

**Know Your Client (KYC)****Application Form (For Individuals Only)****CDSL VENTURES LIMITED**

...Exploring New Horizons

Intermediary  
Logo

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

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 MarriedRecent passport size  
Applicant Photo

Cross Signature across photograph

**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**

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 :

\_\_\_\_\_

Employee Signature and Stamp

Institution Name and Stamp