Know Your Client (KY	(C)									1																	Our	Mission	Your Growth
Application Form (For Individuals only) (Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields						Application New													CAMS										
						Type* Update KYC Number*																							
rielus markeu wilii - are manua	itory	ieius				K	KYC Type $^*$ $\square$ Normal (PAN is mandatory) $\square$ PAN Exempt Investors (Refer instru											uctio	n K)										
1. Identity Details (Please refer instruction A at the end)																													
PAN						PI	ease	encl	ose a	a dul	/ atte	sted	сору	of you	ır PA	N Ca	ırd												
	Р	refix	-, -			F	rst N	lame	)						Midd	lle Na	ame	9					_		Las	t Nai	ne		
Name* (same as ID proof)			1						Ш			1	Ш	$\perp$		Ш	_				L				Ш		$\perp$		
Maiden Name (If any*)									Ш				Ш	$\perp$		Ш		$\perp$	$\perp$						Ш	_	$\perp$		
Father / Spouse Name*			1						Ш				Ш	$\perp$				$\perp$	$\perp$						Ш	_	$\perp$		
Mother Name*													Ш																
Date of Birth*	D	D -	- [[	1 M	- Y	Y	Y																				Ph	oto	
Gender*		M- I	Mal	е					[	_ F	- Fe	male	)		] T-	Tran	sge	ende	r										
Marital Status*		Mar	ried	t					[	□ ι	Jnma	rried	d		Ot	hers													
Citizenship*		IN-	Indi	an					[		Other	s – (	Count	ry					(	Cour	ntry	Cod	de		]				
Residential Status*		Res	ider	nt Ind	ividu	al			[	_ N	lon R	esid	ent In	dian															
				Nati			_		[				Indian	Origi				_											
Occupation Type*				ce [	_				Ĺ		ublic					overn		_			40		C+	ممما					
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B-Business																													
(Certified copy of any one of the				-							-		) (									,							
☐ A- Passport Number			П	Т		П									Pas	spor	rt Ex	xpiry	/ Dat	e		D	D	- 1	/I M	]-[	Y	Υ	7
☐ B- Voter ID Card			П	$\top$	$\Box$	$\top$																							
☐ D- Driving Licence															Dri۱	/ing l	Lice	ence	Ехр	iry [	Date	е 🗖	D	- 1	/I M	]-[	ΥΥ	Υ	1
☐ E- Aadhaar Card	Ш		Ш	$\perp$	Ш	Ш	$\perp$	Ш		_																			
☐ F- NREGA Job Card			Ш																										
Z- Others (any docume	nt n	otifie	d b	y the	cen	tral	gove	rnm	ent)	Ш	Ш					Ide	enti	ficat	ion I	Num	ber	· 🔲							
3. Proof of Address (PoA)*																													
3.1 Current / Permanent	/Ov	ersea	as A	ddres	ss De	etails	(Ple	ase s	see ir	nstru	ction	D at	the e	nd)															
Address	_	1 1	_								_			1	_		_				_	_	_		_	_		_	
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Line 3	+	$\vdash$	+	+	Щ.	7:/	<u> </u>		.1 . *	$\vdash$	+	H	+				_	-	/ To	wn / □	/ VI	⊪age □	9"		_		Ш		
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Address Type* R						. of /	ماماده		eside					Busi		S			Re	egist	tere	ed O	ffice	Э			Uns	peci	fied
(Certified copy of any one Proof of Address*	_01 11	ie io	IIOW	ilig r	-1001	OI F	luure	33 [I	FUAJ	nee	นร แ	De	SUDIII	nieu)	,														
☐ Passport Number		$\top$	П	$\top$											Pas	spor	rt Ex	xpiry	/ Dat	:e		D	D	_ N	/I M	1-[	YY	Y	7
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☐ Aadhaar Card	П	$\top$	П	$\top$	$\sqcap$	$\top$	$\top$	Ħ														_		_		-	-		_
☐ NREGA Job Card																													
☐ Others (any document	noti	ied b	y th	ne ce	entra	l gov	/ernr	nent	:)							Ide	enti	ficat	ion l	Num	ber	· 🔲							
3.2 Correspondence / Lo	cal /	Addre	ss [	Detail	s* (P	leas	e see	e inst	ructio	on E	at th	e en	d)																
Same as Current / Perma	nen	/ Ov	ers	eas	Addr	ess	deta	ils (I	n cas	e of n	nultiple	e corr	espond	lence /	loca	l addr	esse	es, ple	ease f	ill 'An	nexi	ure A	1', S	ubmi	t rele	vant	docum	entar	y proof)
Line 1*																													
Line 2																													
Line 3	1	$\coprod$	$\perp$							Ц		$\coprod$						City	/ To	wn ,	/ Vi	llage	э*						
District*						Zip /	Pos	t Co	de*	Ш		$\coprod$				Sta	te/L	JT C	ode	_ [		as	per	India	an M	otor \	ehicle	Act,	1988
State/UT*										Со	untry	*									C	Coun	itry	Cod	de [		as p	er IS	O 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)																							
Email ID												$\top$		Т					$\top$	$\top$			$\Box$
Mobile		Tel.	(Off)		1-11				Tel.	. (Re	es)	Ť	T	<u> </u>		$\overline{\Box}$		T	$\overline{\top}$	$\overline{\Box}$	一		
5. FATCA/CRS Informatio	n (Tick if Appl	icable)	Res	idence 1	for Tax	Purnos	es in .	Jurisdi	- ction(	s) O	utsio	de In	ndia	(Ple	ase	refe	er in	stru	ction	Ba	 at the	end)	
	Additional Details Required* (Mandatory only if above option (5) is ticked)																						
Country of Jurisdiction of	•					,	ntry C	Code o	f Jur	isdio	ction	n of	Re	side	nce			as ı	oer IS	O 31	66		
Tax Identification Number	r or equivale	ent (If issued	by jurisdi	ction)*	$\top$					П		$\top$	7					·					
Place / City of Birth*				Country	y of Bi	rth*				T			<u>-</u>	С	our	ntry	Co	de [	$\top$	a	s per	ISO 3	166
Address											_							_					
Line 1*			+++		$\perp$				$\sqcup$	$\perp$	$\perp$	Ш		Щ	4	_	$\perp$		$\sqcup$	$\perp$	$\bot$		Ш
Line 2			+++	++	++			++	++	+		<u> </u>					+	$\vdash$	$\vdash$	+	+		+
Line 3		7:-	/ Doot Co	l *	++		$\vdash$				-	/ To		1 / V	ıııa(	ge"	L						Щ
District*		ZIP	/ Post Co				$\Box$		Sta	te/U	T C	ode	· 	Ш	_				Motor			ct, 19	
State/UT*				(	Country	/* <u> </u>					Ш				Cou	intry	/ Co	ode	Ш	8	as per	ISO 3	166
6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')																							
Related Person		of Related Pe		KYC Assig		er of R														$\Box$	$\perp$		
Related Person Type*	Guardiar	☐ Authorized Representative																					
Name*	Prefix   First Name   Middle Name   Last Name											П	٦										
(If KYC number and name are provided, below details of section 6 are optional)																							
☐ Proof of Identity [Pol] of Related Person* (Please see instruction ( <b>H</b> ) at the end)																							
(Certified copy of <u>any one</u> of A- Passport Number	the following P	Proof of Identity	[Pol] need T	s to be s	submitte	ed)		Pac	cnort	Evi	oirv	Date	_		П		1_	3.6	57	V	VI	/ I v I	
B- Voter ID Card								газ	sport	. <b>C</b> X	JII y	Dati	Е			νĮν		IVI	IVI	1	1 1	T	
C- PAN Card																							
☐ D- Driving Licence					7			Driv	ing L	icer	nce	Exni	irv	Date	٦ -		1_	3.4	N/I	V	V I	/ I v I	
☐ E- Aadhaar Card					_			2111	9 -		100	_	,	Dan	L			IVI	101			-	
☐ F- NREGA Job Card					7																		
Z- Others (any document notified by the central government)																							
7. Remarks (If any)																							
			+++		$\square$	+	++	++	+	$\perp$	$\perp$	Н	$\dashv$	+	$\perp$	Н	$\perp$	$\perp$	+	Н	+	++	+
							Ш		Ш	_	_	Ш	_		_	Ш	_	_	_	Ш	_	Ш	_
<ul> <li>8. Applicant Declaration</li> <li>I hereby declare that the details furtherein, immediately. In case any</li> </ul>																							
liable for it. I hereby declare that legislation or any notifications/dire			ct, Rule	s, Regul	ations	or an	y stat	tute of	of			[Sign	natur	e/Th	numb Ir	npres	ssion]						
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above						egistered	number/	/email ad	ldress.				L										
Date: DD — MM —	YYYY	Plac	:e:					Ш							Sigr	ature	/ Th	umb I	mpres	sion (	of App	licant	
9. Attestation / For Office Use Only  Documents Received  Certified Copies																							
		ut by (Refer Ins	truction I)									Insti	ituti	on D	etail	S							
Date	D — M M	_ Y Y Y Y				Nam	е						T				T	T			$\equiv$		
Emp. Name						Code	Э														+		
Emp. Code						Emp	. Bran	ch		Ť			Ť		T		Ť	Ť		T	Ť		ī
Emp. Designation																				_			$\exists$
In-Person Verifica	tion (IPV) Carr	ied Out by (Ref	er Instruction	on J)		N.1						Insti	ituti	on D	etail	S							
Date	D - W W	— Y   Y   Y   Y				Nam							+	+			+	+	+	H	_		
Emp. Name						Code		a b				<u> </u>		<u> </u>						$\Box$	<del>_</del>		_
Emp. Code						⊨mp	. Bran	cn											Щ	$\perp$			_
Emp. Designation																							