

PPFAS Alternate Asset Managers IFSC Private Limited

Application Form for Outbound Funds

(Individual)

CHECKLIST FOR INDIVIDUALS

For Individual/ Joint holder/ Minor

Sr. No.	Description	Check Box
1.	Documentation	<input type="checkbox"/>
For individual/ joint holders	Self-attested copies of identity proof & address proof of individual/ joint holders. 1. Copy of PAN Card 2. Copy of Address Proof <i>(If correspondence address and permanent address are different, then proof of address to be provided for both the addresses)</i>	<input type="checkbox"/> <input type="checkbox"/>
For Minor	Age proof of minor (Birth certificate or school certificate) attested by the guardian	<input type="checkbox"/>
	Copies of PAN Card & address proof of minor attested by guardian	<input type="checkbox"/>
	Self-attested copy of PAN Card & address proof of guardian	<input type="checkbox"/>
	Photograph of both minor and Guardian to be affixed in the Application Form	<input type="checkbox"/>
Acceptable Address Proofs	Copy of Masked Aadhar Card or Passport or Driving License or copy of utility bill (not more than two months old), property/ municipal tax receipt, Post Office savings bank account statement or statement of a bank account, letter of allotment of accommodation from employer issued by State Government or Central Government departments, statutory or regulatory bodies, public sector undertakings scheduled commercial banks, financial institutions and listed companies and leave and license agreements with such employers allotting official accommodation	
Bank Details	Proof: Cancelled cheque leaf for registered bank/ bank statement (not more than 2 months old) <i>(should be personalized and bearing the name of the Investor)</i> Bank Details for International Bank Accounts should be as per any global Fund format capturing details for 3 segments. Beneficiary, Correspondent Bank, Intermediary Bank. Along with SWIFT/BIC code	<input type="checkbox"/>
2.	CERSAI Form if CKYC is not done and KIN is not available	<input type="checkbox"/>

In case of joint Investors, please provide the KYC documents for each Investor and full signature and initial is to be done by each Investor. Documents to be signed by the Guardian on behalf of minor.

	Name	Code	Email Id	Mobile No
Distributor	GARUDVISTA FINANCIAL SERVICES LLP	PG100260	INFO@GARUDVISTA.COM	9213120704
RM				

Mention Distributor details, if investing through a distributor.

I	GENERAL INFORMATION (Please ✓)	Single <input type="checkbox"/>	Joint <input type="checkbox"/>	Minor <input type="checkbox"/>
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Name of the Sole/First Applicant (As per PAN)

Mr./Mrs./Ms./Mx.	F I R S T N A M E	M I D D L E N A M E	S U R N A M E
Date of Birth	D D M M Y Y Y Y	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
PAN		CKYC – KIN*	

Name of the Guardian (In case of Minor)

Relationship to Minor: _____

Mr./Mrs./Ms./Mx.	F I R S T N A M E	M I D D L E N A M E	S U R N A M E
Date of Birth	D D M M Y Y Y Y	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
PAN		CKYC – KIN*	

Name of the Second Applicant (As per PAN)

Relationship to First Holder: _____

Mr./Mrs./Ms./Mx.	F I R S T N A M E	M I D D L E N A M E	S U R N A M E
Date of Birth	D D M M Y Y Y Y	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
PAN		CKYC – KIN*	

Name of the Third Applicant (As per PAN)

Relationship to First Holder: _____

Mr./Mrs./Ms./Mx.	F I R S T N A M E	M I D D L E N A M E	S U R N A M E
Date of Birth	D D M M Y Y Y Y	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
PAN		CKYC – KIN*	

*KIN – KYC Identification Number is a 14-digit Identifier once your KYC details are registered with CKYC

Mode of Operation (Please ✓)	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> POA holder
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Correspondence Address of First / Sole Applicant /Guardian in case of Minor

Type of Address Proof	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business
House No. / Building Name			
Street / Locality			
City		State	
PIN Code		Country	

Permanent Address of First / Sole Applicant /Guardian in case of Minor

Permanent Address same as Correspondence Address Yes No (Please fill the details below)

Type of Address Proof	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business
House No. / Building Name			
Street / Locality			
City		State	
PIN Code		Country	

Contact Details of First / Sole Applicant / Guardian (in case of Minor)

Mobile No		Alt Mobile No	
Landline No		Office Phone No	
Email Id			
Alt Email Id			

II	KYC DETAILS
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Categories	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Occupation	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Others (Please specify) _____
Gross Annual Income	<input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input type="checkbox"/> Above \$100,000	<input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input type="checkbox"/> Above \$100,000	<input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input type="checkbox"/> Above \$100,000
PEP Disclosure	<input type="checkbox"/> Not a Politically Exposed Person <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not a Politically Exposed Person <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not a Politically Exposed Person <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person
In case of Salaried	Name of Employer:	Name of Employer:	Name of Employer:
	Place of Work:	Place of Work:	Place of Work:
In case of Occupation stated as Business	Name of Business:	Name of Business:	Name of Business:
	Nature of Business:	Nature of Business:	Nature of Business:
	Registered Address:	Registered Address:	Registered Address:

III	Foreign Account Tax Compliance Act (FATCA) & CRS Details:
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	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Country of Birth	<input type="checkbox"/> India <input type="checkbox"/> Others* _____	<input type="checkbox"/> India <input type="checkbox"/> Others* _____	<input type="checkbox"/> India <input type="checkbox"/> Others* _____
Place of Birth			
Citizenship/ Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others* _____	<input type="checkbox"/> Indian <input type="checkbox"/> Others* _____	<input type="checkbox"/> Indian <input type="checkbox"/> Others* _____
Are you also a Resident of any other country(ies) for Tax Purpose?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the section below	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the section below	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the section below
US Person	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Country of Tax Residency 1			
TIN 1			
Identification Type 1			
If TIN is not available, please tick the reason A, B or C**	Reason: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Country of Tax Residency 2			
TIN 2			
Identification Type 2			
If TIN is not available, please tick the reason A, B or C**	Reason: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

* Please Specify
 ** Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents; Reason B: No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others - Please state the reasons thereof.

IV BANK ACCOUNT DETAILS
Attach copy of cheque leaf / Bank Statement / Bank Passbook (Not older than 2 months)

Account Number/IBAN

Account Type Savings Current RFC FCA (GIFT CITY) Others (Please Specify) _____

Name of Bank / Branch

Address _____

SWIFT Code IFSC Code

Correspondent Bank/
Intermediate Bank & Branch Name*

Correspondent Bank/Intermediate Bank SWIFT Code*

*Mandatory for International Bank Account

V BANK ACCOUNT DETAILS (In case Redemption Account is different)
Attach copy of cheque leaf / Bank Statement / Bank Passbook (Not older than 2 months)

Account Number/IBAN

Account Type Savings Current RFC FCA (GIFT CITY) Others (Please Specify) _____

Name of Bank / Branch

Address _____

SWIFT Code IFSC Code

Correspondent Bank/
Intermediate Bank & Branch Name*

Correspondent Bank/Intermediate Bank SWIFT Code*

*Mandatory for International Bank Account

VI NOMINATION DETAILS:

I/We hereby nominate the following person(s), who shall receive all the assets held in my/ our account/ folio in the event of my/ our demise and on behalf of my/ our legal heirs*

Sr No	Nominee Name	Date of Birth	Share of Nominee % [#]	Identity Number [@]	Mobile No. and Email ID	Postal address (Mention complete address)	Guardian Name & Relationship (In case Nominee is Minor)	Nominee / Guardian Signature
1								
2								
3								
Total			100%					

[#]Share of nominee: if % is not specified, then the assets shall be distributed equally amongst all the nominees.

[@]Identity number: Provide only number: PAN or driving license or Aadhar (last 4 digits). Passport number (in case of NRI/OCI/ PIO). Copy of the document is not required.

OPT OUT Declaration: I/We hereby confirm that I/We do not wish to appoint any nominee for my units held in my/our folio and understand the issues involved in non-appointment of nominees and further are aware that in case of death of all account holders, my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority based on the value of assets held in the folio.

VII DECLARATIONS AND SIGNATURE(S)

I/We hereby declare/certify that all the information and particulars given by me/us in this application form are true, complete and accurate. I/We agree to immediately inform you if there is any change in any of the information given in this Application Form and/or in the Annexure(s) to this Application Form and/or any other details and documents provided post Application Form. I/We confirm that the funds invested legally belong to me/us and I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We also agree to furnish such further information as you, IFSCA, or any other regulatory authority may require or pursuant to any law, regulation or direction of any regulatory authority, order/decree/award of any court/tribunal from me/us from time to time in relation to the holdings of Units of the Schemes and further due diligence to be undertaken and I/We agree that if I/We fail to give such information / documentation, you shall have the right to return funds and not allot Units and report the same to the applicable regulators. I/We also understand that there is no assurance on the returns of the Schemes.

I/We hereby agree and accept that the FME, their authorised agents, representatives, distributors, settlor, trustee, their employees, service providers, representatives (**Authorised Parties**) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or as a result of this investment or activities performed by them on the basis of the information provided by me as also due to my not intimating/ delay in intimating such changes. I authorize the FME to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the Authorised Parties including any of the Indian or foreign governmental or statutory or judicial authorities / agencies including Financial Intelligence unit India (**FIU-IND**) without any obligation of advising me/us of the same.

I/We understand that if I/we are categorized as high risk investors as per the policies / procedures adopted by the FME, additional documents / declarations may be sought, which I/We shall promptly provide, in absence of which my/our application may be kept on hold.

I/We hereby declare and confirm that the investment as detailed in the accompanying application form complies with the provisions of the Foreign Exchange Management Act, 1999 (**FEMA Act**), and the relevant rules, regulations, directions, and guidelines issued thereunder by the Reserve Bank of India (**RBI**) and the Government of India, including but not limited to the Foreign Exchange Management (Overseas Investment) Rules, 2022, and the Foreign Exchange Management (Overseas Investment) Regulations, 2022, as may be amended from time to time. I/We hereby declare and confirm that the source of funds for the proposed investment is through permissible means under the FEMA Act and does not involve any contravention of the provisions of the FEMA Act. I/We shall ensure ongoing compliance with the reporting and disclosure requirements as prescribed by the RBI for such overseas investments. I/We undertake to abide by all applicable provisions of the FEMA Act and to obtain all necessary approvals, wherever applicable, and to report to the RBI/Authorized Dealer as required. I/We hereby declare and confirm that all required filings, including but not limited to Form FC, Form ODI, Form FLA and Annual Performance Reports (**APR**), as applicable, will be made in accordance with the prescribed timelines. I/We hereby declare and confirm that the proposed investment is within the overall limit as prescribed by the RBI from time to time.

I/We hereby accord my/our consent to the FME/Schemes for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our personal data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with the FME. I/We hereby accord my/our consent to the FME for utilizing the same folio number and other relevant information for all future Eligible Schemes. I/We hereby grant my/our consent to the FME and its associates to send all the communications/reports on all the email addresses specified in the form.

The FME reserves the right to inform the existing Distributor/Referral Agent of any request received from the investors which can directly or indirectly impact the distributors/referral agent.

I/We hereby accord my/our consent to PPFAS Alternate Asset Managers IFSC Private Limited for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form. I / We have read, understood & agree to the terms and conditions mentioned in the Offer Document of the Schemes offered by the FME as well as the rules and regulations of the IFSCA, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder and would like to invest in the Schemes. Further, I / We will be bound by the Scheme's' terms and conditions as amended from time to time. I/We also confirm that the information provided herein is true, correct, and complete to the best of my/our knowledge and belief.

Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Signature	Signature	Signature

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Instructions to Form

1. Please fill the form in BLOCK LETTERS in English language.
2. The name of investor including joint account holder should be as per PAN Card
3. CKYC - Cersai Form is required if KIN not provided or there are changes in CKYC details. It must have Original seen & verified ("OSV") stamp on all documents with Employee, Name, Designation, Name of the Organization, Employee Code, Signature, Date & company stamp. OSV to be done by FME employees or employees of SEBI/IFSCA registered intermediaries.
4. In case of joint Investors, please provide the self-attested KYC documents for all investors. Documents to be signed by the Guardian on behalf of Minor. Please provide proper attested documents to avoid any rejections.
5. Please provide correct Email ID and mobile number, to ensure that critical updates are not missed.
6. The address mentioned on the application form should be the same as per KYC. If your communication address differs from the registered address, then proof of address should be provided for both addresses.
7. Please specify mode of operations in case there is more than one applicant. If not specified, the same will be treated as joint.
8. Any cancellation/corrections should be counter signed by the Investor(s) in case of Physical application.
9. In case the application is signed under Power of Attorney (PoA) a duly notarized copy of the PoA must be submitted along with the application form. In addition, all supporting documents must be submitted for all holders including the PoA holder.
10. Please make payments from your own accounts only, third party payments are not allowed. First holder must be one of the joint holders in the Bank Account where funds are remitted from.
11. Residence for tax purposes - This field requires information on country of residence for income tax purposes. If the individual is certified or treated as tax resident in more than one country, then mention the name of all those countries. Also, mention the final position on tax residence in discussion with your tax advisor after considering the tie breaker rules.
12. US Person — The term United States person means:
 - a. an individual, being a citizen or resident of the United States of America;
 - b. partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
 - c. a trust if: i) a court within the United States of America would have authority under applicable law to render orders or judgements concerning substantially all issues regarding administration of the trust; and ii) one or more U.S. persons have the authority to control all substantial decisions of the trust;
 - d. an estate of a decedent who was a citizen or resident of the United States of America.
13. E-mail scanned copies of the completed and duly signed form along with all supporting documents to investoronboarding_gift@ppfas.com and gift_ppfas@camsonline.com. The Registrar & Transfer Agent (RTA) will check the forms and confirm if the documents are in order.
14. Please courier the physical signed application form along with the documents to nearest CAMS office to you. The list is as enclosed herein. <https://www.camsonline.com/Investors/Support/CAMS-Location&Service-center> The list is also available on PPFAS Gift City Website. Alternatively, you can courier the form to Computer Age Management Services Ltd (CAMS), Unit No. 409, BIFC Building, Zone-1, GIFT SEZ, Gift City, Gandhinagar, Gujarat – 382355.
15. FATCA and CRS details
 - a. The Central Board of Direct Taxes (CBDT) has notified Rules 114F to 114H, as part of the Income Tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all account holders and/or applicants.
 - b. Applicants/Unit holders are required to mandatorily provide the relevant information for FATCA and CRS. In case of any change in any information provided, Unit holders should ensure to advise the FME/Service Provider promptly i.e. within a period of 30 days.
 - c. All Applicants/Unit holders must be aware that the failure to providing all relevant details in relevant section and/or relevant forms will result in rejection of their investment application form, refund of application money, reversal of units allotted and the Scheme will not be liable for any consequent loss to the Applicants/Unit holders.
 - d. Applicants like Individuals (including in the name of sole proprietorship firm), joint applicants, are required to provide details, as mentioned in this section, like Place and Country of birth, Country of Citizenship/Nationality mandatorily. If the applicant/s have any countries of tax residency other than India, details of all such countries and relevant tax identification number needs to be provided. If the space in the form is not adequate, applicants are required to attach additional sheets with information duly signed.
 - e. If you have any questions about your tax residency or other definitions or terms used, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.
 - f. It is mandatory to provide the Tax Identification Number (TIN) or functional equivalent like Social Security Number, National Insurance Number, Citizen or Personal Identification Code or Number, Resident Registration Number. If you do not have a TIN, please attach any of the documents mentioned in this section duly self-attested depending on status in that country.
 - g. Applicant/unit holder should note that they also specifically authorize to disclose, share, remit in any form, mode or manner, all or any of the information provided by, including all changes, updates to such information as and when provided, to the FME, trustees, their employees / associated parties / Service Providers ('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 and other investigation agencies without any obligation of advising me/us of the same. Further, applicant/unit holder also authorizes to share the given information to other IFSCA Registered Intermediaries to facilitate single submission / updation and for other relevant purposes.
 - h. Applicant/unit holder also undertakes to keep the FME informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required.
 - i. Please note that applicants/unit holders may receive more than one request for information if you have multiple relationships/accounts/folios with us. Therefore, it is important that you respond to each of our request, even if you believe you have already supplied any previously requested information.
 - j. In case any of the specified information provided by the applicant/unit holder is found to be false or untrue or misleading or misrepresenting, applicant/unit holder will be solely liable and will indemnify the FME, Trustees, their employees / associated parties and the Service Providers. As per Income Tax clause 271FAA (2) if there is any inaccuracy in the statement of financial transactions submitted by a prescribed reporting financial institution and such inaccuracy is due to false or inaccurate information submitted by the account holder, a penalty as applicable shall be imposed on such institution, in addition to the penalty leviable on such financial institution in the said section, if any. This penalty shall be levied by the income tax authority prescribed under sub-section (1) of section 285BA of the Act. Further, the reporting financial institution may recover the amount so paid on behalf of the account holder or retain out of any money that may be in its possession or may come to it from every such reportable account holder.
 - k. In case applicant/unit holder has any of the Indicia, pertaining to a foreign country and yet declares self to be non -tax resident in the respective country, customer to provide relevant details as may be asked for.

[CERSAI Form to be attached separately]

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- | | |
|--|--|
| <p>A) Fields marked with '*' are mandatory fields.</p> <p>B) Tick '✓' wherever applicable</p> <p>C) Please fill the form in English and in BLOCK letters.</p> <p>D) Please fill the date in DD-MM-YYYY format.</p> <p>E) For particular section update, please tick(✓) in the box section number and strike off the sections not required to be updated.</p> | <p>F) Please read section wise detailed guidelines / instructions at the end.</p> <p>G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.</p> <p>H) List of two character ISO 3166 country codes is available at the end.</p> <p>I) KYC number of applicant is mandatory for update application.</p> <p>J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode</p> |
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For office use only	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
(To be filled by financial institution)	KYC Number			(Mandatory for KYC update request)
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor	<input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

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

	Prefix	First Name	Middle Name	Last Name
Name*(Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*	D D	M M	Y Y Y Y	
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
PAN*		<input type="checkbox"/> Form 60 furnished		

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	
<input type="checkbox"/> B- Voter ID Card	
<input type="checkbox"/> C- Driving Licence	
<input type="checkbox"/> D- NREGA Job Card	
<input type="checkbox"/> E- National Population Register Letter	
<input type="checkbox"/> F- Proof of Possession of Aadhaar	

II. E- KYC Authentication

III. Offline verification of Aadhaar



Address

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

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	
<input type="checkbox"/> B- Voter ID Card	
<input type="checkbox"/> C- Driving Licence	
<input type="checkbox"/> D- NREGA Job Card	
<input type="checkbox"/> E- National Population Register Letter	
<input type="checkbox"/> F- Proof of Possession of Aadhaar	

II. E- KYC Authentication

III. Offline verification of Aadhaar

IV. Deemed Proof of Address - Document Type code

V. Self Declaration

Address

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

4. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email-ID) (Please refer instruction C at the end)

Tel. (Off) - Tel. (Res) - Mobile -
 Email ID -

5. Remarks (If any)

6. APPLICANT 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.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above

[Signature / Thumb Impression]

Date: - - Place:

Signature / Thumb Impression of Applicant Guardian (in case of minor)

7. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received**
- Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC Process Equivalent e-document Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

INSTITUTION DETAILS

Name

Code

[Institution Stamp]