

Investor Name: \_\_\_\_\_

HUF Pan Card Copy self attested with HUF Stamp (Clear Image) - 1

HUF Deed self attested with HUF Stamp

HUF Bank Statement (Last 3month) self attested with HUF Stamp

Karta Address Proof self attested (Latest E-Adhar Card / Light Bill / Voter ID / License / Any One )

Karta Passport Size Photo Copy - 1

Mother Name : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

**Occupation** [Please tick (✓)]

- |   |  |   |  |                                       |
|---|--|---|--|---------------------------------------|
| <input type="checkbox"/> Private Sector Service         | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business      | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Housewife                      | <input type="checkbox"/> Student               | <input type="checkbox"/> Forex Dealer       | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired      |
| <input type="checkbox"/> Others (Please specify: _____) |  |   |  |                                       |

**Gross Annual Income** [Please tick (✓)]

- |                                      |                                  |                                   |                                     |                                   |
|--------------------------------------|----------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1-5 Lac | <input type="checkbox"/> 5-10 Lac | <input type="checkbox"/> >10-25 Lac | <input type="checkbox"/> >1 crore |
|--------------------------------------|----------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|

**Email ID :** \_\_\_\_\_

Email ID\* provided pertains to: [Please tick (✓)]

- |  |                                   |   |   |                              |
|--|-----------------------------------|---|---|------------------------------|
| <input type="checkbox"/> Self              | <input type="checkbox"/> Spouse   | <input type="checkbox"/> Dependent Children | <input type="checkbox"/> Dependent Siblings |                              |
| <input type="checkbox"/> Dependent Parents | <input type="checkbox"/> Guardian | <input type="checkbox"/> PMS                | <input type="checkbox"/> Custodian          | <input type="checkbox"/> POA |

**Mobile Number :** \_\_\_\_\_

Mobile No.\* provided pertains to: [Please tick (✓)]

- |  |                                   |   |   |                              |
|--|-----------------------------------|---|---|------------------------------|
| <input type="checkbox"/> Self              | <input type="checkbox"/> Spouse   | <input type="checkbox"/> Dependent Children | <input type="checkbox"/> Dependent Siblings |                              |
| <input type="checkbox"/> Dependent Parents | <input type="checkbox"/> Guardian | <input type="checkbox"/> PMS                | <input type="checkbox"/> Custodian          | <input type="checkbox"/> POA |

**Nomination:**

Nominee Name: \_\_\_\_\_ Nominee PAN NO: \_\_\_\_\_

Nominee Relation: \_\_\_\_\_ Nominee DOB: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Guardian PAN No: \_\_\_\_\_

SIP ECS Debit Date: \_\_\_\_\_ OTM Limit: \_\_\_\_\_