

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

Application New Type\* Update KYC Number\*

KYC Type\* INormal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please re	efer 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)								
Maiden Name (If any*)								
Father / Spouse Name*								
Mother Name*								
Date of Birth*	D         D         -         M         -         Y         Y         Y         Photo							
Gender*	M- Male     F- Female     T-Transgender							
Marital Status*	□ Married □ Unmarried □ Others							
Citizenship*	IN- Indian       Others – Country Country Code							
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     Student     Signature/     Thumb Impression							
	B-Business     X-Not Categorised							
	or PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end) he 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 D D - M M - Y Y Y Y							
E- Aadhaar Card								
F- NREGA Job Card								
	nt notified by the central government)							
3. Proof of Address (PoA)*								
	/ Overseas Address Details (Please see instruction D at the end)							
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							
Address Type*	esidential / Business							
(Certified copy of any one	of the following Proof of Address [PoA] needs to be submitted)							
Proof of Address*								
Passport Number	Passport Expiry Date         D         D         M         Y         Y							
Voter ID Card								
Driving Licence	Driving Licence Expiry Date D D - M M - Y Y Y							
Aadhaar Card								
NREGA Job Card								
	hotified by the central government)							
	cal Address Details* (Please see instruction E at the end)							
Line 1*	nent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)							
Line 2								
Line 3	City / Town / Village*							
District*								
State/UT*	Image: State stat							

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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E- Aadhaar Card						++	+		1				_		.9 -				,	2 41				10						_
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	Τ	Г				Τ	
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	<u> </u>							_	_			_			_				_				_	_			_		
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# Instructions/Guidelines for filling Individual KYC Application Form

## **General Instructions:**

1. Self-Certification of documents is mandatory.

- 2. KYC number of applicant is mandatory for update/change of KYC details.
- 3. For particular section update, please tick (🗸) in the box available before the section number and strike off the sections not required to be updated.
- 4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
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- 5. If any proof of identity or address is in a foreign language, then translation into English is required.
- 6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- 8. Sole proprietor must make the application in his individual name & capacity.
- 9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- 10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.

## A. Clarification / Guidelines on filling 'Identity Details' section

- 1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

#### B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/ insurance number, citizen/personal identification/services code/number, and resident registration number)

#### C. Clarification / Guidelines on filling 'Proof of Identity [Pol]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

- 1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2. Mention identification / reference number if 'Z Others (any document notified by the central government)' is ticked.
- Others Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.
- 4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

# D. Clarification / Guidelines on filling 'Proof of Address [PoA] section

- 1. PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3. Others includes Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

#### E. Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2. In case of multiple correspondence / local addresses, Please fill 'Annexure A1'
- 3. Others includes Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

### F. Clarification / Guidelines on filling 'Contact details' section

- 1. Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2. Do not add '0' in the beginning of Mobile number.

#### G. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available.

# H. Clarification / Guidelines on filling 'Related Person details - Proof of Identity [Pol] of Related Person' section

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

### I. List of people authorized to attest the documents after verification with the originals:

- 1. Authorised officials of Asset Management Companies (AMC).
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- 4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.

# 6. Government authorised officials who are empowered to issue Apostille Certificates.

- J. List of people authorized to perform In Person Verification (IPV):
  - 1. Authorised officials of Asset Management Companies (AMC).
  - 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
  - 3. KYD compliant mutual fund distributors.
  - 4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
  - 5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

## K. PAN Exempt Investor Category

- 1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
- 2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
- 3. Investors residing in the state of Sikkim.
- 4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

# List of Two-Digit state / U.T Codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	TamilNadu	TN
Chandigarh	СН	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	WestBengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

# List of ISO 3166 Two-Digit Country Code

Contry         Code         Journal Republic         Doc         Contry         Code		Country		Country		Country		Country
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Belavis         BY         Chana         Grain         GH         Monoo         MC         Shi Lanka         LK           Beliguin         BE         Circea         GH         Monopola         MN         Sudana         SD           Beliza         BE         Circea         GH         Monienegro         ME         Surianne         SD           Bernuch         BJ         Greenalnd         GH         Monopola         ML         Swaland al Jan Mayon         SJ           Bernuch         BJ         Greenalnd         GD         Morecco         MA         Swaland al Jan Mayon         SJ           Bernuch         BJ         Guedoupe         GP         Morecco         MA         Swaland         SV           Borinia and Fister Suntituan and Stato         BO         Guarma         GU         Myarimar         MM         Switzeriand         SV           Borinia and Herzegovinia         BW         Guarmaa         GN         Narul         NR         Taravain, United Republic         TI           Borinia And Stato         BW         Guarmaa and McChonal Blands         MP         Taravain, United Republic         TI           Borinia Costa Territory         D         Haiti         Maravain, Promice China	Bangladesh		Georgia		Micronesia, Federated States of		South Sudan	
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Boliving Mutinational State of Boariary, Sint Laubia and SalaryBO GuatemainGCI MambiaMMASyran Arzb RepublicGY Syran Ar	Bermuda	BM	Grenada	GD		MA	Swaziland	SZ
Bonairs, Shir Lustatius and SabaBCGuennaiaGTNamibaNASyrian Arba RepublicSYBotsina and HarcagovinaBWGuennaGNNaruuNRTaivana, Province of ChinaTUBotsina and HarcagovinaBWGuinna-BissauGWNepal AndNPTajkistan, Unidel Republic of TZBotsvari IslandBRGuinna-BissauGWNetherlandsNCTranaln/Indel Republic of TZBraziBRGuinna-BissauGWNex ZaslandNCTranaln/Indel Republic of TZBraziBRHari IslandHMNex ZaslandNCTranaln/Indel Republic of TXBrund DauxsabamBNHari IslandsHMNicaraguuNITogoTGBurland FasoBFHondurasHMNicaraguuNITogicaradi TdogoTGBurland FasoBFHondurasHMNicaraguuNITogicaradi TdogoTGGarabodiaBFHondurasHNNigeriaNDTurkmenitainTUCabo drafeCVHuganyHUNorthern Matana BladsMPTurkmenitainTGCabo drafeCMIndonesiaIDOrnegueMITurkmenitainTGCabadoCMIndonesiaIDNorthern Matana BladsMPTurkmenitainTUCabadoCMIndonesiaIDNorthern Matana BladsMPTurkmenitainTUCabadoCMIndonesiaIDNorthern MatanaMDID	Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
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BoundBVGuna-BissauGWNew CaledoniaNLTanzania, United Republic ofTZBrazilBRGuyanaGVNew CaledoniaNZTimor-LesieTLBritish Indian Ocean TerritoyIOHalisHTNew ZaledoniaNZTimor-LesieTLBrunel DarusalamBGHoly Sex (Vatican City State)VANigerNETorleaTredisiuTCBulgariaBGHoly Sex (Vatican City State)VANigerNETorleaTorleaTCBurundBIHong KongHKNigerNETorleaTorleaTTCambodiaKHIelandISNorthern Mariana IslandsMFTurkeyTRCaneconCMIndiaINNorwayNOTurkeyTRCanadoCAIndonesiaIDOrmanOMTurks and Calcos IslandsTCCanadaCAIndonesiaIDOrmanOMTurks and Calcos IslandsTCCanadaCAIndonesiaIDOrmanPKTurkeyTVCanadaCAIndonesiaIDPalsunPKTurkeyUAChilaCDIslandIRPalstanPKTurkeyUAChilaCLIslo ManIRPalstanPKUnited KingdonUAChilaCLIsla ManIFPanaPKUnited KingdonUAChilaCLIsla ManIRPalstan	Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
ItalianIRGrupanaGruNew CaledoniaNCTheliandTheBritish India Osean TerritoryIOHainHTNew ZasandNZToron-LesterTCBrunel DarussatamBGHoly See (Valcan Chr) State)VANgerNETokelauTGBrunel DarussatamBGHoly See (Valcan Chr) State)VANgerNETokelauTGBurnal FasoBFHondrasVANgerNETokelauTGBurnal FasoBHHong KongHKNueNUTrinidia and TobagoTTCabo VerdeCVHunganyHUNorthern Mariana IslandsMPTurkem:IslanTMCameroonCMIndiaINNormanOMTurkem:IslanTGCamandaCAIndonesiaIDOmanOMTurkem:IslanUGCamandaCAIndonesiaIDPalauPalauPKTurvaluUGChiaCAIsland Republic ofIEPalausPKUrarkand Chicos IslandsUGChiaCAIsland Republic ofIEPalausPKUrarkand Chicos IslandsUGChiaCAIsland Republic ofIEPalau Sut Chicos IslandPKUrarkand Chicos IslandsUGChiaCAIsland Republic ofIEPalau Sut Chicos IslandIGISlandUGChiaCAIsland Republic ofIEPalau Sut Chicos IslandIGISlandISland <td>Botswana</td> <td>BW</td> <td>Guinea</td> <td>GN</td> <td>Nepal</td> <td>NP</td> <td>Tajikistan</td> <td>TJ</td>	Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
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Burkina Faso         BF         Honduras         HN         Nigeria         NG         Tonga         TO           Burundi         BI         Hong Kong         HK         Nue         NU         Trinida and Tobago         TT           Cabo Verde         CV         Hungary         HU         Norrheit Mariana Islands         MP         Turkieg         TR           Cameroon         CM         India         IN         Norway         NO         Turkmenistan         TM           Cameroon         CM         India         IN         Norway         NO         Turkmenistan         TD           Cameroon         CF         Iraq         IO         Palai         PM         Uganda         UG           Cameroon         TP         Ireland         IN         Palain         PW         Uganda         UG	Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
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Annexure A1	- Addition/Modificat	ion/Change of Addre	ss – Correspondence	/Local Address

Fields marked with '\*' are mandatory fields. Please fill the form in English and in BLOCK letters.

For office use only (To be filled by financial institution)	Application Type* KYC Number	New U	Jpdate/Change		(Mandatory for KYC	update request)
1. Correspondence / Local	Address Details (Plea	se see instruction E at	the end) Enclos	se relevant	documentary proof	
Same as Current / Perma	nent / Overseas Addre	ss details				
Line 1* Line 2 Line 2 District* State/UT		Post Code* Coun	try*	Sta		ge*as per ISO 316
2. Contact Details (All comr	nunications will be sent	on provided Mobile no	o. / Email-ID) (Pl	ease refer i	nstruction <b>F</b> at the end)	
Email ID     Mobile     Fax	Tel.	Off)		Tel	(Res)	
3. Applicant Declaration						
<ul> <li>I hereby declare that the details furnishe therein, immediately. In case any of the liable for it. I hereby declare that I am legislation or any notifications/directions</li> <li>I hereby consent to receiving information</li> </ul> Date: DD - MM - Y	above information is found to b not making this application fo issued by any governmental or	e false or untrue or misleadir the purpose of contraventi- statutory authority from time ugh SMS/Email on the abov	ng or misrepresenting on of any Act, Rules o time.	I am aware th Regulations	at I may be held r any statute of	[Signature / Thumb Impression] ature / Thumb Impression of Applicant
				1		

Annexure B1 – Addition/	/Deletion of Related Persons		AssetVilla Financial Advisor
Fields marked with '*' are man Please fill the form in English a	-		
For office use only (To be filled by financial institution)	Application Type*  New KYC Number	Update/Change	ndatory for KYC update request)
1. Details of Related F	Person (In case of additional related persons, ple	ase fill 'Annexure B1') (please refer	instruction <b>G</b> at the end)
Addition of Related Per	rson Deletion of Related Person KYC N	umber of Related Person (if availab	le*)
Related Person Type*	Guardian of Minor Assigned		resentative
Name*	Prefix     First Name       Image: State of the	Middle Name	
Proof of Identity [Pol] of R	elated Person* (Please see instruction $(\mathbf{H})$ at the	end)	
A- Passport Number		Passport Expir	y Date DD-MM-YYYY
B- Voter ID Card			
C- PAN Card			
D- Driving Licence		Driving Licenc	e Expiry Date DD - MM - YYYY
E- Aadhaar Card			
F- NREGA Job Card			
Z- Others (any docum	ent notified by the central government)	Identifica	ation Number
2. Applicant Declaration			
therein, immediately. In case an liable for it. I hereby declare the legislation or any notifications/dir	furnished above are true and correct to the best of my knowledge a y of the above information is found to be false or untrue or mislea at I am not making this application for the purpose of contravel rections issued by any governmental or statutory authority from tim ormation from Central KYC Registry through SMS/Email on the abo	ding or misrepresenting, I am aware that I may ntion of any Act, Rules, Regulations or any s le to time.	be held
Date: DD-MM-	Y         Y         Y           Place:		Signature / Thumb Impression of Applicant
3. Attestation / For Office	e Use Only		
Documents Received	Certified Copies		
KY	C Verification Carried Out by		Institution Details
Emp. Name Emp.		Name Code	
Code			
Emp. Designation		$\downarrow$	
Emp. Branch			[Institution Stamp]
	[Employee Signature]		