

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 LTD

...Exploring New Horizons



PUSHPAK FINSTOCK
2130-A/2, "VRAJRAJ", 3rd
Floor, Near Reliance Super
Market, Atabhai
Road, Bhavnagar-364001

Application Number: _____

Application Type*: New KYC Modification KYC

KYC Mode*: Please Tick (✓)

Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Dig locker

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

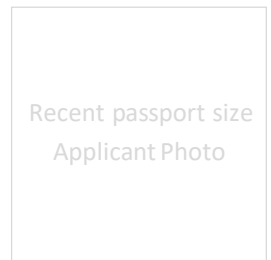
Marital Status* Single Married

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)



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 _____

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 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Blank area for stamp or additional information.

Applicant e-SIGN

Blank area for e-signature.

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)

<input type="checkbox"/> A — Aadhaar Card	XXXX XXXX _____	
<input type="checkbox"/> B — Passport Number	_____	(Expiry Date) _____
<input type="checkbox"/> C — Voter ID Card	_____	
<input type="checkbox"/> D — Driving License	_____	(Expiry Date) _____
<input type="checkbox"/> E — NREGA Job Card	_____	
<input type="checkbox"/> F — NPR Letter	_____	
<input type="checkbox"/> 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/Dig locker 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 :

PUSHPAK FINSTOCK - 2101342930

Employee Signature and Stamp

Institution Name and Stamp