



Know Your Client (KYC) Application Form (For Individuals Only) <small>Please fill the form in ENGLISH and in BLOCK letters</small> <small>Fields marked * are mandatory</small> <small>Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also</small>	 CDSL VENTURES LIMITED <small>....Exploring New Horizons</small>	 MintCap Brokers Pvt. Ltd.
Application Number: _____ Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC		
KYC Mode*: Please Tick (✓) <input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> Digilocker		
1. Identity Details (please refer guidelines overleaf)		
PAN* _____ Please enclose a duly attested copy of your PAN Card Name* (same as ID proof) _____ Maiden Name* (if any) _____ Fathers/Spouse's Name* _____ Date of Birth* _____ Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married Nationality* <input type="checkbox"/> Indian <input type="checkbox"/> Other _____ Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <small>Please Tick (✓)</small> <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin+ <small>(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)</small>		
Proof of Identity (POI) submitted for PAN exempted cases (Please tick) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> A — Aadhaar Card XXXX XXXX __ __ __ __ <input type="checkbox"/> B — Passport Number _____ <input type="checkbox"/> C — Voter ID Card _____ <input type="checkbox"/> D — Driving License _____ <input type="checkbox"/> E — NREGA Job Card _____ <input type="checkbox"/> F — NPR _____ <input type="checkbox"/> Z — Others _____ (any document notified by Central Government) </div> <div style="text-align: right;"> (Expiry Date) _____ (Expiry Date) _____ </div> </div> Identification Number _____		
2. Address Details* (please refer guidelines overleaf)		
A. Correspondence/ Local Address* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District+ _____ Pin Code* _____ State* _____ Country* _____ Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified		
		Applicant e-SIGN

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

Line 1*

Line 2

Line 3

City/

Town/Village*

District*

Pin Code*

State*

Country*

Address Type*

☐

Residential/Business

☐

Residential

☐

Business

☐

Registered Office

☐

Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☐

A — Aadhaar Card

XXXX XXXX _ _ _ _ _

☐

B — Passport Number

(Expiry Date)

☐

C — Voter ID Card

☐

D — Driving License

(Expiry Date)

☐

E — NREGA Job Card

☐

F — NPR Letter

☐

Z — Others

(any document notified by Central Government)

Identification Number

3. Contact Details (in CAPITAL)

Email ID*

Mobile No. *

Tel (Off)

Tel (Res)

4. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only

In-Person Verification (IPV) carried out by*

Intermediary Details*

IPV Date

Emp. Name

Emp. Code

Emp. Designation

☐

Self certified document copies received (OVD)

☐

True Copies of documents received (Attested)

AMC / Intermediary Name :

MINTCAP BROKERS PRIVATE LIMITED

Employee Signature and Stamp

Institution Name and Stamp