MOTILAL OSWAL
Mutual Fund

CKYC & KRA KYC Form

Know Your Client Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields

Application No. KYC No. Application Type ☐ New ☐ Update

CKYC ID No. ☐ PAN ☐ PAN Exempt (Form 60) PAN

EX No. Pan Exempt Reason

1 Personal Details

Prefix

Name* (same as ID Proof) FIRST MIDDLE LAST

Maiden Name (If any*) FIRST MIDDLE LAST

Father / Spouse Name* FIRST MIDDLE LAST

Mother Name* FIRST MIDDLE LAST

Date of Birth* D D M M Y Y Y Y Gender* ☐ Male ☐ Female ☐ Transgender Marital Status* ☐ Married ☐ Unmarried ☐ Others

Photo

Signature/ Thumb Impression

Citizenship* ☐ Indian ☐ Others – Country Country Name Country Code

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ Business ☐ Not Categorised ☐ Others

2 Identity And Address Details* (Any one of the below documents to be submitted)

Passport Number Passport Expiry Date D D M M Y Y Y Y

Voter ID Card Aadhaar Card

Driving Licence Driving Licence Expiry Date D D M M Y Y Y Y

NREGA Job Card NPR Letter

Others (any document notified by the central government) Identification No

E-National Population Register Letter

E-Proof of Possession of Aadhaar E-KYC Authentication

Offline verification of Aadhaar

3 Permanent / Overseas Address*

Address

City / Town / Village* District* Pin Code*

State/UT* State/UT Code as per Indian Motor Vehicle Act, 1988 Country* Country Code as per ISO 3166

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

4 Current Address (to Be Provided If Different From Above Address) Same Address As Available In Officially Valid Document Provided Above* ☐ Yes ☐ No

Passport Number Passport Expiry Date D D M M Y Y Y Y

Voter ID Card Aadhaar Card

Driving Licence Driving Licence Expiry Date D D M M Y Y Y Y

NREGA Job Card NPR Letter

Others (any document notified by the central government) Identification No

E-National Population Register Letter

E-Proof of Possession of Aadhaar E-KYC Authentication

Offline verification of Aadhaar

Address

City / Town / Village* District* Pin Code*

State/UT* State/UT Code as per Indian Motor Vehicle Act, 1988 Country* Country Code as per ISO 3166

Address Type* Residential / Business Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

5 Contact Information

Mobile No. Fax No.

Telephone (res) Telephone (res)

Email ID

6 Applicant Declaration And Consent*

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 SEBI Registered KYC Registration Agency / Central KYC Registry through SMS/Email on the above registered number/email address.

I hereby consent to

a) use images of officially valid documents uploaded, digitally signed e-Aadhaar letter downloaded from UIDAI website and / or data received from UIDAI through Aadhaar authentication mechanism as proof of identity and / or address and consider signature uploaded as specimen signature and as part of my KYC information.

b) process and register / update my KYC details provided through this application with SEBI KRA and / or Central KRA system(s),

c) store documents / information uploaded as applicable under PML Act & Rules, SEBI KRA Regulations, 2011 and other any Act, Rules, Regulations, Guidelines, Circulars, etc. issued by Statutory / Regulatory authorities from time to time

I have no objection for the KRA in retaining my KYC details shared by me. I understand and am informed that the information / documents provided by me shall be stored by the KRA and / or the intermediary downloading my KYC information from SEBI KRA / Central KYC Registry and shall be used only for the purpose of completing my KYC formalities only and the information shall not be shared with any other third party. I also understand that the KYC information registered with KRA / Central KRA system(s) would be utilized as mentioned in the SEBI KRA Regulations, 2011 / Central KYC Registry Operating Guidelines, 2016.

Date D D M M Y Y Y Y Place

Signature / Thumb Impression Of Applicant

6 Attestation / For Office Use Only (Documents Received)

Certified Copies EKYC Data from UIDAI Offline PDF / XML Verification Digital KYC Data from Digi Locker

7 Kyc Verification / Ipv Carried Out By

Employee Name F I R S T M I D D L E L A S T

Employee Designation

Employee Code FI Name

IPV Date D D M M Y Y Y Y Employee Branch FI Code

Employee Signature

* Mandatory and required information

** These documents are applicable only for online KYC

@ Mandatory if same address as available in officially valid document provided above flag is 'NO'

& Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill)

Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain address

$ 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.