

KNOW YOUR CLIENT (KYC) Application Form - For Individual

Please fill this form in **ENGLISH** and in **BLOCK LETTERS** NEW CHANGE EXISTING (Please tick ✓ the appropriate)
 (Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

Acknowledgement No. _____

A

IDENTITY DETAILS

1. Name of the Applicant _____

2. Father's/Spouse Name _____

3a. Gender Male Female 3b. Marital status Single Married 3c. Date of Birth | D | D | / | M | M | / | Y | Y | Y | Y |

4a. Nationality Indian Other (Please specify) _____

4b. Status Resident Individual Non Resident Foreign National

5a. PAN _____

5b. Unique Identification Number (UID) / Aadhaar, if any: _____

6. Specify Proof of Identity submitted PAN card Other (Please specify) _____

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

P1/3

B

ADDRESS DETAILS

1. Address for Correspondence _____

 City / Town / Village _____ Pin Code _____
 State _____ Country _____

2. Specify the Proof of Address submitted for Correspondence Address: _____

3. Contact Details
 Tel. (Off.) _____ Fax _____
 Tel. (Res.) _____ Mobile No _____
 E-Mail Id. _____

4. Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant)

 City / Town / Village _____ Pin Code _____
 State _____ Country _____

5. Specify the Proof of Address submitted for Permanent Address: _____

C

OTHER DETAILS

1. Gross Annual Income Details (Please Specify) Income range per annum: Below ₹ 1 Lac ₹ 1-5 Lac ₹ 5-10 Lac ₹ 10-25 Lac More than ₹ 25 Lacs
OR
 Net-worth (Net worth should not be older than 1 year) Amount ₹ _____ as on (date) | D | D | / | M | M | / | Y | Y | Y | Y |

2. Occupation (Please tick ✓ any one and give brief details):
 Private Sector Public Sector Government Service Business Professional Agriculturist Retired
 Housewife Student Others(Pleasespecify) _____

3. Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

4. Any other information: _____

D

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.

Date: | D | D | / | M | M | / | Y | Y | Y | Y |

P2/3 Signature of the Applicant

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____
 Designation: _____ Employee ID: _____
 Name of the Organization: _____
 Date of IPV: | D | D | / | M | M | / | Y | Y | Y | Y |
 Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary

- (Originals Verified) True copies of Documents received
 (Self Attested) Self Certified Document copies received

Date _____

Signature of the Authorised Signatory _____



Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> 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 (ISO 3166 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. 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 section 2 is ticked)
 ISO 3166 Country Code of Jurisdiction of Residence*
 Tax Identification Number or equivalent (If issued by jurisdiction)*
 Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] 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"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<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"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

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

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/> please specify	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

Address

Line 1*
 Line 2
 Line 3 City / Town / Village*
 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*



Arihant Capital Markets Ltd.

FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PAN										
Name										
Address Type [for KYC address]	<input type="checkbox"/> Residential				<input type="checkbox"/> Residential / Business					
	<input type="checkbox"/> Business				<input type="checkbox"/> Registered Office					
Place of Birth					Country of Birth					
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1-5 Lacs	Occupation Details [Please tick any one (v)]			<input type="checkbox"/> Business	<input type="checkbox"/> Professional			
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs				<input type="checkbox"/> Public Sector	<input type="checkbox"/> Public Sector			
Net Worth in INR. In Lacs [Optional]	<input type="checkbox"/> 25 Lacs-1 Cr				<input type="checkbox"/> >1 Crore	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Agriculturist			
Net Worth Date [Optional]	/ / (dd/mmm/yyyy)					<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Retired		
Politically Exposed Person [PEP]					Any other information [if applicable]	Please specify				

Is your Country of Tax Residency other than India - Yes No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S. No.	Country of Tax Residency#	Tax Payer Identification Number / Functional	Identification Type [TIN or other, please specify]
1			
2			
3			

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

Declaration :

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [ACML] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

Date :

Signature :

Place :



Broker/Agent Code ARN:		SUB-BROKER:		EUIIN:	
Unit Holder Information					
Name of the First Applicant :					
PAN Number :		KYC:		Date of Birth :	
Father Name :			Mother Name :		
Name of Guardian :			PAN :		
Contact Address :					
City :		Pincode :		Country :	
Tel.(Off) :		Tel.(Res) :		Email :	
Fax (Off) :		Fax (Res) :		Mobile :	
Income Tax Slab/Networth :			Occupation Details		
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Mode of Holding :			Occupation :		
Name of Second Applicant :					
PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :			Occupation Details		
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Name of Third Applicant :					
PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :			Occupation Details		
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Other Details of Sole/ 1st Applicant					
Overseas Address :					
(In case of NRI investor)					
City :		Pincode :		Country :	
Bank Mandate Details					
Name of Bank :			Branch :		
A/C No. :		A/c Type :		IFSC Code:	
Bank Address :					
City :		Pincode :		Country :	
Nomination Details					
Nominee Name :			Relationship :		
Guardian Name (If Nominee is Minor) :					
Nominee Address :					
City :		Pincode :		State :	
Declaration and Signature					
I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.					
Date :			Place :		
1st applicant Signature :		2nd applicant Signature :		3rd applicant Signature :	

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE

I/We hereby authorize **BSE Limited**

to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

MODIFY

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 account as per latest schedule of charges of the bank.

PERIOD

From

To

Or Until Cancelled

1. _____ 2. _____ 3. _____

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.