ _</u> (Expiry Date) _____ <input type="checkbox"/> B — Passport Number _____ (Expiry Date) _____ <input type="checkbox"/> C — Voter ID Card _____ (Expiry Date) _____ <input type="checkbox"/> D — Driving License _____ <input type="checkbox"/> E — NREGA Job Card _____ <input type="checkbox"/> F — NPR _____ <input type="checkbox"/> Z — Others _____ (any document notified by Central Government) Identification Number _____		
<b>2. Address Details*</b> (please refer guidelines overleaf)		
<b>A. Correspondence/ Local Address*</b> Line 1* <u>S/O I K IFTAKAR AHMED KHAN, NO 19, LALBAGH FORT ROAD,</u> Line 2 <u>DODDA MAVALLI, 7TH CROSS, BANGALORE SOUTH, 560004,</u> Line 3 <u>BANGALORE, KARNATAKA, INDIA</u> City/Town/Village* <u>BANGALORE SOUTH</u> District* <u>BANGALORE SOUTH</u> Pin Code* <u>560004</u> State* <u>KARNATAKA</u> Country* <u>INDIA</u> Address Type* <input type="checkbox"/> Residential/Business <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified		
		Applicant e-SIGN

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

Line 1\* S/O I K IFTAKAR AHMED KHAN, NO 19, LALBAGH FORT ROAD,

Line 2 DODDA MAVALLI, 7TH CROSS, BANGALORE SOUTH, 560004,

Line3 BANGALORE, KARNATAKA, INDIA

City/  
Town/Village\* BANGALORE SOUTH District\* BANGALORE SOUTH Pin Code\* 560004

State\* KARNATAKA Country\* INDIA

Address Type\* ☐ Residential/Business ☒ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

<input checked="" type="checkbox"/> A — Aadhaar Card	XXXX XXXX 6802	
<input type="checkbox"/> B — Passport Number		(Expiry Date)
<input type="checkbox"/> C — Voter ID Card		
<input type="checkbox"/> D — Driving License		(Expiry Date)
<input type="checkbox"/> E — NREGA Job Card		
<input type="checkbox"/> F — NPR Letter		
<input type="checkbox"/> Z—Others		(any document notified by Central Government)
Identification Number		

**3. Contact Details (in CAPITAL)**

Email ID\* khan.ismail786@gmail.com

Mobile No. \* 91 9986498959

Tel (off) Tel (Res)

**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: 05/01/2024 (DD-MM-YYYY)  
PLACE: GURGAON

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

In-Person Verification (IPV) carried out by\*

Intermediary Details\*

IPV Date 05/01/2024

Emp. Name SUDHA VERMA

Emp. Code 15170093

Emp. Designation VERIFYING OFFICER

☐ Self certified document copies received (OVD)☐ True Copies of documents received (Attested)

AMC / Intermediary Name :

BANAYANTREE SERV LTD

Employee Signature and Stamp

Institution Name and Stamp

 <b>आयकर विभाग</b> <b>Income Tax Department</b>	
<b>PAN VERIFICATION RECORD</b>	
Permanent Account Number	
<b>ABEPI4531R</b>	
Name	ISMAIL KHAN
Gender	MALE
DOB	28/04/1986
Verified On	05/01/2024 15:43:03
	
	
Digitally Signed On: 05/01/2024 15:43:03 IST 	
<b>Note:</b> <ol style="list-style-type: none"> <li>1. This PAN data is verified by DigiLocker (<a href="https://digilocker.gov.in">https://digilocker.gov.in</a>) as per data provided by the issuing authority, Income Tax Department, Govt. of India.</li> <li>2. This digitally signed verification document is valid as per the IT Act 2000 when used electronically.</li> </ol>	




## DigiLocker Verified e-Aadhaar

This document is generated from verified Aadhaar XML obtained from DigiLocker with due user consent and authentication

Document Type	AADHAR CARD		
Generation Date	05/01/2024	Download Date	05/01/2024
Masked Aadhaar Number	XXXXXXXX6802		
Name	ISMAIL KHAN		<div>Photo</div> 
Date of Birth	28-04-1986		
Gender	MALE		
c/o, s/o, d/o	S/O I K IFTAKAR AHMED KHAN		
Address	S/O I K Iftakar Ahmed Khan, NO 19, LALBAGH FORT ROAD, DODDA MAVALLI, 7TH CROSS, Bangalore South, 560004, Bangalore, Karnataka, India		
Landmark	LALBAGH FORT ROAD	Locality	DODDA MAVALLI
City/ District	BANGALORE SOUTH		
Pin code	560004	State	KARNATAKA




T. S. K.

Sudhanshu  
Sudhanshu Services Limited