

Know Your Client (KYC) Application Form (For Individuals Only)				CDSL VENTURES LIMITED Exploring New Horizons			
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*: <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 Please Tick (✓)							
1. Identity Details (please refer guidelines overleaf)							
PAN No.							
Name (same as ID proof)	Mr./Mrs.						
Fathers/Spouse's Name	Mr./Mrs.						
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married						
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 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/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:___/___/202__ PLACE: Mumbai					Applicant Wet Signature/Applicant e-SIGN  		
4. For Office Use Only							
Intermediary Details (Name and Stamp)*				For, Pragya Equities Pvt Ltd   Authorised Signatory			

To.  
**Pragya Equities Pvt. Ltd.**  
**504, Kailash Plaza, V. B. Lane,**  
**Ghatkopar(E), Mumbai-400077.**

**SUB: KYC UPDATE / AUTHORISATION / ACTIVATION OF DORMANT A/C.KYC UPDATE:**  
**(Check & Confirm the Following details and Update the changes, if any)**

Name:																Code:		PAN				
Add:																Income FY:202 -202				Rs: To lakhs		
																Networth ason: 31.03.202				Rs. __ lakhs		
																(Enclose copy of ITR / Balance Sheet)						
Bank A/c No:																IFSC:					A/c.Type	SB/CA
Bank Name:																						
Demat A/c. Id																	DP Name					
Nominee Name																Relationship						

**AUTHORISATION (Voluntary):**

PATRICULAR	OPTIONS	TO BE FILLED BY CLIENT								
Authorization for Running Account:	Yes/No	YES								
Periodic Account Settlement Cycle:	Quarterly/Monthly	Quarterly								
Mode of sending Contract Note :	ECN/Physical	ECN								
Consent of SMS and Email of Transaction/Account details:	Yes/No	Yes								
	Email Id:									
	Mobile No.									
Note: The above authorizations are revocable at any time without notice by intimation to PEPL.										

**DECLARATION:**

NOT a Politically Exposed Person (PEP) OR Relative of Politically Exposed Person (RPEP)	Yes/No	No
Tax Resident of India Only and NO FATCA-CRS or Tax laws of other countries applicable.	Yes/No	Yes

Signature: ✕ \_\_\_\_\_

Client Name:

Dated: \_\_/\_\_/202

SIGNED IN PRESENCE OF / IN PERSON  
 VERIFICATION BY:

Signature: \_\_\_\_\_

AP Emp. Name: