

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



CDSL VENTURES LIMITED
....Exploring New Horizons



Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application No. _____

Application Type*: New KYC Modification KYC

KYC Mode*: Please tick(✓)

Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker

1. Identity Details (please see guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name (same as ID proof) _____

Maiden Name (if any) _____

Father/Spouse's Name* _____

Date of Birth* _____

Gender Male Female Transgender

Marital Status Single Married

Nationality Indian Other _____

Residential Status* Resident Individual Non Resident Indian

Please tick(✓) Foreign National Person of Indian Origin

(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)

1 PHOTOGRAPH
Please affix the recent passport size photograph and sign across ..

Cross Signature across photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

- A — Aadhaar Card XXXX XXXX _ _ _ _ _
- B — Passport Number _____ (Expiry Date) _____
- C — Voter ID Card _____
- D — Driving License _____ (Expiry Date) _____
- E — NREGA Job Card _____
- F — NPR _____
- Z — Others _____ (any document notified by Central Government)

Identification Number _____

Occupation Type: Service (Private Public Government) Business Professional Housewife
 Retired Farmer Student Other (Specify) _____

Income & Other Details (Please tick)

Up to Rs. 1,00,000 Rs. 1,00,000 to 5,00,000 Rs. 5,00,000 to Rs. 10,00,000 Rs. 10,00,000 to Rs. 25,00,000

Rs. 25,00,000 to Rs. 1,00,00,000 More than Rs. 1,00,00,000. Net worth (If any): _____ As on _____

Please tick, if applicable: Politically Exposed Person (PEP) Related to politically exposed person (RPEP)

2. Address Details (please see guidelines overleaf)

A. Correspondence/Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

Applicant Wet Signature

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

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District _____ Pin Code* _____

State* _____ Country* _____

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) A — Aadhaar Card XXXX XXXX _ _ _ _ _ B — Passport Number _____ (Expiry Date) _____ C — Voter ID Card _____ D — Driving License _____ (Expiry Date) _____ E — NREGA Job Card _____ F — NPR _____ Z — Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details (In CAPITAL)

Email ID* _____

Mobile No.* _____

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: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN**Applicant Wet Signature**

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5. For Office Use Only**In-Person Verification (IPV) carried out by*****Intermediary Details***

IPV Date _____

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

AMC / Intermediary Name :

Employee Signature and Stamp

Institution Name and Stamp