

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	 CDSL VENTURES LIMITEDExploring New Horizons	Intermediary Logo
Application Number: _____ Application Type*: ☐ New KYC ☐ Modification KYC		
KYC Mode*: Please Tick (✓) ☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker		
1. Identity Details (please refer guidelines overleaf)		
PAN* _____ Please enclose a duly attested copy of your PAN Card Name* (same as ID proof) _____ Maiden Name* (if any) _____ Fathers/Spouse's Name* _____ Date of Birth* _____ Gender* ☐ Male ☐ Female ☐ Transgender Marital Status* ☐ Single ☐ Married Nationality* ☐ Indian ☐ Other _____ Residential Status* ☐ Resident Individual ☐ Non Resident Indian Please Tick (✓) ☐ Foreign National ☐ Person of Indian Origin⁺ (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) Recent passport size Applicant Photo Cross Signature across photograph		
Proof of Identity (POI) submitted for PAN exempted cases (Please tick) ☐ A — Aadhaar Card XXXX XXXX ____ ____ ____ ____ (Expiry Date) _____ ☐ B — Passport Number _____ (Expiry Date) _____ ☐ C — Voter ID Card _____ (Expiry Date) _____ ☐ D — Driving License _____ ☐ E — NREGA Job Card _____ ☐ F — NPR _____ ☐ Z — Others _____ (any document notified by Central Government) Identification Number _____		
2. Address Details* (please refer guidelines overleaf)		
A. Correspondence/ Local Address* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____ Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified		
		Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*

Line 2

Line 3

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 Letter

☐

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

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