Know Your Client (KY Application Form (For (Please fill the form in English an Fields marked with '*' are manda	r Individuals only) nd in BLOCK Letters)	Application Type* Update KYC Number* KYC Services
FIEIUS IIIdikeu witii ale IIIdiiud	atory neids	KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)
1. Identity Details (Please r	efer instruction A at the e	end)
PAN		Please enclose a duly attested copy of your PAN Card
	Prefix	First Name Middle Name Last Name
Name* (same as ID proof)		
Maiden Name (If any*)		
Father / Spouse Name*		
Mother Name*		
Date of Birth*		Y Y Y Photo
Gender*	M- Male	□ F- Female □ T-Transgender
Marital Status*	Married	Unmarried Others
Citizenship*	IN- Indian	Others – CountryCountry Code
Residential Status*	Resident Individual     Foreign National	I Non Resident Indian
Occupation Type*	S-Service Priv	
	O-Others Prof	fessional Self Employed Retired Housewife Student Signature/
	B-Business	X-Not Categorised
2. Proof of Identity (Pol)* (f	or PAN exempt Investor	or if PAN card copy not provided) (Please refer instruction C & K at the end)
(Certified copy of <u>any one of</u> t	the following Proof of Ident	tity [Pol] needs to be submitted)
🗌 A- Passport Number		Passport Expiry Date DD - MM - YYYY
B- Voter ID Card		
D- Driving Licence		Driving Licence Expiry Date D D - M M - Y Y Y
🗆 E- Aadhaar Card		
F- NREGA Job Card		
$\Box$ Z- Others (any docume	ent notified by the centr	ral government)
3. Proof of Address (PoA)*		
3.1 Current / Permanent	/ Overseas Address Deta	ails (Please see instruction D at the end)
Address		
Line 1*		
Line 2		
Line 3		City / Town / Village*
District*	Zi	ip / Post Code* as per Indian Motor Vehicle Act, 1988
State/UT*		Country* Country* Country Code as per ISO 3166
<i>,</i> ,	esidential / Business	□ Residential □ Business □ Registered Office □ Unspecified
	_of the following Proof o	of Address [PoA] needs to be submitted)
Proof of Address*		
Passport Number Voter ID Card		Passport Expiry Date
Driving Licence		Driving Licence Expiry Date D D M M - Y Y Y
Aadhaar Card		
NREGA Job Card		
□ Others (any document	notified by the central	government)
		ease see instruction E at the end)
	nent / Overseas Addres	ss details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof
Line 1*		
Line 2		
Line 3		City / Town / Village*
District*	Zi	ip / Post Code* as per Indian Motor Vehicle Act, 1988
State/UT*		Country* Country Code as per ISO 3166

4. Contact Details (All of	communic	ations v	will he	sent (	n nrc	wide	H Mc	hile r	00 / F	=ma	uil-ID)	(Plea	se re	ofer	instr	ucti	on I	at t	the	end	)									
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Email ID				 ТП Те	el. (Of	 ff)									Tel.	(Re	es)[	+				+						<u> </u>		
5 EATCA/CBS Informa	tion (Tick	if Appli	iochlo		Г	_	nide	nnoo f			urnoo		lurio					do Ir	adic		L	o ro	for	inct	ruo	tion	D (			d)
5. FATCA/CRS Informa					L						urpos	ses in	Juns	Saic	uon(s	s) U	uisi	ue ir	1012		eas	ie re	ier	inst	ruc	uon	Dà	at trie	e en	u)
Additional Details Rec Country of Jurisdiction	•							(5) 15		eu) T	Cou	ntry (	Code	٥	Juri	sdia	ctio	n of	Re	side	nc	_ □		٦.	_					
Tax Identification Nun			ent (If	issue	d by	iuris	dict	ion)*												orac	,			a	s pe	er IS	5 31	60		
Place / City of Birth*								buntry		Rirth			+	$\dashv$	+	╘	H	$\vdash$	╧	$\neg$	<u>`</u> ~	untry	, c	ode	Γ	-	1.		100	3166
Address Line 1*											·						- -								· ∟	-		s per	150	3100
Line 2			_	$\vdash$	++	+		+	++	+	+	$\left  \cdot \right $	+			+	+	+	$\vdash$	$\vdash$	_		+	+	+	+	+	+	$\vdash$	$\left  \right $
Line 3					++	+	$\square$	+	++	+	+	$\vdash$	+			+	City	/ / To		n / V	/illa	ade*	+	+	+	+	╈	+	$\square$	
District*				 Zi	ip / P	ost (	L Code	-*	+	+	+		_		Stat							-								
State/UT*						7			Count	rv*									, 		 Co	untr			r			nicle .		) 3166
										-					_	-	-									_		as pe	1150	5100
6. Details of Related Pe	erson (Op	tional) (	(pleas	e refe	r insti	ructio	n G												, ple	ease	e fill	'Anr	ıex	ure	B1	')				
Related Person	_	eletion			Perso	n	_			nber	of R	elated																		
Related Person Type*	∐ G Pre	uardiar	n of M	inor	First	Nam		Assig	nee						orizeo Name		epre	sent	ativ	e				La	net N	lam	0			
Name*						Inam	Т				$\square$									Γ	Т		Γ							
_	(If K)	YC numb	per and	Iname	are pr	ovide	d, be	low de	tails o	fseo	ction 6	are op	otiona	al)																
Proof of Identity [Po			•					. ,			,																			
(Certified copy of <u>any one</u> A- Passport Number		owing P		i laent		ij nee	eas t	o bes	upmn	tea)			P	200	port	Evi	nirv	Dat	A		1				4 1 1	4	V	$\sim$	<u></u>	
B- Voter ID Card	'		$\vdash$	$\left  \cdot \right $			_							433	pon	<b>۲</b>	piry	Dat			1						<u> </u>			
C- PAN Card			$\vdash$			┢┼																								
D- Driving Licence			$\vdash$	$\vdash$		+	Τ		1				р	rivi	ng Li	cer	nce	Exp	irv	Dat	e					- 1	V		vv	
E- Aadhaar Card			$\vdash$			++	+		1				_		.9 -				,	2 41							<u> </u>			
F- NREGA Job Card	t t								]																					
Z- Others (any docu	iment not	ified by	y the	centra	al gov	vernr	nen	t)		Т			П		Idei	ntifi	icat	ion l	Nur	nbe	r [		Т		Т				Т	
7. Remarks (If any)		-			-																									
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8. Applicant Declaration	n i i i i i i i i i i i i i i i i i i i								_	_			_			_				_					-				_	
<ul> <li>I hereby declare that the detait therein, immediately. In case</li> </ul>	ils furnished a																				_		_		_		_			
liable for it. I hereby declare legislation or any notifications	that I am no	ot making	this ap	plication	n for th	e purp	ose d	of contr	aventio	on of	any A											[Si	gnat	ture /	Thu	ımb In	npres	ssion]		
I hereby consent to receiving	information fr	om Centra	al KYC I	• •			/Emai	l on the	above	e regi	stered	number	/email	add	ress.				L											
Date: DD - MM		YY		P	lace :																Sig	gnatur	re / "	Thum	nb Im	npres	sion	of Ap	olican	t
9. Attestation / For Off		-																												
Documents Receive	ed 🗆 Cert		•	Rofor	Instruc	tion l	1											Inet	i++i	ion D	)ota	ile								
Date					1130.00						Nam							mau	nuu									_		
Emp. Name				<u> </u>							Code										-						_		-	
Emp. Code												. Brar	ch																	
												. Drui																		
Emp. Designation																														
In-Person Veri	fication (IP	V) Carri	ied Ou	t by (F	Refer II	nstruc	tion	J)										Inst	ituti	ion D	)eta	ils								
Date	D D —	M	- Y	YYY							Nam	ie																		
Emp. Name											Cod	e																		
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Emp. Designation																														

NACH/ECS/AUTO DEBIT UMRN MANDATE INSTRUCTION FORM	Date         D         M         Y         Y         Y
Tick (🗸) Sponsor Bank Code	Utility Code
CREATE MODIFY I/We hereby authorize BSE Limited	to debit (tick $\checkmark$ ) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL Bank a/c number	
with Bank IFSC	or MICR
an amount of Rupees	₹
FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented	DEBIT TYPE 🗌 Fixed Amount 🗹 Maximum Amount
Reference 1 (Mandate Reference No.)	Phone No.
Reference 2 (Unique Client Code-UCC)	Email ID
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my acco	punt as per latest schedule of charges of the bank.
PERIOD           From         D         D         M         Y         Y         Y           To         D         D         M         Y         Y         Y	
Or Until Cancelled 1 2	3
<ul> <li>This is to confirm that the declaration has been carefully read, understood &amp; made by me/us. I am authorizing the user ent</li> <li>I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment</li> </ul>	ity/ Corporate to debit my account, based on the instructions as agreed and signed by me. request to the User entity/ Corporate or the bank where I have authorized the debit.

<u>35E</u>		Broker/Age	nt Code ARN	N	ARN - Ć	132						
		SUB-BROKER	XXXXXXX	X	EUIN	E028623						
Name of the First Applicant :												
PAN Number :	күс	D :		Date Of Bir	rth :							
Name of Guardian:				PAN:								
Contact Address:												
City:	Pincode:		State:	-	Country:							
Tel.(Off):	Tel.(Res):			Email:								
Fax(Off):	Fax(Res):			Mobile:								
Mode of Holding:				Occupation	า:							
Name of the Second Applicant :												
PAN Number :	күс	D :		Date Of Bir	rth :							
Name of the Third Applicant :												
PAN Number :	КҮС	D :		Date Of Bir	rth :							
Other Details of Sole / 1st Applican	nt											
Overseas Address(In case of NRI I												
City:	Pincode:			Country:								
Bank Mandate Details Name of			Branch:									
A/C No.:	A/C Type:		IFSC Code:									
Bank Address:												
City:	Pincode:		State:			Country:						
Nomination Details Nominee Na					Relatio							
Guardian Name(If Nominee is Minc	or):											
Nominee Address:	1			1								
City: Declaration and Signature - I/We confirm t	Pincode:	is one true and cor		State:	to mo/us	all the commission (In t	the form of					
trail commission or any other mode), payabl												
1st applicant Signature :	2nd applicant Signatur	ıre :	3rd applicant Si	gnature :		Date :	Place :					
	Place for C	Cancelled Cheq	ue, for Single Page	e Scan								