Know Your Client (KYC)

Application Form (For Individuals Only)

CDSL VENTURES LIMITED

....Exploring New Horizons



lease fill the form in ENGLISH and in B ields marked * are mandatory		Application	n Number:		Share India You generate, we multiply	
ields marked ⁺ are pertaining to CKYC CKYC also	and mandatory only if processing	Application	n Type*: 🗌 New ł	KYC Modificatio		
YC Mode*: Please Tick (✓)	OTD			- 0m: 10/0	□ B: :: .	
□ Normal □ EKYC			☐ Online KYC	☐ Offline KYC	☐ Digilocker	
I. Identity Details (pl	ease refer guidelines	s overleaf)				
PAN*		Please enclose	a duly attested copy of yo	ur PAN Card		
Name* (same as ID proof)						
Maiden Name + (if any)						
athers/Spouse's Name*						
Date of Birth*						
Gender*	☐ Male	Female	e 🔲 Trar	nsgender		
Marital Status*	Single	Married	d		Recent passport size	
Nationality*	☐ Indian	Other			Applicant Photo	
Residential Status*	☐ Resident Individua	ıl	☐ Non Resident	Indian		
Please Tick (✓)	☐ Foreign National ☐ Person of Indian Origin +		an Origin ⁺	Cross Signature across photograph		
				y for CKYC and not for KRA K		
Proof of Identity (POI) sul	Select NRI or Foreign Nationa bmitted for PAN exem		•			
A — Aadhaar Card	XXXX XXXX _					
 ☐ B—Passport Number				(Expiry Date)		
C—Voter ID Card				(5 : 5 :)		
D—Driving License				(Expiry Date)		
E—NREGA Job Card						
F—NPR						
Z—Others			(any docum	nent notified by Central Gove	ernment)	
 Identification N	umber					
2. Address Details*	(please refer guideli	nes overle	af)			
A. Correspondence/ Loc	cal Address*					
•						
inaO						
				Pin	Code*	
Address Type* Reside			Business		fice Unspecified	
					Applicant e-SIGN	

B. Permanent residence address of applicant, if different from	n above A / Overseas Address*	(Mandatory for NRI Applicant)				
Line 1*						
Line 2						
Line3						
City/Town/Village* Dis	trict* Pin Code*					
	untry*					
Address Type* Residential/Business Residential	Business Registe	ered Office Unspecified				
Proof of Address* (attested copy of any 1 POA for correspondence and po	ermanent address each to be submitted)					
A — Aadhaar Card XXXX XXXX						
B—Passport Number	(Expiry Date	e)				
C—Voter ID Card						
D—Driving License	(Expiry Date)					
E—NREGA Job Card						
F—NPR Letter						
	tral 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.	Applicant e-SIGN	Applicant Wet Signature				
DATE: (DD-MM-YYYY) PLACE:						
5. For Office Use Only						
In-Person Verification (IPV) carried out by*	Intermediary Details*					
IPV Date	Self certified document copies received (OVD)					
Emp. Name	True Copies of documents received (Attested)					
Emp. Code	AMC / Intermediary Name :					
·						
Emp. Designation						
F., 1	In the Name and Co					
Employee Signature and Stamp	Institution Name and Stamp					