



# 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  Mr.  Ms.  Others  Permanent Account Number (PAN)

Name

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

**B. Identity Details**

1. My New Name Title  Mr.  Ms.  Others

Name

2. My New Nationality  Indian  Others

3. My New Status Please tick (✓)  Resident Individual  Non-Resident Indian

4. Proof of Identity Permanent Account Number (PAN) (MANDATORY)

Please tick (✓)  Copy of PAN Card attached

**C. Address Details**

1. My New Address for Correspondence

City / Town / Village  Postal Code

State  Country

2. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Latest Land Line Telephone Bill  Latest Electricity Bill  Passport  Driving License  Latest Bank Passbook  Latest Bank Account Statement

Latest Demat Account statement  Voter Identity Card  Ration Card  Registered Lease / Sale Agreement of residence  Any other proof of address document (as listed overleaf)

3. Contact Details

Tel. (Off.) (ISD) (STD)  Tel. (Res.) (ISD) (STD)

Mobile (ISD) (STD)  Fax (ISD) (STD)

E-Mail Id.

4. My New Permanent Address as a Resident Applicant (if different from C1 above OR Overseas Address as a Non-Resident Applicant)

City / Town / Village  Postal Code

State  Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Latest Land Line Telephone Bill  Latest Electricity Bill  Passport  Driving License  Latest Bank Passbook  Latest Bank Account Statement

Latest Demat Account statement  Voter Identity Card  Ration Card  Registered Lease / Sale Agreement of residence  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 (✓)

Upto Rs. 5,00,000  Rs. 5,00,001 to Rs. 25,00,000  Rs. 25,00,001 to Rs. 1,00,00,000  Rs. 1,00,00,001 to Rs. 5,00,00,000  Rs. 5,00,00,001 and above.

2. a. My New Occupation Details Please tick (✓) any one

Private Sector Service  Public Sector / Government Service  Business  Professional  Agriculturist  Retired  Housewife

Student  Forex Dealer  Others (Please specify)

b. If the following is additionally applicable to you Please tick (✓) as applicable

Politically Exposed Person (PEP)  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