



<p>Know Your Client (KYC)</p> <p>Application Form (For Individuals Only)</p> <p><small>Please fill the form in ENGLISH and in BLOCK letters</small></p> <p><small>Fields marked * are mandatory</small></p> <p><small>Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also</small></p>	 <p>CDSL VENTURES LIMITED <small>....Exploring New Horizons</small></p> 				
	<p>Application Number: _____</p> <p>Application Type: Without Supporting KYC Modification</p>				
<p>KYC Mode*: Please Tick (✓)</p> <p> <input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> Digilocker </p>					
<p>1. Identity Details (please refer guidelines overleaf)</p>					
<p>PAN* _____</p> <p>Name (same as ID proof) _____</p> <p>Fathers/Spouse's Name _____</p> <p>Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married</p> <div style="text-align: right; margin-top: 20px;"> <div style="border: 1px solid #ccc; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p style="color: #888; font-size: 0.9em;">Recent passport size Applicant Photo</p> </div> <p style="font-size: 0.8em; margin-top: 5px;">Cross Signature across photograph</p> </div>					
<p>2. Contact Details (in CAPITAL)</p>					
<p>Email ID _____</p> <p>Mobile No. _____</p> <p>Tel (Off) _____ Tel (Res) _____</p>					
<p>3. Applicant Declaration</p>					
<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)</p> <p>PLACE: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">Applicant e-SIGN</th> <th style="width: 50%; padding: 5px;">Applicant Wet Signature</th> </tr> <tr> <td style="height: 150px;"></td> <td style="height: 150px;"></td> </tr> </table>	Applicant e-SIGN	Applicant Wet Signature		
Applicant e-SIGN	Applicant Wet Signature				
<p>4. For Office Use Only</p>					
<p>In-Person Verification (IPV) carried out by*</p>	<p>Intermediary Details*</p>				
<p>IPV Date _____</p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p>	<p><input type="checkbox"/> Self certified document copies received (OVD)</p> <p><input type="checkbox"/> True Copies of documents received (Attested)</p> <p>AMC / Intermediary Name : _____</p>				
<p style="font-size: 0.8em; color: #888;">Employee Signature and Stamp</p>	<p style="font-size: 0.8em; color: #888;">Institution Name and Stamp</p>				