



KYC Details Change Form

(For Individuals Only)

Application
No. :

Please fill this form in ENGLISH and in BLOCK LETTERS. (Please strike off Sections that are not used.)

A. Name of Applicant (As per original KYC records)	
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Others <input type="text" value="Please specify"/>	Permanent Account Number (PAN) <input type="text"/>
Name <input type="text"/>	

Please provide the new KYC details which should be updated in your KYC records.

B. Identity Details	
1. My New Name Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Others <input type="text" value="Please specify"/>	
Name <input type="text"/>	
2. My New Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others <input type="text" value="Please specify"/>	
3. My New Status Please tick <input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Indian	
4. Proof of Identity Permanent Account Number (PAN) (MANDATORY) <input type="text"/>	
Please tick <input checked="" type="checkbox"/> Copy of PAN Card attached	

C. Address Details	
1. My New Address for Correspondence	
<input type="text"/>	
City / Town / Village <input type="text"/>	Postal Code <input type="text"/>
State <input type="text"/>	Country <input type="text"/>
2. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.	
<input type="checkbox"/> Latest Land Line Telephone Bill <input type="checkbox"/> Latest Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Latest Bank Passbook <input type="checkbox"/> Latest Bank Account Statement	
<input type="checkbox"/> Latest Demat Account statement <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Ration Card <input type="checkbox"/> Registered Lease / Sale Agreement of residence <input type="checkbox"/> Any other proof of address document (as listed overleaf)	
3. Contact Details	
Tel. (Off.) (ISD) <input type="text"/> (STD) <input type="text"/>	Tel. (Res.) (ISD) <input type="text"/> (STD) <input type="text"/>
Mobile (ISD) <input type="text"/> (STD) <input type="text"/>	Fax (ISD) <input type="text"/> (STD) <input type="text"/>
E-Mail Id. <input type="text"/>	
4. My New Permanent Address as a Resident Applicant (if different from C1 above OR Overseas Address as a Non-Resident Applicant)	
<input type="text"/>	
City / Town / Village <input type="text"/>	Postal Code <input type="text"/>
State <input type="text"/>	Country <input type="text"/>
5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.	
<input type="checkbox"/> Latest Land Line Telephone Bill <input type="checkbox"/> Latest Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Latest Bank Passbook <input type="checkbox"/> Latest Bank Account Statement	
<input type="checkbox"/> Latest Demat Account statement <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Ration Card <input type="checkbox"/> Registered Lease / Sale Agreement of residence <input type="checkbox"/> Any other proof of address document (as listed overleaf)	
Please inform Mutual Fund / Registrars separately for change of name, tax status and contact details.	

D. Other Details	
1. My New Gross Annual Income Details Please tick <input checked="" type="checkbox"/>	
<input type="checkbox"/> Upto Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,001 to Rs. 25,00,000 <input type="checkbox"/> Rs. 25,00,001 to Rs. 1,00,00,000 <input type="checkbox"/> Rs. 1,00,00,001 to Rs. 5,00,00,000 <input type="checkbox"/> Rs. 5,00,00,001 and above.	
2. a. My New Occupation Details Please tick <input checked="" type="checkbox"/> any one	
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife	
<input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) <input type="text"/>	
b. If the following is additionally applicable to you Please tick <input checked="" type="checkbox"/> as applicable	
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) For definition of PEP, please refer guideline D3 overleaf	

DECLARATION

I hereby confirm that I have read and understood the Instructions mentioned overleaf and apply to CDSL Ventures Limited ('CVL') or other agent of the mutual fund registered under the SEBI (Mutual Funds) Regulations, 1996 updating my KYC Records and I agree to abide by the terms, conditions, rules, regulations and other statutory requirements applicable to the respective Mutual Funds. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I hereby undertake to promptly inform CVL / the mutual fund agent of any changes to the information provided hereinabove and agree and accept that CVL, the respective Mutual Funds, their authorised agents and representatives ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize CVL / the mutual fund agent to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the respective Mutual Funds in which I may transact / have transacted and / or to their authorised agents and representatives including all changes, updates to such information as and when provided by me. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application.

SIGNATURE OF APPLICANT

Place :

Date :

For Office Use Only

Stamp of POS
(Name & Location)
& Receiver's Signature

Name and Employee Number of Receiver

(Originals Verified) Self Certified Document copies received (Attested) True copies of documents received