

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

### Important Instructions:

- A) Fields marked with "\*" are mandatory fields.  
B) Please fill the form in English and in BLOCK letters.  
C) Please fill the date in DD-MM-YYYY format.  
D) Please read section wise detailed guidelines / instructions at the end.  
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
F) List of two character ISO 3166 country codes is available at the end.  
G) KYC number of applicant is mandatory for update application.  
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



### For office use only

(To be filled by financial institution)

Application Type\*

☐ New

☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal


☐ Simplified (for low risk customers)

☐ Small

### ☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)		
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

**PHOTO**



Signature / Thumb Impression

### ☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

### ☐ 3. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

### 4. PROOF OF ADDRESS (PoA)\*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

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

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	please specify
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

### Address

Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			
District*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	State / U.T Code*
				ISO 3166 Country Code*

☐ **4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \*** (Please see instruction **E** at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1**')

Line 1*																	
Line 2																	
Line 3																	
District*						Pin / Post Code*						State / U.T Code*			ISO 3166 Country Code*		

☐ **4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\*** (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*																				
Line 2																				
Line 3																				
State*						ZIP / Post Code*						City / Town / Village*						ISO 3166 Country Code*		

☐ **5. CONTACT DETAILS** (All communications will be sent on provided)

T						Tel. (Res)						Mobile									
FAX						Email ID															

☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ KYC Number of Related Person (if available\*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor			<input type="checkbox"/> Assignee			<input type="checkbox"/> Authorized Representative		
Name*	Prefix	First Name	Middle Name	Last Name					

(If KYC number and name are provided, below details of section 6 are optional) el. (Off)

☐ **PROOF OF IDENTITY [PoI] OF RELATED PERSON\*** (Please see instruction **H** at the end)

<input type="checkbox"/> A- Passport Number						Passport Expiry Date					
<input type="checkbox"/> B- Voter ID Card											
<input type="checkbox"/> C- PAN Card											
<input type="checkbox"/> D- Driving Licence						Driving Licence Expiry Date					
<input type="checkbox"/> E- UID (Aadhaar)											
<input type="checkbox"/> F- NREGA Job Card											
<input type="checkbox"/> Z- Others (any document notified by the central government)						Identification Number					
<input type="checkbox"/> S- Simplified Measures Account - Document Type code						Identification Number					

☐ **7. REMARKS (If any)** Mobile no. / Email-ID) (Please refer instruction **F** at the end)


**8. APPLICANT DECLARATION**

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 Central KYC Registry through SMS/Email on the above registered number/email address.

Date :   -   -     Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**
**Documents Received** ☐ Certified Copies

Intermediary Name : Manappuram Finance Limited

IPV Done ☐ on   -   -    
**Document Verified With Originals**

Emp. Name :  
Emp. Code :  
Emp. Designation :  
Emp. Branch :  
Emp. Signature :

**KYC and In Person Verification (IPV) Carried Out BY**

Emp. Name :  
Emp. Code :  
Emp. Designation :  
Emp. Branch :  
Emp. Signature :

SEBI Registration No. : IN - DP - CDSL - 723 - 2014

(To be filled by Participant)

\* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Status	Sub – Status	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Minor <input type="checkbox"/> HUF / AOP <input type="checkbox"/> Others(specify) .....
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> thers (specify) .....
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Others (specify) .....

[illegible]

**I/ We** wish to receive dividend / interest directly in to **my** bank account as given through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] ☐ Yes ☐ No

Country



Pin Code

<b>SMS Alert Facility</b>	MOBILE NO. +91 _____	
Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	[(Mandatory , if you are giving Power of Attorney ( POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	

Gross Annual Income Details	Income Range per annum: <input type="checkbox"/> Up to Rs 1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs.5,00,000 <input type="checkbox"/> Rs.5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs.25,00,000										
	Net worth as on (Date)		D	D	M	M	Y	Y	Y	Y	Rs
	[Net worth should not be older than 1 year]										
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Retired		<input type="checkbox"/> Govt. Service <input type="checkbox"/> Housewife		<input type="checkbox"/> Business <input type="checkbox"/> Student		<input type="checkbox"/> Professional <input type="checkbox"/> Others (Specify)		<input type="checkbox"/> Agriculture		

Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) ☐ Please provide details as per Annexure 2.2 A.

Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to Politically Exposed Person (RPEP)	Any other information:
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I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')		[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')		<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
I/ We would like to share the email ID with the RTA		<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)		

**FATCA / CRS Self Declaration**

Country of Birth / Citizenship / Residence for Tax purpose is India of all Holders	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: In case the above answer is 'No', please download and attach FATCA/CRS declaration form from [www.manappuram.com](http://www.manappuram.com)

**Bank Proof**

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
  - In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I /We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material in information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink).

Note: Rights & Obligations document available at [www.manappuram.com](http://www.manappuram.com)

Depository Service Tariff	
Annual Maintenance Charge Individual	200
Account Maintenance Charge Non individual	1000
Dematerialization/Rematerialization	
For Each request form- Dematerialization	Rs. 200/-
Extra for each certificate - Dematerialization	Rs. 50/-
Rematerialisation ( For each request form)	Rs. 200/-plus flat fee of Rs. 50/- per additional certificate.
Additional Account Statements	
By Courier	Rs. 25/- plus courier charge.
Transaction Charge	
Off / On Market Trade	Rs. 200/- per transaction.
Pledge Charge	
Pledge creation, Pledge closure & Pledge invocation	Rs. 200/- per transaction.
All charges are collected up front. Interest of 18% Per annum would be charged on dues	
Basic Service Demat Account (BSDA)	
(Individuals should have only one Demat account, where they are sole or first holder)	
Holdings up to Rs.50,000 only	No AMC Charge
Holding between Rs.50,001 to 200,000	AMC Rs.100/-

☐ BSDA

☐ Non BSDA

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink).

## Nomination Form

<b>TM / DP</b>										<b>FORM FOR NOMINATION</b>																																						
<b>Name and Address</b>										<i>(To be filled in by individual applying singly or jointly)</i>																																						
Date	D	D	M	M	Y	Y	Y	Y	Y	UCC/ DP ID	I	N								Client ID																												
I/We wish to make a nomination. <i>[As per details given below]</i>																																																
<b>Nomination Details</b>																																																
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																																																
<b>Nomination can be made upto three nominees in the account.</b>										<b>Details of 1<sup>st</sup> Nominee</b>										<b>Details of 2<sup>nd</sup> Nominee</b>										<b>Details of 3<sup>rd</sup> Nominee</b>																		
1	<b>Name of the nominee(s) (Mr./Ms.)</b>																																															
2	<b>Share of each Nominee</b>		Equally <small>[If not equally, please specify percentage]</small>								%										%										%																	
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>																																																
3	<b>Relationship With the Applicant (If Any)</b>																																															
4	<b>Address of Nominee(s)</b>																																															
										City / Place: State & Country:																																						
										PIN Code																																						
5	<b>Mobile / Telephone No. of nominee(s)</b>																																															
6	<b>Email ID of nominee(s)</b>																																															
7	<b>Nominee Identification details –</b> [Please tick any one of following and provide details of same]  <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																																															
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>																																																
8	<b>Date of Birth {in case of minor nominee(s)}</b>																																															
9	<b>Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}</b>																																															
10	<b>Address of Guardian(s)</b>																																															

	City / Place: State & Country:						
		PIN Code					
11	Mobile / Telephone no. of Guardian						
12	Email ID of Guardian						
13	Relationship of Guardian with nominee						
14	<b>Guardian Identification details –</b> [Please tick any one of following and provide details of same]  <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID						
<b>Name(s) of holder(s)</b>						<b>Signature(s) of holder*</b>	
Sole / First Holder (Mr./Ms.)							
Second Holder (Mr./Ms.)							
Third Holder (Mr./Ms.)							

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

**Note :** Residual securities: in case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

**\* Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Details of the Witness		<b>Note: One witness</b> shall attest signature(s) / thumb impression(s)
		<b>First Witness</b>
Name of witness		
Address of witness		
Signature of witness		
<b>Easi</b>	To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	