

Know Your Client (KYC)
Application Form (For Individuals Only)



CDSL VENTURES LIMITED
...Exploring New Horizons



RELITRADE
We care about your investment

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

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+

Recent passport size
Applicant Photo

Cross Signature across photograph

Mother's Name* _____

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 _____

D — Driving License _____

E — NREGA Job Card _____

F — NPR _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

(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)

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

Applicant e-SIGN

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 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

<p>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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>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.</p> <p>DATE: _____ (DD-MM-YYYY) PLACE: _____</p>	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 _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : _____
POS CODE (1401490535) CKYC (IN2041) RELITRAD STOCK BROKING PRIVATE LIMITED STAFF NAME: _____ SIGNATURE: _____ DATE: _____	

FATCA-CRS Declaration & Supplementary KYC Information
Declaration Form for Individuals

PAN									
NAME									
ADDRESS TYPE FOR KYC	<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	<input type="checkbox"/> Business <input type="checkbox"/> Public Sector			
Net Worth in INR in Lacs	<input type="checkbox"/> 5-10 Lacs		<input type="checkbox"/> 10-25 Lacs			<input type="checkbox"/> Private Sector <input type="checkbox"/> Professional			
Net Worth Date	<input type="checkbox"/> 25 Lacs - 1 Cr		<input type="checkbox"/> > 1 Crore			<input type="checkbox"/> Gov. Service <input type="checkbox"/> Student			
						<input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife			
					<input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer				
	Others [Please specify] _____								
Politically Exposed Person [PEP]	<input type="checkbox"/> YES		<input type="checkbox"/> Related to PEP		Any other information				
	<input type="checkbox"/> Not Applicable								

*If PAN is not available, please specify Folio No(s)

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 Equivalent	Identification Type <i>[TIN or other, please specify]</i>
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 [CAMS/Fund/AMC] 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:
