

KYC Application Form (For Individual Only) - First / Sole Holder

Please fill the form in English and in BLOCK LETTERS.
 (Please tick ✓ on the box next to the option you wish to choose and provide corresponding details)
 Fields marked * are mandatory
 Fields marked * are pertaining to CKYC & mandatory only if processing CKYC also

Application No.

Application Type New KYC Modification KYC

KYC Mode* Normal EKYC OTP Online KYC Offline KYC Digi-locker EKYC Biometric

1. Identity Details of Related Persons (Please refer guidelines overleaf)

PAN* Please enclose a duly attested copy of your PAN card

Name (Same as ID Proof)

Maiden Name* (if any)

Father's/Spouse Name*

Date of Birth*

Gender* Male Female Transgender

Marital Status* Married Unmarried

Nationality* Indian Others Please Specify

Residential Status* Resident Non-resident Foreign National Person of Indian Origin#

(Passport mandatory for NRIs & Foreign Nationals. PIO selection is only for CKYC & not for KRA KYC. Select NRI or Foreign National based on Nationality of the Individual)

PHOTOGRAPH
(Affix latest colour photograph)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A-Aadhar No. XXXX-XXXX-
 B-Passport No.
 C-Voter-ID Card
 D-Driving Licence
 E-NREGA Job Card
 F-NPR
 Z-Others

Please enter last 4 digit of Aadhar

Expiry Date

Expiry Date

Identification No.

2. Address Details* (Please refer guidelines overleaf)

A. Correspondence / Local Address

Line 1*

Line 2

Line 3

City/Town/Village* **District***

State* **Country***

Pin Code*

Address Type* Residential Business Residence/Business
 Regd. Office Unspecified

F1

Applicant Signature

Prabhudas Lilladher Private Limited

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*
 Line 2
 City/Town/Village* District*
 State* Country*
 Pin Code*
 Address Type* Residential Business Residence/Business Regd. Office Unspecified

Proof of Address* (Attested copy of any 1 POA for correspondence & permanent address each to be submitted)

A-Aadhar No. Please enter last 4 digit of Aadhar
 B-Passport No. **Expiry Date**
 C-Voter-ID Card **Expiry Date**
 D-Driving Licence
 E-NREGA Job Card
 F-NPR
 Z-Others **Identification No.**

3. Contact Details* (In Capital)

Email* **Tel. Res.**
Mobile No. **Tel. Off.**

4. Applicant Declaration

I/We hereby declare that the KYC details furnished by me/us 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.

I/We also give my/our consent for downloading our existing details from CKYC portal.

Date
Place
 Applicant E-Sign **Applicant Wet Signature**

5. For Office Use Only
In-Person Verification (IPV) carried out by*

IPV Date
Emp. Name
Emp. Code
Emp. Designation

Employee Signature & Stamp

Intermediary details*

Self-certified documents received (Originals verified)
 True Copies of documents received (Attested)
 Intermediary Name: **Prabhudas Lilladher Private Limited**

Intermediary Signature & Stamp

KYC Application Form (For Individual Only) - Second Holder

Please fill the form in English and in BLOCK LETTERS.
 (Please tick ✓ on the box next to the option you wish to choose and provide corresponding details)
 Fields marked * are mandatory
 Fields marked * are pertaining to CKYC & mandatory only if processing CKYC also

Application No.

Application Type New KYC Modification KYC

KYC Mode* Normal EKYC OTP Online KYC Offline KYC Digi-locker EKYC Biometric

1. Identity Details of Related Persons (Please refer guidelines overleaf)

PAN* Please enclose a duly attested copy of your PAN card

Name (Same as ID Proof)

Maiden Name* (if any)

Father's/Spouse Name*

Date of Birth*

Gender* Male Female Transgender

Marital Status* Married Unmarried

Nationality* Indian Others Please Specify

Residential Status* Resident Non-resident Foreign National Person of Indian Origin#

(Passport mandatory for NRIs & Foreign Nationals. PIO selection is only for CKYC & not for KRA KYC. Select NRI or Foreign National based on Nationality of the Individual)

PHOTOGRAPH
(Affix latest colour photograph)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A-Aadhar No. XXXX-XXXX-

Please enter last 4 digit of Aadhar

B-Passport No.

Expiry Date

C-Voter-ID Card

Expiry Date

D-Driving Licence

E-NREGA Job Card

F-NPR

Z-Others

Identification No.

2. Address Details* (Please refer guidelines overleaf)

A. Correspondence / Local Address

Line 1*

Line 2

Line 3

City/Town/Village* **District***

State* **Country***

Pin Code*

Address Type* Residential Business Residence/Business
 Regd. Office Unspecified

S1

Applicant Signature

Prabhudas Lilladher Private Limited

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
City/Town/Village*	<input type="text"/>	District*	<input type="text"/>
State*	<input type="text"/>	Country*	<input type="text"/>
Pin Code*	<input type="text"/>		
Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residence/Business
	<input type="checkbox"/> Regd. Office	<input type="checkbox"/> Unspecified	

Proof of Address* (Attested copy of any 1 POA for correspondence & permanent address each to be submitted)

<input type="checkbox"/> A-Aadhar No.	<input type="text" value="XXXX-XXXX-"/>	Please enter last 4 digit of Aadhar	
<input type="checkbox"/> B-Passport No.	<input type="text"/>	Expiry Date	<input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="Y Y Y Y"/>
<input type="checkbox"/> C-Voter-ID Card	<input type="text"/>	Expiry Date	<input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="Y Y Y Y"/>
<input type="checkbox"/> D-Driving Licence	<input type="text"/>		
<input type="checkbox"/> E-NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> F-NPR	<input type="text"/>		
<input type="checkbox"/> Z-Others	<input type="text"/>	Identification No.	<input type="text"/>

3. Contact Details* (In Capital)

Email*	<input type="text"/>	Tel. Res.	<input type="text" value="STD / ISD"/>	<input type="text"/>
Mobile No.	<input type="text" value="STD / ISD"/>	Tel. Off.	<input type="text" value="STD / ISD"/>	<input type="text"/>

4. Applicant Declaration

I/We hereby declare that the KYC details furnished by me/us 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.

I/We also give my/our consent for downloading our existing details from CKYC portal.

Date	<input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="Y Y Y Y"/>	<input type="text"/>	<input type="text" value="S2"/>
Place	<input type="text"/>	Applicant E-Sign	Applicant Wet Signature

5. For Office Use Only
In-Person Verification (IPV) carried out by*

IPV Date	<input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="Y Y Y Y"/>
Emp. Name	<input type="text"/>
Emp. Code	<input type="text"/>
Emp. Designation	<input type="text"/>

Employee Signature & Stamp

Intermediary details*

<input type="checkbox"/>	Self-certified documents received (Originals verified)
<input type="checkbox"/>	True Copies of documents received (Attested)
Intermediary Name: Prabhudas Lilladher Private Limited	

Intermediary Signature & Stamp

KYC Application Form (For Individual Only) - Third Holder

Please fill the form in English and in BLOCK LETTERS.
 (Please tick ✓ on the box next to the option you wish to choose and provide corresponding details)
 Fields marked * are mandatory
 Fields marked * are pertaining to CKYC & mandatory only if processing CKYC also

Application No.

Application Type New KYC Modification KYC

KYC Mode* Normal EKYC OTP Online KYC Offline KYC Digi-locker EKYC Biometric

1. Identity Details of Related Persons (Please refer guidelines overleaf)

PAN* Please enclose a duly attested copy of your PAN card

Name (Same as ID Proof)

Maiden Name* (if any)

Father's/Spouse Name*

Date of Birth*

Gender* Male Female Transgender

Marital Status* Married Unmarried

Nationality* Indian Others Please Specify

Residential Status* Resident Non-resident Foreign National Person of Indian Origin#

(Passport mandatory for NRIs & Foreign Nationals. PIO selection is only for CKYC & not for KRA KYC. Select NRI or Foreign National based on Nationality of the Individual)

PHOTOGRAPH
(Affix latest colour photograph)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A-Aadhar No. XXXX-XXXX-

Please enter last 4 digit of Aadhar

B-Passport No.

Expiry Date

C-Voter-ID Card

Expiry Date

D-Driving Licence

E-NREGA Job Card

F-NPR

Z-Others

Identification No.

2. Address Details* (Please refer guidelines overleaf)

A. Correspondence / Local Address

Line 1*

Line 2

Line 3

City/Town/Village* **District***

State* **Country***

Pin Code*

Address Type* Residential Business Residence/Business
 Regd. Office Unspecified

T1

Applicant Signature

Prabhudas Lilladher Private Limited

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*
 Line 2
 City/Town/Village* District*
 State* Country*
 Pin Code*
 Address Type* Residential Business Residence/Business Regd. Office Unspecified

Proof of Address* (Attested copy of any 1 POA for correspondence & permanent address each to be submitted)

A-Aadhar No. Please enter last 4 digit of Aadhar
 B-Passport No. **Expiry Date**
 C-Voter-ID Card **Expiry Date**
 D-Driving Licence
 E-NREGA Job Card
 F-NPR
 Z-Others **Identification No.**

3. Contact Details* (In Capital)

Email* **Tel. Res.**
Mobile No. **Tel. Off.**

4. Applicant Declaration

I/We hereby declare that the KYC details furnished by me/us 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.

I/We also give my/our consent for downloading our existing details from CKYC portal.

Date
Place
 Applicant E-Sign Applicant Wet Signature

5. For Office Use Only
In-Person Verification (IPV) carried out by*

IPV Date
Emp. Name
Emp. Code
Emp. Designation

Employee Signature & Stamp

Intermediary details*

Self-certified documents received (Originals verified)
 True Copies of documents received (Attested)
 Intermediary Name: **Prabhudas Lilladher Private Limited**

Intermediary Signature & Stamp