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Know Your Client Application Form (For Individuals only) (Please fill the form in English and in BLOCK Letters) Fields marked with "*" are mandatory fields							pplication (pe* Update KYC Number* PAN Exempt Investors (Refer instruction K)																												
1. Identity Details (Please re	efer i	nstru	ictio	n <b>A</b> a	t the	end)																													
PAN			Т		Т	] Ple	ase	enclo	ose a	a du	lv a	ttest	ed o	сору	of vo	our F	PAN	Car	d																
	Pr	efix					stNa				.,							Nar								LastName									
Name* (same as ID proof)	$\square$		1													Т				Τ	Γ								Т	Т	Τ	$\square$			
Maiden Name (If any*)	$ \uparrow $	+	╢╴			+	+	$\square$		+	╡			$\square$	+	╈			┢	┢	┢						$\neg$	+	$^+$	╈	┢	$\square$			
Father / Spouse Name*	+	+	╟			+	+			+	+			$\vdash$	+	+	+		+	+	$\vdash$	$\square$					+	+	╈	+	╈	+			
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Mother Name*																																			
Date of Birth*							Ϋ́		-																		Pr	oto							
Gender*	M- Male								L	F-Female T-Transgender																									
Marital Status*	Married								[	Unmarried Others									_																
Citizenship*	nship* 🗌 IN- Indian								[	Others – Country Country Code											еL														
Residential Status*				t Indi		al			[					ent In																					
Occupation Tract			-	Natio		vet-	<b>S</b> a-'	or	[					ndiar	ı Orię	-	0	or		0.0	tor														
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2. Proof of Identity (Pol)* (for	or PA	N ex	(emr	ot Inv	esto	r or if	PAN	l car						-		e ref	fer ir	nstru	ictio	n C	& K	at th	ne ei	nd)											
(Certified copy of <u>any one</u> of the														۵) (۰ .	0000									,											
🗌 A- Passport Number	$\square$	Τ		Π	Τ	$\square$										Pa	assp	port	Exp	biry	Date	е		D	D	- 11	M	$- \begin{bmatrix} 1 \\ - \end{bmatrix}$	( Y	Y	Y				
B- Voter ID Card																																			
D- Driving Licence	Ш															D	rivir	ng Li	icen	ce l	Expi	ry D	)ate	D	D	11	M	$-\Gamma$	( Y	Y	Y				
🗌 E- Aadhaar Card	Щ					$\square$				_																									
F- NREGA Job Card										$\square$							_																		
Z- Others (any docume	nt no	otifie	d by	the	cent	ral g	over	nme	ent)									Ide	ntifi	catio	on N	lum	ber												
3. Proof of Address (PoA)*																																			
3.1 Current / Permanent /	/ Ove	ersea	is Ac	dres	s De	tails (	(Plea	ise s	ee ir	nstr	uctio	on D	) at 1	the e	nd)																				
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District*					Z	Zip / I	Post	Cod	de*							_	S	State	_	-		Г	Т	1		India	in Ma	otor V	ehicl	e Ac	t. 198	88			
State/UT*			Π				$\square$			С	oun	try*	Π				Т	Τ		Τ	Τ	1	С	oun			- E		1		SO 3				
	eside	entia	ul / E	usin	ess	_		Re	side	enti	al				Bus	sine	ess				Re	⊐ eqist	ere	d Of	fice	è			Uns	pec	ified	d			
Address Type*       Residential / Business       Residential       Business       Registered Office       Unspecified         (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)       Registered Office       Unspecified																																			
Proof of Address*		_														D,		oort	Evr	virv	Date	~									V				
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□ 3.2 Correspondence / Loo			-			-				on F	E at	the	end	i)										<u> </u>	- 1						1				
Same as Current / Permar															nce /	loca	l add	resse	s, ple	ase fi	ll 'An	inexu	re A1	', Sub	omiti	releva	ant d	ocum	entary	/ pro	of)				
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Line 2																																			
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District*					Z	Zip / I	Post	Coo	de*								5	State	e/UT	Cc	de			as	per	India	in Mo	otor V	ehicl	e Ac	t, 198	88			
State/UT*										С	oun	try*								Τ			С	oun	try	Cod	e [		as	per I	SO 3	166			

4. Contact Details (All	l communica	ations wi	ll be se	nt on p	provide	ed M	lobile	no. /	Em	ail-ID)	(Plea	ise r	efer	instru	ıcti	on F	at	the	enc	d)									
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5. FATCA/CRS Inform	ation (Tick	if Applic	ahle)	-	_	'esid		for T	av F	Purpos	es in	luri	edic				ا مه	ndia	- - (P	اما		əfor	inet	ruc	tion	Ba			1)
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	Additional Details Required* (Mandatory only if above option (5) is ticked) Country of Jurisdiction of Residence* as <sub>per ISO 3166</sub>																												
Tax Identification Nu			t (If ise	sued h		sdic	tion)*	┢	╞									7		•			a	s þe	110	5 51	00		
Place / City of Birth*							ountr		Birt	th*		+	$\square$		Η	$\overline{\Box}$	$\neg$	╧		Co	untr	vC	ode	Г	Т	] _	s por	ISO :	3166
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District*			+	Zin /	Post	Cod	le*	+			$\vdash$	_		Ctate						1	1								
State/UT*						000	_	Coun	try*			Т	П	State	e/U		,00e	•		С	」as ount	•		. г	lotor			• ISO	988 3166
6. Details of Related F	Person (On	tional) (r	lease r	efer in	structi	on (				n case	ofac	ditic	nal	relate	- d r	hers	ons	nl	easi	e fi	ll 'Ar	ne	ure	B1	'n				
Related Person		eletion o				on c				er of R								, pr										<u>г г</u>	_
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Proof of Identity [P		′C numbe ed Persc									are o	ptiona	ai)																
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E- Aadhaar Card																									_				-
F- NREGA Job Card																													
Z- Others (any doc	ument noti	fied by	the ce	ntral g	govern	mei	nt) 🗌							lder	ntifi	cati	ion	Nu	mbe	ər									
7. Remarks (If any)																													
<ul> <li>8. Applicant Declarati</li> <li>I hereby declare that the definition of the declare that the reprint in the reprint t</li></ul>	tails furnished a se any of the abo re that I am no ns/directions iss g information fro	ove informa t making th ued by any om Central	ation is fo his applic governm	und to b ation foi ental or	e false o r the pu statutory ough SM	r untr pose auth	ue or m of cont ority froi	isleadi ravent m time	ng o ion c to tir	r misrep of any A me.	resentii ct, Rule	ng, I a es, Re	im aw egula	vare that tions or	at In	nay b	e hel	ld		S			ture /	_				licant	
9. Attestation / For Of		-																											
Documents Recei	erification Car			fer Inst	ruction	1)											Inst	titut	ion	Det	ails								
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In-Person Verification (IPV) Carried Out by (Refer Instruction J)											_						Inst	titut	ion	Det	ails								
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