



Suresh Rathi Securities

Wealth Creator thru Systematic Investment

MUTUAL FUND INVESTMENTS

Please provide the following informations :

Name of First / Sole Applicant :

PAN Date of Birth :

AADHAR

Father's Name..... Mother's Name

Guardian Name (In case if above is minor)

Birth Place

Name of Second Applicant (*optional*) :

Address :

.....PIN.....

Telephone No. : (R) (O)

Mobile No. :

E-mail :

Occupation : Business / Housewife / Professional / Retired / Service / Student / Other.....

Income Range : () 1 - 5 Lakh () 5 – 10 Lakh () above 10 Lakh

Nominee Name Relation

Name of the Fund / Scheme.....

SIP AmtSIP Period One Time Investment.....

Cheque in favour of :

Bank Name :IFSC Code.....

Bank A/c No. Type (Saving/current).....

Date :

Signature

Required Document : 1. Passport Size Photo, 2. PAN Card Copy, 3. Aadhar Card Copy, 4. Cheque

CKYC & KRA KYC Form

LOGO

Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with '*' are mandatory fields

Application ☐ New

Type*

☐ Update

KYC Number*

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KYC Type*

☐ Normal (PAN is mandatory)

☐ PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction A at the end)

PAN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name																																																														
Name* (same as ID proof)	<table border="1"> <tr><td></td><td></td></tr> </table>			<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
Maiden Name (If any*)	<table border="1"> <tr><td></td><td></td></tr> </table>			<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
Father / Spouse Name*	<table border="1"> <tr><td></td><td></td></tr> </table>			<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
Mother Name*	<table border="1"> <tr><td></td><td></td></tr> </table>			<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
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Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender																																																																	
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others																																																																	
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others – Country <table border="1"> <tr><td></td><td></td></tr> </table> Country Code <table border="1"> <tr><td></td><td></td></tr> </table>																																																																	
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin																																																																	
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised																																																																	

Photo



Signature/
Thumb Impression

2. Proof of Identity (Pol)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					Passport Expiry Date	<table border="1"> <tr> <td>D</td><td>D</td> <td>-</td> <td>M</td><td>M</td> <td>-</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	-	M	M	-	Y	Y	Y	Y										
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<input type="checkbox"/> E- Aadhaar Card	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																										
<input type="checkbox"/> F- NREGA Job Card	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																										
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3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

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Line 2*

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Line 3*

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District*

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Zip / Post Code*

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State/UT Code

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 as per Indian Motor Vehicle Act, 1988

State/UT*

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Country*

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Country Code

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 as per ISO 3166

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

<input type="checkbox"/> Passport Number	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					Passport Expiry Date	<table border="1"> <tr> <td>D</td><td>D</td> <td>-</td> <td>M</td><td>M</td> <td>-</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	-	M	M	-	Y	Y	Y	Y										
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☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

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Line 2*

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Line 3*

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District*

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Zip / Post Code*

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State/UT Code

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 as per Indian Motor Vehicle Act, 1988

State/UT*

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Country*

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Country Code

--	--

 as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile

 Tel. (Off)

 Tel. (Res)

5. FATCA/CRS Information (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence*

 Country Code of Jurisdiction of Residence

 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

 Country of Birth*

 Country Code

 as per ISO 3166

Address
Line 1*

Line 2

Line 3

 City / Town / Village*

District*

 Zip / Post Code*

 State/UT Code

 as per Indian Motor Vehicle Act, 1988
State/UT*

 Country*

 Country Code

 as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Prefix

 First Name

 Middle Name

 Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person* (Please see instruction **(H)** at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number

 Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

 Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

 Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake 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 aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

CREATE
MODIFY
CANCEL

Sponsor Bank Code

Utility Code

I/We hereby authorize **BSE Limited**

to debit (tick ✓)

Bank a/c number

with Bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As & when presented

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1 (Mandate Reference No.)

Phone No.

Reference 2 (Unique Client Code-UCC)

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Or	<input type="checkbox"/> Until Cancelled						

1. 2. 3.

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.



Broker/Agent Code ARN: 20569		SUB-BROKER:		EUIN: E080320	
Unit Holder Information					
Name of the First Applicant :					
PAN Number :		KYC:		Date of Birth :	
Father Name :			Mother Name :		
Name of Guardian :			PAN :		
Contact Address :					
City :		Pincode :		State : Country :	
Tel.(Off) :		Tel.(Res) :		Email :	
Fax (Off) :		Fax (Res) :		Mobile :	
Income Tax Slab/Networth :			Occupation Details		
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Mode of Holding :			Occupation :		
Name of Second Applicant :					
PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :			Occupation Details		
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Name of Third Applicant :					
PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :			Occupation Details		
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Other Details of Sole/ 1st Applicant					
Overseas Address : (In case of NRI investor)					
City :		Pincode :		Country :	
Bank Mandate Details					
Name of Bank :			Branch :		
A/C No. :		A/c Type :		IFSC Code:	
Bank Address :					
City :		Pincode :		State : Country :	
Nomination Details					
Nominee Name :			Relationship :		
Guardian Name (If Nominee is Minor) :					
Nominee Address :					
City :		Pincode :		State :	
Declaration and Signature					
I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.					
Date :			Place :		
1st applicant Signature :		2nd applicant Signature :		3rd applicant Signature :	