

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 ☐ NewType* ☐ 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 <input type="text"/> | 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 Categorised | | |

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)

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

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 Code | <input type="text"/> |
| City / Town / Village* | <input type="text"/> |
| State/UT* | <input type="text"/> |
| Country* | <input type="text"/> |
| Country Code | <input type="text"/> |
| Address Type* | <input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified |

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

| | |
|---|----------------------|
| Proof of Address* | |
| <input type="checkbox"/> Passport Number | <input type="text"/> |
| <input type="checkbox"/> Voter ID Card | <input type="text"/> |
| <input type="checkbox"/> Driving Licence | <input type="text"/> |
| <input type="checkbox"/> Aadhaar Card | <input type="text"/> |
| <input type="checkbox"/> NREGA Job Card | <input type="text"/> |
| <input type="checkbox"/> Others (any document notified by the central government) | <input type="text"/> |
| Identification Number | <input type="text"/> |

☐ 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 'Annexure A1', Submit relevant documentary proof)

| | |
|------------------------|----------------------|
| 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 Code | <input type="text"/> |
| City / Town / Village* | <input type="text"/> |
| State/UT* | <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]

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

Fields marked with * are mandatory fields

☐ PAN Exempt Investors

Please enclose a duly attested copy of your PAN Card

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|--|--|--|--|------------------|--|--|--|--|--|--|--|--|--|---------------|--|--|--|------------------------|--|---------------------------------------|--|--|--|-----------------|--|--|--|
| Address Line 1* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District* | | | | | Zip / Post Code* | | | | | | | | | | | | | | City / Town / Village* | | | | | | | | | |
| State/UT* | | | | | | | | | | | | | | | State/UT Code | | | | | | as per Indian Motor Vehicle Act, 1988 | | | | | | | |
| | | | | | Country* | | | | | | | | | | | | | | Country Code | | | | | | as per ISO 3166 | | | |

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

Signature / Thumb Impression of Applicant



KYC Details Change form South Gujarat ARN: 54854 (For Individuals Only)

Application No. :



Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

www.camskra.com

A Name of Applicant (As per original KYC records)

PAN PAN Exempt Ref. No. UID/Aadhaar, if any:

Proof of identity submitted for PAN Exempt case. Please tick (✓)

☐ Aadhaar Card ☐ Passport ☐ Voter ID ☐ Driving License ☐ Others (Please specify)

Title Please tick (✓) Mr. ☐ Ms. ☐

Name

Date of Birth / /

B. New Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).

2. New Status Please tick (✓) ☐ Resident Individual ☐ Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. New PAN Please enclose a duly attested copy of your PAN Card

4. Father's / Spouse's Name

5. Marital Status Please tick (✓) ☐ Single ☐ Married

6. Nationality Please tick (✓) ☐ Indian ☐ Others Please specify

C. New Address Details (please see guidelines overleaf)

1. New Address for Correspondence

City / Town / Village

State

Country

Pin Code

2. New Contact Details

Tel. (Off.) (ISD) (STD)

Mobile (ISD) (STD)

E-Mail Id.

Tel. (Res.) (ISD) (STD)

Fax (ISD) (STD)

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

/ /

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village

State

Country

Pin Code

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

/ /

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 authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies/ SEBI Registered Intermediaries

Place:

Date:

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done ☐ on / /

AMC/Intermediary name OR code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Emp.No./ARN. No

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Emp.No./ARN. No

Designation

Name of the Organization

Signature

Date

FATCA – CRS DECLARATION & SUPPLEMENTARY INFORMATION (For Individual Investors including Sole Proprietor & POA Holder)



South Gujarat ARN: 54854

Please refer to the Instructions for assistance and complete all sections in English. For legibility, please use BLOCK letters in black or dark ink.
Please seek appropriate advice from a tax professional on FATCA related information applicable to you.

APPLICANT(S) INFORMATION

Folio No./Application No.

Name of Sole / 1st Unit Holder First Name Middle Name Last Name Date of Birth

Name of the 2nd Applicant First Name Middle Name Last Name Date of Birth

Name of the 3rd Applicant First Name Middle Name Last Name Date of Birth

PAN

PAN Exempted KYC Ref No. (PEKRN)

FATCA & CRS DETAILS

| Category | Sole/First Applicant/Guardian | Second Applicant | Third Applicant |
|------------------------------------|--|--|--|
| Gender | | | |
| Father's Name | | | |
| Type of address given at the KRA | <input type="checkbox"/> Residential or Business | <input type="checkbox"/> Residential or Business | <input type="checkbox"/> Residential or Business |
| | <input type="checkbox"/> Residential | <input type="checkbox"/> Residential | <input type="checkbox"/> Residential |
| | <input type="checkbox"/> Business | <input type="checkbox"/> Business | <input type="checkbox"/> Business |
| | <input type="checkbox"/> Registered Office | <input type="checkbox"/> Registered Office | <input type="checkbox"/> Registered Office |
| Permissible documents are | <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card | <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License | <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NRE/GA Card <input type="checkbox"/> Others |
| Country/Place/City of Birth | | | |
| Country of citizenship/nationality | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____) | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____) | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____) |

If 'No', please proceed for signature of declaration.

If 'Yes', please fill, for All countries (other than India) in which you are resident for tax purposes, i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in respective countries.

| | | | |
|--|--|--|--|
| Country of Tax Residency | | | |
| Tax Identification No or Functional Equivalent | | | |
| Identification Type (TIN or other, please specify) | | | |
| If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/> [As defined below] | Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/> | Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/> | Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/> |
| | Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/> | Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/> | Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/> |

- Reason A: The country where the Account holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B: No TIN required (Select this reason only, if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C: Others please state the reason thereof.

DECLARATION

I hereby confirm that the information provided hereinabove is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA and CRS Terms and condition below and hereby accept the same. I also undertake to keep you informed in writing about any changes/modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators /tax authorities.

Signatures

| | | |
|--|--|--|
| | | |
|--|--|--|

Date:

Place: _____