به ACML	A	PPLICATION NO:
CKYC / KYC Personal Details	Client ID :	UCC :
First Name	Middle Name	Last Name(surname)
laiden Name :		
Father's Name/ Spouse Name:		Photograph& it Photograph& it Sign Across it
/other's Name:		otoprotoss
ООВ:	Place Of Birth:	Plijont
Country Of Birth:		
GENDER:	F-female M-male T- Tr	ansgender
MARATIAL STATUS:	Married Unmarried Othe	r 🛛
	Indian Other	sign
RESIDENTIAL STATUS :	Resident Non-resid Fore	ign National
IANDATORY DETAILS	Individual ent Indian	
PAN :	UID / ENROLLMENT I	NO:
CONTACT DETAILS : TEL(RES.		TEL(OFFICE
NOBILE NO:	(MANDATORY	IF POA GIVEN IN FAVOUR OF ACML)
NOBILE NO GIVEN: Self	Dependent Parent Dependent	Children Spouse Not Provided
MAIL ID PROVIDED: Self	Dependent Parent Dependent	Children Spouse Not Provided
PERMANENT RESIDENCE ADD	RESS OF HOLDER	
City / Town / Village	Dis:	Postal Area
Pin	State:	Country:
PROOF OF ADDRESS :		
	Voter Id No :	Issue Of Date :
Bank Pass Book (of Last 3 Mon		Electricity/telephone Bill (Not Mor than 3 Months)
riving Licence No:	Issue Date:	Expiry Date:
assport No:	Issue Date:	Expiry Date:
Other(please Specify) :		
Horoby Doclaro That Have Not	Provided Mobile	
I Hereby Declare That I Have Not		

ACML	APPLICATION NO:	
CORRESPONDENCE ADDF C/o: Name	RESS As P	er above Permenant Address
City / Town/ Village	Dis:	Postal Area
State:	Country :	Pin
PROOF OF ADDRESS: ( Th	ird Party In Case Of Correspondence Addre	ess)
MANADATORY : AAD	HAR /UID : Last For Digit	
VOTER ID :	ISSUE DT. OF VOTER ID :	
Bank Pass Book (of Last 6 Months Transac		Other(please Specify)
Driving Licence No:	Issue Date:	Expiry Date:
Passport No:	Issue Date:	Expiry Date:
Hous	ate Sector Dublic Sector se Wife Retired llord Student se Specify)	Government Self Employed   Agriculturist Professional   Business
INCOME : (PER ANNUM)	,	
Below 1 LAC	]1-5 LAC 5-10LAC 10-25L	AC 25-1 CR 1CR Above
NETWORTH AS ON :	is Rs. (Lac Should Not Be Older than 1 Year)	cs)
NATURE OF BUSINESS:	· · · · · · · · · · · · · · · · · · ·	
NAME OF ESTABLISHMENT:		
OFFICE ADDRESS:		
CITY:	Postal Area	STATE:
COUNTRY:		
KRA / KYC RECEIVED OF THIRD PARTY :	Letter Sign	Client Signature



APPLICATION NO: \_\_\_\_\_

## A. ADDITIONAL INFORMATION/ FATCA-CRS DECLARATION (SECOND HOLDER / TRADING HOLDER) ARE YOU A CITIZEN OR TAX RESIDENT OF ANY OTHER COUNTRY OTHER THAN INDIA?

🗌 yes 🗔 no

IF YES, PLEASE INDICATE ALL THE COUNTRIES IN WHICH YOU ARE RESIDENT FOR TAX PURPOSE.

COUNTRY	TAX IDENTIFICATION NUMBER	IDENTIFICATION TYPE

## В. Additional Information: Regarding Any Actions/proceedings Intiated / pending ( Second Holder )

Details Of Any Actions/proceedings Intiated / pending /taken By Sebi /stock Exchange/ Any Other Authority Against The Applicant /constituent Or Its Parteners / Promoters/whole Time Directors / Authorised Person Incharge Of Dealing In Security During The Last Three Years (attached Copy:)

	YEAR	AUTHORITY NAM	E	ORDER REF NO
	LITICALLY EXPOSED PE	RSON RELATED TC	) POLITICALLY	EXPOSED PERSON
	I/WE have understood the info	ormation requirements of this ructions) and hereby confirm that the		
ormation pr	ovide by me/us on this form is	true,correct,and complete. I/WE also stood the FATCA & CRS terms and	2	<u></u>
ndations be	low and hereby accept the sa	ne.		Sign
Client Sig	gnature: 🏒		Client Signati	ure:
	iginal Verified Stamp Affixed by ACML Authorised Person		In Person Verif	fication Stamp Affixed by ACML Authorised Person ERIFICATION

All Updates Applicable For E-confirmation Regarding Any Communication Under SEBI Authorities.

ji ka	<i>"</i> »	
2nd Holder Sign	3nd Holder Sign	

2nd & 3rd Holder Sign Applicable In Case If Client Wish To Update Above Information For Their Trading / Demat Account Registered With Acml.

3