

KYC Ar	Application Form (For Individual Only) - First / Sole Hold	ler
Fields marked * are mandatory	option you wish to choose and provide corresponding details)	Modification KYC
KYC Mode* N	Normal EKYC OTP Online KYC Offline KYC Digi-locker	EKYC Biometric
1. Identity Details of	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*	D D M M Y Y Y	
Gender*	Male Female Transgender	
Marital Status*	Married Unmarried	PHOTOGRAPH
Nationality*	Indian Others Please Specify	(Affix latest colour photograph)
Residential Status*	Resident Non-resident Foreign National Person of Indian Origin#	
K	(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)  ) submitted for PAN exempted cases (Please tick)	
A-Aadhar No.	XXXX-XXXX-         Please enter last 4 digit of Aadhar	
B-Passport No.	Expiry Date D D M M	1 Y Y Y Y
C-Voter-ID Card	Expiry Date     M	1 Y Y Y Y
D-Driving Licence		
E-NREGA Job Card		
F-NPR		
Z-Others	Identification No.	
2. Address Details* (	(Please refer guidelines overleaf)	
A. Correspondence / Lo	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	

**Applicant Signature** 

Prabhudas Lilladher Private Limited Regd. Office: 3rd Floor, Sadhana House, 570, P. B. Marg, Worli, Mumbai - 400 018. | Tel.: +91 22 6632 2222 | www.plindia.com CIN: U67190MH1983PTC029670 | SEBI Common Regn. No.: INZ000196637 | Depository Common Regn. No.: IN-DP-439-2019



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

		•						-	
Line 1*									
Line 2									
City/Town/Vi	llage*				Distric	t*			
State*					Countr	у*			
Pin Code*									
Address Type	*	Resident	ial B	usiness	Residence	e/Business	Regd.	Office	Unspecified
Proof of Add	ress* (Attested	copy of any 1 POA	for correspond	lence & perm	anent address each	to be submitted	)		
A-Aadha	r No.	XXXX-XXX	<b>(</b> -		Plea	se enter last 4	digit of Aad	har	
B-Passpo	rt No.				Exp	iry Date	DD	MM	Y Y Y Y
C-Voter-	ID Card				Exp	iry Date	DD	MM	Y Y Y Y
D-Driving	g Licence								
E-NREGA	Job Card								
F-NPR									
Z-Others	i				Ide	ntification No	<b>b</b> .		
3 Contac	t Details* (In	Capital)							
		Capitaly			T-I D		1		
Mobile No.	STD / ISD				Tel. Off.	STD / ISD			
4. Applica	ant Declarati	on							
I am/we are awa I/We hereby cor aware that for A I/We hereby cor and as applicabl	re that I/we may nsent to receivir adhaar OVD bas nsent to sharing e, with KRA and	y be held liable for ng information fr aed KYC, my KYC my/our masked a other Intermedia	or it. om CVL KRA request shall Aadhaar card aries with who	through SM be validated with readab om I have a b	IS/Email on the a d against Aadhaa de QR code or my pusiness relations	bove registere r details. / Aadhaar XML,	d number/ei /Digilocker X	mail address	. I am/we are also
Date D	D M M	YYYY	·				F2		
Place									
				<i>F</i>	Applicant E-Sig	n	Ар	olicant Wet	t Signature
5. For Off	ice Use Only	,							
In-Person Ve	rification (IP	V) carried ou	ıt by*		Intermedi	ary details*			
IPV Date	D M M	ΙΥΥΥ	Y		Self-ce	ertified docur	ments rece	ived (Oriai	nals verified)
Proof of Address* (Attested copy of any 1 POA for correspondence & permanent address each to be submitted)         A-Aadhar No.       XXX-XXX-         Please enter last 4 digit of Aadhar         B-Passport No.       Expiry Date         C-Voter-ID Card       Expiry Date         D-Driving Licence       MM         E-NREGA Job Card       MM         F-NPR       Identification No.         Z-Others       Identification No.         3. Contact Details* (In Capital)         Email*       Tel. Res.         STD / ISD       Tel. Off.         STD / ISD       Tel. Off.         Mobile No.       STD / ISD         Tel. Nereby 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 an/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/Digliocker XML file, along with passcoda and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.         I/We									
-						-			
	tion				Intermedia	ry Name: <b>Pral</b>	onudas Lilla	adher Priva	ate Limited

**Employee Signature & Stamp** 

Prabhudas Lilladher Private Limited

Intermediary Signature & Stamp



КҮС	Application Form (For Individual Only) - Second Holder
Fields marked * are mandatory	BLOCK LETTERS. soption you wish to choose and provide corresponding details) YC & mandatory only if processing CKYC also Application Type New KYC Modification KYC
KYC Mode*	Normal     EKYC OTP     Online KYC     Offline KYC     Digi-locker     EKYC Biometr
1. Identity Details o	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 PHOTOGRAPH
Nationality*	Indian     Others     Please Specify     (Affix latest colour photograph)
Residential Status*	Resident Non-resident Foreign National Person of Indian
	(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)
Proof of Identity (POI	I) submitted for PAN exempted cases (Please tick)
A-Aadhar No.	XXXX-XXXX-     Please enter last 4 digit of Aadhar
B-Passport No.	Expiry Date     D     M     Y     Y
C-Voter-ID Card	Expiry Date     D     M     Y     Y
D-Driving Licence	
E-NREGA Job Card	
F-NPR	
Z-Others	Identification No.
2. Address Details <sup>3</sup>	* (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

Prabhudas Lilladher Private Limited Regd. Office: 3rd Floor, Sadhana House, 570, P. B. Marg, Worli, Mumbai - 400 018. | Tel.: +91 22 6632 2222 | www.plindia.com CIN: U67190MH1983PTC029670 | SEBI Common Regn. No.: INZ000196637 | Depository Common Regn. No.: IN-DP-439-2019

3 of 6

**Applicant Signature** 



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

			••					-		
Line	1*									
Line	2									
City	/Town/Vil	lage*			District	*				
Stat	e*				Countr	у*				
Pin (	Code*									
Add	ress Type*		Residential B	Business	Residence	/Business	Regd. (	Office	Unspecifie	d
Pro	of of Add	ress* (Attested	copy of any 1 POA for correspon	ndence & perman	ent address each	to be submitted,	)		_	
	A-Aadhar	No.	XXXX-XXXX-		Plea	se enter last 4	digit of Aadl	har		
	B-Passpo	rt No.			Exp	iry Date	DD	MM	YYY	Y
	C-Voter-I					iry Date	DD	MM		V
						ily Dute				<u> </u>
	D-Driving									
		Job Card								
	F-NPR									
	Z-Others				lder	ntification No				
3	3. Contac	t Details* (In	Capital)							
Ema	il*				Tel. Res.	STD / ISD	] [			
	ile No.	STD / ISD			Tel. Off.	STD / ISD				
	olie ino.	510/150			iei. Off.	510/150				
nfor am/ /We awar /We and a	m you of an /we are awai hereby con e that for Aa hereby con as applicable	y changes therei re that I/we may sent to receivin adhaar OVD base sent to sharing r e, with KRA and e	C details furnished by me/us in, immediately. In case any o be held liable for it. In g information from CVL KRA ed KYC, my KYC request shal my/our masked Aadhaar card other Intermediaries with who or downloading our existing d	of the above inf A through SMS, II be validated a d with readable om I have a bus	ormation is four /Email on the a against Aadhaar QR code or my siness relationsl	nd to be false o bove registered details. v Aadhaar XML/	n untrue or r d number/er Digilocker X	nisleading oi nail address	r misrepresenti . I am/we are a	ng, Iso
Date Plac		M M	Y Y Y Y				S2			
				Ар	plicant E-Sigr	 າ	Ар	olicant Wet	Signature	
Ę	5. For Off	ice Use Only								
		-	V) carried out by*		Intermedia	ary details*				
	Date D					-				
					Self-ce	ertified docur	nents rece	ived (Origir	hals verified)	
-	o. Name				True C	opies of docu	iments rec	eived (Atte	ested)	
-	o. Code				Intermediar	y Name: <b>Prak</b>	hudas Lilla	adher Priva	te Limited	
Emp	o. Designat	ion								

Employee Signature & StampPrabhudas Lilladher Private LimitedIntermediary Signature & StampRegd. Office: 3rd Floor, Sadhana House, 570, P. B. Marg, Worli, Mumbai - 400 018. | Tel.: +91 22 6632 2222 | www.plindia.comCIN: U67190MH1983PTC029670 | SEBI Common Regn. No.: INZ000196637 | Depository Common Regn. No.: IN-DP-439-2019



күс	Application Form (For Individual Only) - Third Holder
Fields marked * are mandatory	OCK LETTERS. tion you wish to choose and provide corresponding details)       Application No.         & mandatory only if processing CKYC also       Application Type
KYC Mode*	Iormal 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 PHOTOGRAPH (Affix latest colour
Nationality*	Indian Others Please Specify photograph)
Residential Status*	Resident Non-resident Foreign National Person of Indian Origin#
k	Passport mandatory for NRIs & Foreign Nationals. PIO selection is only for CKYC & not for (RA KYC. Select NRI or Foreign National based on Nationality of the Individual) <b>submitted for PAN exempted cases</b> (Please tick)
A-Aadhar No.	XXXX-XXXX-         Please enter last 4 digit of Aadhar
B-Passport No.	Expiry Date     D     M     Y     Y
C-Voter-ID Card	Expiry Date     D     M     Y     Y
D-Driving Licence	
E-NREGA Job Card	
F-NPR	Y
Z-Others	Identification No.
2. Address Details* (	(Please refer guidelines overleaf)
A. Correspondence / Lo	ocal Address
Line 1*	
Line 2	
Line 3	
City/Town/Village*	District*
State*	Country*
Pin Code*	
Address Type*	Residential Business Residence/Business
	Regd. Office Unspecified

Prabhudas Lilladher Private Limited Regd. Office: 3rd Floor, Sadhana House, 570, P. B. Marg, Worli, Mumbai - 400 018. | Tel.: +91 22 6632 2222 | www.plindia.com CIN: U67190MH1983PTC029670 | SEBI Common Regn. No.: INZ000196637 | Depository Common Regn. No.: IN-DP-439-2019

5 of 6

**Applicant Signature** 



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

											(	
Line 1*												
Line 2												
City/Town/Vil	lage*							District	*			
State*								Countr	у*			
Pin Code*												
Address Type'	r	R	esidentia	I	Business		Res	idence	/Business [	Regd.	Office	Unspecified
Proof of Add	ress* (Attested	d copy of	any 1 POA f	or correspo	ndence & pei	mane	ent addre	ess each	to be submitted	)		
A-Aadhai	· No.	XXX	x-xxxx-					Pleas	se enter last 4	digit of Aad	lhar	
B-Passpo	rt No.							Expi	iry Date	DD	MM	Y Y Y Y
C-Voter-	D Card					Expiry Date				DD	MM	Y Y Y Y
D-Driving	Licence											
E-NREGA	Job Card											
F-NPR												
Z-Others								lder	ntification No	<b>b</b> .		
3. Contac	t Details* (Ir	Capito	1)									
Email*		reapica	.,			٦	Tel.	Dee		1		
									STD / ISD			
Mobile No.	STD / ISD						Tel.	Off.	STD / ISD			
nform you of an am/we are awa /We hereby cor aware that for A	y changes there re that I/we ma asent to receivi adhaar OVD ba sent to sharing e, with KRA and	ein, imme y be helc ng inforn sed KYC, my/our I other In	ediately. In I liable for mation froi my KYC r masked Aa termediari	i case any it. m CVL KR equest sha adhaar car ies with wi	of the abov A through S all be validat d with read nom I have a	e info SMS/ ted a able a bus	ormatio 'Email c gainst / QR cod siness re	n is four on the al Aadhaar le or my elationsh	nd to be false o bove registere details. 7 Aadhaar XML	or untrue or d number/e /Digilocker	misleading c mail address XML file, alo	I/we undertake t or misrepresenting s. I am/we are als ng with passcod
						Ар	plicant	E-Sigr	 ו	Ap	plicant We	t Signature
5. For Off	ice Use Only	/										
In-Person Ve	rification (II	PV) car	ried out	by*			Inte	rmedia	ary details*			
IPV Date	D M M	4 Y	ΥΥ	Y				Self-ce	ertified docu	ments rece	eived (Origi	nals verified)
Emp. Name									opies of doci		-	
Emp. Code									y Name: <b>Pra</b> l			
Emp. Designat	ion					]			,			

Intermediary Signature & Stamp