COMMON APPLICATION FORM

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK AND IN BLOCK LETTERS)



ARN

IFSC code (11 digit)

Distributor

Sub-Distributor

Internal Sub-Broker/

Application No.

ARN DHAMANJAY KUMAR ARN-93643 70313031 Employee Code **EUIN** E 097712 RIA CODE^ PMR (Portfolio Manager's Registration) Number ^ ^ Serial No., Date & Time Stamp Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^ \| I/We, have invested in the scheme(s) of Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^ \| I/We, have invested in the scheme(s) of Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager. "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." You/ Sole Applicant / Guardian Second Applicant Third Applicant Power of Attorney Holder TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20) I confirm that I am a first time investor across Mutual Funds. I confirm that I am an existing investor across Mutual Funds. In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. **EXISTING INVESTOR'S FOLIO NUMBER** (If you have an existing folio with KYC validated, please mention here and skip to section 4) MODE OF HOLDING (in case of Demat Purchase Mode of Holding should be same as in Demat Accoun **Unit Holding Option** Single Joint (Default) Demat Mode Physical Mode Anyone or Survivor (in case of Demat, please fill sec 6) I/ We want to create new Folio (Instruction No. 26) 1. YOUR PERSONAL DETAILS (MANDATORY) (In case of investment "On behalf of minor", Please refer instruction No. 11) First Applicant Mr. Ms. M/s FIRST APPLICANT PAN (Mandatory) CKYC No. DOB D M Y CKYCNumbe Address City State Pincode Mobile Email ID* Pvt. Sector Service **Public Sector Service** Govt. Service Occupation Business Professional Agriculturist Details Retired Housewife Forex Dealer Student Others Specify Below 1 Lac 1-5 Lacs 5-10 Lacs Gross Annual 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore Income (₹) Net worth (Mandatory for Non - Individuals) ₹ D M M as on Y Email ID provided pertains to Family Member (Note: If Email pertains to Family Self Spouse Dependent Parents Dependent Children Member please select any one) I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary. (Refer Instruction No. 25) BANK ACCOUNT DETAILS FOR PAYOUT (Please note that as per SEBI Regulations if is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

Name of the bank Branch Address City State Pincode Account No. Account type Savings Current NRE NRO Others Specify

MICR Code (9 digit)

Second Applicant Mr. Ms. M/s.	SECOND	APPLICANT	Gender M F O
PAN (Mandatory)			
DOB D D M M Y Y Y Y	CKYC No. (Optional)	14d gitCKYCNon	b e r
Address		The second secon	
City	State		Pincode
Pvt. Sector Service	Public Sector Service	Govt. Service Business Pro	fessional Agriculturist
Occupation Details Retired	Housewife	Forex Dealer Student Ot	hers Specify
Gross Annual Income (ই)	1-5 Lacs 5-10 Lacs	10-25 Lacs 25 Lacs -	1 Crore > 1 Crore
Third Applicant Mr. Ms. Ms.	THIRD A	PPLICANT	Gender M F O
PAN (Mandatory)			
DOB D D M M Y Y Y Y	CKYC No. (Optional)	14d gitCKYCNur	nber
Address			
City	State		Pincode
Pvt. Sector Service	Public Sector Service	Govt. Service Business Pr	ofessional Agriculturist
Occupation Details Retired	Housewife	Forex Dealer Student O	thers Specify
Gross Annual Income (₹) Below 1 Lac	1-5 Lacs 5-10 Lacs	10-25 Lacs 25 Lacs -	1 Crore > 1 Crore
GUARDIAN DETAILS (In case First / Sole Applic	ant is minor) / CONTACT PER	SON - DESIGNATION / Poa HOLDER (In case of Non-individual Investors)
Mr. Ms. M/s.	GUARDIAN	esent, i company	Gender M F O
PAN (Mandatory)			
DOB D D M M Y Y Y Y	CKYC No. (Optional)	14d gitCKYC Nu	m ber
Address			
City	State		Pincode
Occupation Details Pvt. Sector Service Retired		Sovii Service	Professional Agriculture Others Specify
Gross Annual Below 1 Lac] 1-5 Lacs	s 10-25 Lacs 25 Lacs	- 1 Crore > 1 Crore
Relationship Of Guardian (Refer Instruction No.	1) Mother F	ather Court Appointed Gu	pardian
Email ID		CAMPET COLLEGE	. The second of
Proof of the Relationship with Minor Birth	Certificate School Certif	icate Passport Others	Specify
TAX STATUS (Applicable for First / Sole Applicant)	Resident Individual	Fils NRI-NRO HUF CI	ub / Society PIO Body Corporate
Minor Government Body Trust	NRI - NRE Bank & FI	Sole Proprietor Partnership Firm	QFI Provident Fund
Others Specify	100		and the second s
For Individuals		-Individual Investors (Companies, T	
I am a Politically Exposed Person	Is the company a Listed Co Listed Company: (If No, ple	mpany or Subsidiary of Listed Company ase attach mandatory UBO Declaration	or Controlled by a Yes No
I am related to a Politically Exposed Person	Foreign Exchange / Money	Charger Services	Yes No
I am not related to Politically Exposed Person	Gaming / Gambling / Lotte Money Lending / Pawning	ry / Casino Services	Yes No

	Place / C	ity of Birth	Coun	try of Birth		ountry of Citizenship	o / Nationality
First Applicant / Guardian	1				Indian [U.S. Others	
Second Applicant	*				Indian	U.S. Others	
Third Applicant		4/14/11	4-34-3		Indian [U.S. Others	
If 'YES' please fill f	sident (i.e., are you or ALL countries (otl a Citizen / Resident	her than India) i	in which you a	re a Residen	y outside India? t for tax purpose e respective countries.	Yes 1	No
	Country of Tax Residency		ation Numberal Equivalent		entification Type r other please specify)	Addre	ess Type
First Applicant / Guardian						Resi Rego	d. Office Busin
Second Applicant						Resi Rego	d. Office Busin
Third Applicant						Resi Rego	I. Office Busin
Overseas Address	*					्राहरू में। स्टब्स्याहरू में।	
						City	
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5. PAYM	ENT DETAILS		•	<u> </u>
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y-in A/c l	No.			
ccount typ	pe Savings Cu	rrent NRE NRO	FCNR Others	Specify
SC code (1	1 digit)	MICR	Code (9 digit)	
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6. DEMA	IT ACCOUNT DETAILS (OP	TIONAL)		
			n matches with that of the	A/c held with the depository participant) Refer Instruction No.
NSDL:	Depository Participant Name			DP ID: I N
, I	Beneficiary A/c No.			
DSL:	Depository Participant Name			
Contract Contract	Beneficiary A/c No.			
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llidating/a ALA. I/ We BI register ERTIFICAT ovided by	authenticating and (ii) updatir hereby provide my/our const red mutual fund (s)and their Re TION: I / We have understood	ng my/ our Aadhaar number(s) (if provent for sharing/disclosing of the Aadhacegistrar and Transfer Agent (RTA) for the the information requirements of this Fo	ided) in accordance with the or number(s) including dem purpose of updating the sar orm (read along with the FAT	made thereunder, for (i) collecting, storing and usage he Aadhaar Act, 2016 (and regulations made thereunder) tographic information with the asset management companieme in my/our folios with my PAN. TCA & CRS Instructions) and hereby confirm that the information understood the FATCA & CRS Terms and Conditions below
You/ S	Sole Applicant /Guardian	Second Applicant	Third Aç	oplicant Power of Attorney Holder
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Cheque No.	Date	Amount	Scheme	Stamp & Signa	Application No.
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IFA Connect	Axis MF App	Axis MF WEBSITI		WhatsApp	Follow Us on
Additional doc	ruments attached for Third	Party payments. Refer inst	truction No. 7.		The state of the s
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OTM Re	ference No.					(if Multiple One Time	Mandate are registere
_			SIP Date	Enrollment Period			P Facility
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case c	of multiple SIP, mention "Axis I	MF Multiple Sc	hemes" on the	payment instrument.			
3. Dec	laration and Signature (to	he signed b	w all unit be	olders if made of haldi	na is 'ioint')		
ne to times of information in the second sec	clare that the particulars furnis of SIP installments and/ or any ne. If the transaction is delayed m Axis Mutual Fund about any authorize my representative (th	lumpsum payr or not effected y changes in m	nents through at all for reasc y bank accour	an Electronic Debit arrange ons of incomplete or incorre nt. I/We hereby authorize to	ement / NACH (National Autoration Autoration, I/We would not be honour such payments and	omated Clearing House ot hold the user institution I have signed and endo	e) as per my request fro on responsible. I/We w rsed the Mandate Forr
	You/ Sole Applicant /Gua	rdian		Second Applicant		Third Appli	cant
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Axis C	Overnight Fund, Axis Gold ETF, Axis, and during NFO period.	is Nifty ETF, Axis	Banking ETF, a	ny closed ended	Transactions carried out through be subject to transaction charges.		
Investo	ors are required to submit Form al Account at least 21 days before the f	ong with a photo	copy/cancelled	cheque of Debit am	e requirement of minimum applic ount falls below the minimum rec subscription amount.	quirement due to deduction	of transaction charges fro
Investo dates	or shall have the option of choosin 29th, 30th and 31st. If SIP date is n every month. If the SIP date falls on	g any date of the	month as the SI	P date except the Ho be considered as Inv	wever, the option to charge "trans estors may note that distributors of Scheme. Accordingly, the transa	can opt to receive transaction	on charges based on type
/in of							
will be	processed on the following busines refer below table for minimum mo	ss day.		am	counts, as applicable. estor will not hold Axis Mutual Fur		

Scheme	Mon	thly	Yeo	irly
	Minimum Amount (₹)	Minimum Installments	Minimum Amount (₹)	Minimum Installments
All Schemes except below schemes, Axis Overnight Fund & Axis Liquid Fund	1000	6		
Axis Bluechip Fund, Axis Midcap Fund, Axis Flexi Cap Fund, Axis Smallcap Fund, Axis Focused 25 Fund & Axis Nifty 100 Index Fund	500	6	12000	3
Axis Long Term Equity Fund*	500	6	6000	3

Note: For all schemes, minimum amount is as per above table and thereafter in multiple of ₹ 1. For Long Term Equity Fund Minimum amount is as per above table and thereafter in multiple of ₹500*.

- If no amount is mentioned minimum scheme amount would be considered i.e. for Axis Long Term Equity Fund minimum amount would be ₹ 500/- and for other schemes minimum amount would be ₹ 1,000/-.

 For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
- 6.
- The SIP will be discontinued automatically if payment is not received for three successive
- Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar M/s. KFin Technologies Private Limited. Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit.
- Mandate will be processed through NACH platform offered by NPCI.

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- As per SEBI circular dated August 22, 2011, Transaction Charge per subscription of ₹ 10,000/- and above shall be charged from the investors and shall be poyable to the distributors/ brokers (who have not opted out of charging the transaction charge) in respect of applications routed through distributor/broker relating to Purchases / subscription / new inflows only (lumpsum and SIP), subject to the following:
 - For Existing / New investors: ₹100 / ₹150 as applicable per subscription of ₹10,000/and above
 - Transaction charge for SIP shall be applicable only if the total commitment through SIP amounts to ₹10,000/- and above. In such cases the transaction charge would be recovered in maximum 4 successful installments.
 - There shall be no transaction charge on subscription below ₹10,000/-.
 - There shall be no transaction charges on direct investments.
 - There shall be no transaction charges for transaction other than purchases/subscriptions relating to new inflows such as Switches, etc.

- or after the specific SIP date due to various clearing cycles of NACH Debit/ Loca/Bank holiday. Axis Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debt faccility. The investor assumes the entire risk of using this facility and takes full responsibility.
- Investor can change bank details for SIP by submitting a "CHANGE OF BANK MANDATE FOR SIP" form available on the website or at any Investor Service Centre along with cancelled cheque of the new bank with the investor's name printed on it.
- TOP-UP Facility: Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount or any time as per the request. This facility is available for individual investors only. For availing the said facilities, investors are required to note the following:

 Investor willing to register TOP-UP should provide the TOP-UP details along with the SIP enrolment details.

 - The minimum amount for Axis TOP-UP facility is ₹500/- and in multiples of ₹1/- for all schemes; except Axis Long Term Equity Fund the minimum amount is ₹500 and in multiples of ₹500 thereafter.
 - Thorippess of Volumeration of as TOP-UP amount under frequency yearly and half-yearly, minimum TOP-UP amount would be considered, i.e., ₹ 500/- for all schemes.

 TOP-UP frequencies available are Half-Yearly/ Yearly/ Dynamic requested intervals.

 - In case TOP-UP frequency is not indicated, it will be considered as Yearly by Default.
 - The date for Axis Mutual Fund TOP-UP Facility will correspond to the registered SIP.
 - TOP-UP will continue till the End of the SIP tenure by default.
 - In case an investor wishes to change the Top-Up amount, he/she has to provide a cancellation for the existing SIP and register fresh SIP.

 - cancellation for the existing SIP and register fresh SIP.
 Only TOP-UP cannot be discontinued anywhere during the SIP tenure.
 In case of Dynamic Top up option, any changes in the amount can be made only after completion of 6 months from the date of the first installment and minimum gap between two top up requests should be 3 months and amount specified in last request shall be continued till the End of the SIP tenure.
 - Please see the illustration below to know how to calculate SIP Top-Up amount:
 - SIP Starts on 07/May/2016: SIP ends on 07/12/2099: SIP amount is ₹1000

Top-Up amount is ₹500 · Top-Up Frequency is Half-yearly

Top-Up date	SIP Amount (₹)	Top-Up Amount (₹)	New SIP Amount (₹)
7-Nov-2016	1000	500	1500
7-May-2017	1500	500	2000
7-Nov-2017	2000	500	2500
7-May-2018	2500	500	3000

ONE TIME MANDATE (OTM) FORM

One Time Mandate (OTM) is a common application form for registration of mandate centrally and not being folio specific.

OTM registration will be PAN Based and will be available for investment in all folios available with Axis Mutual Fund for Multiple SIPs and additional purchases.

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SYSTEMATIC TRANSFER PLAN (STP)

Distributor ARN-93643 Sub-Distributor ARN ARN-93643

Internal Sub-Broker/

EUIN

-36--

E 097712

Employee Code

RIA CODE^



Application No. PMR (Portfolio Manager's Registration) Number ^ ^ Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^ \text{-I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager. "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." You/ Sole Applicant /Guardian Second Applicant Third Applicant Power of Attorney Holder TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20) I confirm that I am a first time investor across Mutual Funds. I confirm that I am an existing investor across Mutual Funds. In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. **Applicant Details** Folio No. Sole / 1st Unitholder (as in PAN Card / KYC records) Guardian's Name (as case of minor) 1st Holder 2nd Holder PAN 3rd Holder PAN 2 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 working days before the 1st due date for transfer) From Scheme[®] Direct Regular Option (tick √) ☐ Growth ☐ Dividend Reinvestment Dividend Payout **Dividend Frequency** Bonus To Scheme ☐ Direct Regular Option (tick ✓) ☐ Growth ☐ Dividend Reinvestment Dividend Payout Dividend Frequency Capital Appreciation Systematic Transfer Plan (CapSTP) Systematic Transfer Plan (STP) (Ref. Instruction 5) Transfer Frequency (Please tick (3) any one of the below frequencies) Transfer Frequency (Please tick (3) any one of the below frequencies) Daily Weekly (Monday To Friday) * Day of transfer Weekly* (Monday To Friday) Day of transfer ☐ Monthly \$ (Please tick (3) any one) Fortnightly (Every Alternate Wednesday) 7th ___ 10th ___ 15th Quarterly \$ Monthly \$ 1st 7th 10th 15th 25th Quarterly \$ No. of Instalments OR Transfer Period From Transfer Instalment ₹ Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I/ We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme(s) & I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law.

The ARN holder has disclosed to medius all the commissions (in the form of trail commission or any other meda) named to the form the different section. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs only: I / We confirm that I am / we are Non Residents of Indian nationality / origin and that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR account. $\ensuremath{\mathsf{I}}\xspace/$ We confirm that details provided by me / us are true and correct. --->{----

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ACKNOWLEDGMENT SL	LIP (To be filled in by the investor)

Folio No.	Investor Name	
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COMMON TRANSACTION SLIP (for existing investors only)

lio No.		Date	V M M G O
Distributor ARN Sub-Distributor ARN Sol ID / Internal Sub-Broker Employe		RIA CODE^ Serial No.,	, Date & Time Stamp
RN-93643 front commission shall be paid directly by the investor to the AMFI registered distributor based or	E 097712	us factors including the condecrend	ared by the distributor
We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SE	v/our consent to share/provide the	transactions data feed/ portfolio ho	oldings/ NAV etc. in respe
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction executed without any interaction or advice by the employee/relationship manager/sales person of above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided the employee/relationship manager/sales person of the distributor/sub broker.	First / Sole Applicant / Guardian / POA	Second Applicant	Third Applicant
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CKYC & KRA KYC FORM KNOW YOUR CLIENT APPLICATION FORM (For Individuals only)

marked with a cilidi	ndatory fields	. KYC Type*	Type* New U Normal (PA	N is mandatory) PAN Exempt Investors (Refer	instruction K)
1. IDENTITY DETAI	LS (Please refer instru	ction A at the end)			
			duly attested copy of ye	our DAN Card	
PAN	Prefix	First Name	July attested copy of yo	Middle Name	Last Name
lame* (Same as ID proof)					
1aiden Name (If any*)					
ather / Spouse Name*					
lother Name*					
ate of Birth*	DDMMYD		And the second s		PHOTO
ender*	M- Male		F- Female	T-Transgender	
arital Status*	Married	A CHARLES AND A STATE OF	Unmarried	Others	
tizenship*	☐ IN- Indian		Others - Countr	yCountry Code	
		and the state of t			
esidential Status*	Resident Individual		Non Resident In Person of Indian		
				BELLEVILLE STEEL	A STATE A
Occupation Type*	S-Service (Private Sector	Public Sector	Government Sector)	
	O-Others (B-Business	Professional	Self Employed	Retired Housewife Student)	Signature / Thumb Impression
	X- Not Categori	sed			mpression
PROOF OF IDENT			PAN card convent are	vided) (Please refer instruction C & K at the end)	· ·
ertified copy of any one of the fo				raca, (Flease refer histraction Cark at the end)	
A- Passport Number	5 The interest of identity[i	on needs to be submitte		Passport Expiry Date D D M M Y Y	TYTY - STATE OF
B- Voter ID Card					
C- PAN Card					·
D- Driving Licence				Driving Licence Expiry Date DDMMYYY	Y Y Y
E- Aadhaar Card					
F- NREGA Job Card					
Z- Others (any document notifi	ed by the central governmer	t)		Identification Number	
3. PROOF OF ADDR				Land American	
	•				
3.1 Current / Permane	nt / Overseas Addres	s Details (Please see i	nstruction D at the end		
ddress					
ne 1*					
ne 2					
ne 3				City / Town / Village*	
istrict*		Zip/I	Post Code*	State / U.T Code* as per Indian	Motor Vehicle Act, 19
ate/UT*			Country*	Country Code	as per ISO 31
ddress Type*	Residential / Business		ential 🔲 B	Susiness Registered Office	Unspecified
ertified copy of <u>any one</u> of the follo		J needs to be submitted)	1 1		
		J needs to be submitted)		Passport Expiry Date D D M M Y Y	Y. Y
ertified copy of <u>any one</u> of the follo		J needs to be submitted)		Passport Expiry Date DDMMYY	[Y. Y]
ertified copy of any one of the following Passport Number		J needs to be submitted)		Passport Expiry Date DDMMYY Driving Licence Expiry Date DDMMYY	YY
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Passport Number Voter ID Card Driving Licence Aadhaar Card NREGA Job Card	owing Proof of Address [PoA	needs to be submitted		Driving Licence Expiry Date DDMMYY	Y Y
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4. CONTACT DETAILS (All communications will be sent on provided Mol	nile No. / Email ID) (Please refer instructions E at the end)
Email ID	
Mobile Tel. (Off)	. Tel. (Res)
	x Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)
Additional Details Required* (Mandatory only if above option (5) is ticked)	X Full poses in Jurisdiction (3) Outside main (Flease Feler mistraction Dat the cita)
Country of Jurisdiction of Residence*	Country Code of Jurisdiction of Residence as per ISO 3166
Tax Identification Number or equivalent (If issued by jurisdiction)*	
Place / City of Birth* Country of E	Sirth* Country Code as per ISO 3166
Address	
Line 1*	
Line 2	City/Town/Village*
District* Zip/Post Co	
State/UT*	Country* Country Code as per ISO 3166
6. DETAILS OF RELATED PERSON (Optional) (please refer instruct	ion G at the end) (in case of additional related persons, please fill 'Annexure B1')
Related Person Deletion of Related Person K	YC Number of Related Person (if available*)
Related Person Type* Guardian of Minor Assignee	☐ Authorized Representative
Prefix First Name 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	
(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted) A-Passport Number	
B-Voter ID Card	Passport Expiry Date D D M M Y Y Y Y
C-PAN Card	
D-Driving Licence	Driving Licence Expiry Date D D M M Y Y Y Y
E-Aadhaar Card	Driving Electice Expiry Date D Wi Wi II 1 1 4
☐ F-NREGA Job Card	the skill offers of the
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 aware that I may be held liable for it. I hereby declare that I am not making this applica	false or untrue or misleading or misrepresenting, I am
Regulations or any statute of legislation or any notifications/directions issued by any go	overnmental or statutory authority from time to time. Thumb Impression
I hereby consent to receiving information from Central KYC Registry through SMS/E	mail on the above registered number/email address.
Date D D M M Y Y Y Y Place	Signature / Thumb Impression of Applicant
9. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received Certified Copies	
KYC Verification Carried Out by (Refer Instruction I) Institution	Institution Details
Date DDMMYYYYY	Name
Emp. Name	Code
Emp. Code Emp. Designation	Emp. Branch
Linp. Designation	
[Employee Signature]	[Institution Stamp]
In-Person Verification (IPV) Carried Out by (Refer Instruction J)	Institution Potable
Date DIMMYYYY	Institution Details Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
[Employee Signature]	[Institution Stamp]
	Or the state of th