Know Your Client (KYC)

Application Form (For Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

CDSL VENTURES LIMITED

….Exploring New Horizons

Intermediary Logo

Application Number:

Application Type: Without Supporting KYC Modification

KYC Mode*: Please Tick (✓)

☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* _____

Name (same as ID proof) _____ _____ _____ _____

Fathers/Spouse's Name _____ _____ _____ _____

Marital Status ☐ Single ☐ Married

2. Contact Details (in CAPITAL)

Email ID _____

Mobile No. _____ _____

Tel (Off) _____ _____ Tel (Res) _____ _____

3. 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

4. For Office Use Only

Intermediary Details (Name and Stamp)*

Institution Name and Stamp