

Know Your Client (KYC)**Application Form (For Individuals Only)****CDSL VENTURES LIMITED**

...Exploring New Horizons

**Kantilal Chhaganlal**Since 1954 | Trust Experience. Wealth Follows.
WEALTH MANAGEMENT SOLUTION.

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: Without Supporting KYC Modification

KYC Mode*: Please Tick (✓) Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker**1. Identity Details (please refer guidelines overleaf)**

PAN* _____

Name (same as ID proof) _____

Fathers/Spouse's Name _____

Marital Status Single MarriedRecent passport size
Applicant Photo

Cross Signature across photograph

2. Contact Details (in CAPITAL)

Email ID _____

Mobile No. _____

Tel (off) _____

Tel (Res) _____

3. 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.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

4. For Office Use Only

In-Person Verification (IPV) carried out by*

Intermediary Details*

IPV Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

 Self certified document copies received (OVD) True Copies of documents received (Attested)

AMC / Intermediary Name :

Employee Signature and Stamp

Institution Name and Stamp