

Investor Name: _____

Pan Card Copy self attested (Clear Image) - 1

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

Passport Size Photo Copy - 1

Foreign Address proof (Latest Utility Bill, Driving License, Resident ID with Address printed)

Tax ID Proof (SSIN for US NRI)

NRI A/c Cancel Cheque Image

Passport copy

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:** _____