




Application No. _____

Regd Office : Unit No. 803-804A, 8th Floor, X-Change Plaza, Block No. 53, Zone 5, Road- 5E, Gift City, Gandhinagar -382355, Gujarat
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<p>Know Your Client (KYC) Application Form (For Individuals Only) 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</p>	 CDSL VENTURES LIMITEDExploring New Horizons
<p>Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC</p>	
<p>KYC Mode*: Please Tick (✓) <input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> Digilocker</p>	
<p>1. Identity Details (please refer guidelines overleaf)</p>	
<p>PAN* _____ Please enclose a duly attested copy of your PAN Card</p> <p>Name* (same as ID proof) _____</p> <p>Maiden Name+ (if any) _____</p> <p>Fathers/Spouse's Name* _____</p> <p>Date of Birth* _____</p> <p>Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender</p> <p>Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>Nationality* <input type="checkbox"/> Indian <input type="checkbox"/> Other _____</p> <p>Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian</p> <p>Please Tick (✓) <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin+ X 4</p> <p style="font-size: small;">(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)</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px; text-align: center;"> <p>Recent passport size Applicant Photo</p> <p style="font-size: small;">Cross Signature across photograph</p> </div>	
<p>Proof of Identity (POI) submitted for PAN exempted cases (Please tick)</p> <p><input type="checkbox"/> A – Aadhaar Card XXXX XXXX _ _ _ _</p> <p><input type="checkbox"/> B – Passport Number _____ (Expiry Date) _____</p> <p><input type="checkbox"/> C – Voter ID Card _____</p> <p><input type="checkbox"/> D – Driving License _____ (Expiry Date) _____</p> <p><input type="checkbox"/> E – NREGA Job Card _____</p> <p><input type="checkbox"/> F – NPR _____</p> <p><input type="checkbox"/> Z – Others _____ (any document notified by Central Government)</p> <p>Identification Number _____</p>	
<p>2. Address Details* (please refer guidelines overleaf)</p>	
<p>A. Correspondence/ Local Address*</p> <p>Line 1* _____</p> <p>Line 2 _____</p> <p>Line 3 _____</p> <p>City/Town/Village* _____ District+ _____ Pin Code* _____</p> <p>State* _____ Country* _____</p> <p>Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified</p>	
	<p>Applicant e-SIGN</p>

**B. Permanent residence address of applicant, if different from above A / Overseas Address***

(Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line3 _____

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

X 5**5. For Office Use Only**

In-Person Verification (IPV) carried out by*

Intermediary Details*

IPV Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

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

AMC / Intermediary Name :

Employee Signature and Stamp

Institution Name and Stamp