

# CKYC & KRA KYC Form

South Gujarat ARN: 54854



## Know Your Client

### Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with '\*' are mandatory fields

Application ☐ New

Type\*

☐ Update

KYC Number\*

KYC Type\*

☐ Normal (PAN is mandatory)

☐ PAN Exempt Investors (Refer instruction K)

#### 1. Identity Details (Please refer instruction A at the end)

PAN

Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector		
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorized		

Photo



Signature/  
Thumb Impression

#### 2. Proof of Identity (Pol)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

☐ A- Passport Number

Passport Expiry Date

☐ B- Voter ID Card

☐ D- Driving Licence

Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

Identification Number

#### 3. Proof of Address (PoA)\*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

##### Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Zip / Post Code*	<input type="text"/>
State/UT*	<input type="text"/>
City / Town / Village*	<input type="text"/>
State/UT Code	<input type="text"/>
Country*	<input type="text"/>
Country Code	<input type="text"/>

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)

Proof of Address\*

☐ Passport Number

Passport Expiry Date

☐ Voter ID Card

☐ Driving Licence

Driving Licence Expiry Date

☐ Aadhaar Card

☐ NREGA Job Card

☐ 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

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Zip / Post Code*	<input type="text"/>
State/UT*	<input type="text"/>
City / Town / Village*	<input type="text"/>
State/UT Code	<input type="text"/>
Country*	<input type="text"/>
Country Code	<input type="text"/>

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID 



  
Mobile 



 Tel. (Off) 



 Tel. (Res)

**5. FATCA/CRS Information** (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\* 



 Country Code of Jurisdiction of Residence 



 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)\* 



Place / City of Birth\* 



 Country of Birth\* 



 Country Code 



 as per ISO 3166

Address  
Line 1\* 



  
Line 2 



  
Line 3 



 City / Town / Village\* 



  
District\* 



 Zip / 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 end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available\*) 



  
Related Person Type\* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative  
Name\* Prefix 



 First Name 



 Middle Name 



 Last Name 



  
(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person\* (Please see instruction **(H)** at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number 



 Passport Expiry Date 



  
☐ B- Voter ID Card 



  
☐ C- PAN Card 



  
☐ D- Driving Licence 



 Driving Licence Expiry Date 



  
☐ E- Aadhaar Card 



  
☐ F- NREGA Job Card 



  
☐ Z- Others (any document notified by the central government) 



 Identification Number

**7. Remarks (If any)**



**8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake 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 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.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: 



Place: 





[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only****Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date 



  
Emp. Name 



  
Emp. Code 



  
Emp. Designation

[Employee Signature]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date 



  
Emp. Name 



  
Emp. Code 



  
Emp. Designation

[Employee Signature]

**Institution Details**

Name 



  
Code 



  
Emp. Branch

[Institution Stamp]

**Institution Details**

Name 



  
Code 



  
Emp. Branch

[Institution Stamp]

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

(Please fill the form in English and in BLOCK Letters)

Fields marked with \* are mandatory fields

**Supplementary CKYC Form**

(To be additionally filled by customers using old KYC form)

KYC Type: ☐ Normal (PAN is mandatory)☐ PAN Exempt Investors**1. Identity Details** (Please refer instruction A at the end)PAN             Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)				
Mother Name*				

Residential Status\* ☐ Resident Individual ☐ Non Resident Indian  
☐ Foreign National ☐ Person of Indian Origin

Occupation Type\* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector  
☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student  
☐ B-Business ☐ X-Not Categorised

**2. FATCA/CRS Information** (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option is ticked)

Country of Jurisdiction of Residence\*           Country Code of Jurisdiction of Residence   as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)\*                     Place / City of Birth\*                      Country of Birth\*                      Country Code   as per ISO 3166

Address	City / Town / Village*
Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Zip / Post Code*	<input type="text"/>
State/UT*	<input type="text"/>
Country*	<input type="text"/>
State/UT Code	<input type="text"/> <input type="text"/> as per Indian Motor Vehicle Act, 1988
Country Code	<input type="text"/> <input type="text"/> as per ISO 3166

**3. Details of Related Person** (Optional)

Related Person	Deletion of Related Person	KYC Number of Related Person (if available*)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Related Person Type*	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative	
Name*	Prefix <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/>	

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [PoI] of Related Person\*(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

Proof of Identity [PoI]	Passport Expiry Date
<input type="checkbox"/> A- Passport Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Driving Licence Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> E- Aadhaar Card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**4. Remarks (If any)**

<input type="text"/>
<input type="text"/>
<input type="text"/>

**5. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake 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 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.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:     -     -         Place:                

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

### Details and Declaration form

For Investors using OLD Application Forms / Transaction Forms / Slips which do not contain new requirement on FATCA, CRS and KYC details.

Non Individual Investors have to additionally submit separate FATCA Details and UBO forms.

Please refer to instructions, terms and conditions in updated KIM/Scheme related documents available on [www.dsblackrock.com](http://www.dsblackrock.com).

#### SOLE / FIRST INVESTOR DETAILS

Name																Application No.										
PAN											Folio Nos.															
Type of Address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office																									

#### 1. FATCA AND CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS details form

Sole/First Investor/Guardian			2nd Investor			3rd Investor		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____		

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

\*If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

#### 2. ADDITIONAL KYC DETAILS (MANDATORY)

##### Sole / First Investor Details

- a. Occupation Details (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business  
☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others \_\_\_\_\_ (Please specify)
- b. Gross Annual Income (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore  
 Net-worth in (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on DD / MM / YYYY (Not older than 1 year)
- c. For Individuals (Please tick ✓) ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

2nd Investor Name PAN

- a. Occupation Details (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business  
☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others \_\_\_\_\_ (Please specify)
- b. Gross Annual Income ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore OR Net worth ₹ \_\_\_\_\_
- c. Others (Please tick ✓) ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

3rd Investor Name PAN

- a. Occupation Details (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business  
☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others \_\_\_\_\_ (Please specify)
- b. Gross Annual Income ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore OR Net worth ₹ \_\_\_\_\_
- c. Others (Please tick ✓) ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

#### 3. DECLARATION & SIGNATURES

I / We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I / We have understood the information requirements pertaining to FATCA, CRS and Additional KYC requirements, terms and conditions (read along with instructions and scheme related documents) and hereby confirm that the information provided by me/us on this form are true, correct, and complete.

Sole / First Investor/ Guardian	Second Investor	Third Investor	POA holder, if any
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Name

PAN /  
PEKRAN

Aadhaar Number

Enclosed ☐ Self attested copy of Aadhaar Card  
☐ Letter issued by UIDAI containing Aadhaar No.

(Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities.)

Information: The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.

Consent: I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I hereby provide my consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA)/Service Providers for the purpose of updating the same in all my/our folios.

Signature

Acknowledgement (For Aadhaar updation)

PAN

Name

For office use only

service@dspblackrock.com  
Call: 1800 200 4499

Name

PAN /  
PEKRAN

Aadhaar Number

Enclosed ☐ Self attested copy of Aadhaar Card  
☐ Letter issued by UIDAI containing Aadhaar No.

(Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities.)

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Signature

Acknowledgement (For Aadhaar updation)

PAN

Name

For office use only

service@dspblackrock.com  
Call: 1800 200 4499