

Motilal Oswal Financial Services Limited Know Your Client (KYC) Application Form (For Individuals Only)

MOTILAL	OSWAL
Investment Services	

CERSAI	Know You	r Client (KYC)	Application Form	n (For Ind	dividuals Only)	Investment Services		
Please fill the form in ENGLISH	and in BLOCK letters	,	Application No.					
Fields marked * are mandatory Fields marked + are pertaining processing CKYC also		on contrif	YC No Application Type*:	☐ Ne	ew KYC Modificati	ndatory for KYC update request) ion KYC Minor		
Re-activate my acco	unt and update m	y KYC details	Re-activat	te my acc	count with no change in			
UCC	DP Account 1			DP /	Account 3			
Date//	DP Account 2			DP /	Account 4			
KYC Mode*: Please Tick (✓) Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker								
1. Identity Details (pleas	e refer guidelines	overleaf)						
PAN*			Please enclo	ose a duly	attested copy of your F	PAN Card		
Name* (same as ID proof	·)							
Maiden Name+ (if any)								
Fathers/Spouse's Name*								
Mother Name (Optional)								
Date of Birth*								
Gender*	Male	Female	Transgender	r				
Marital Status*	Single	Married						
Nationality*	Indian	_ Other			-			
Residential Status*	Resident Ind		Non Residen Person of Inc		in≠			
Please Tick (✓)	(Passport mand	latory for NRIs		nals. PIO	selection is only for CK			
Proof of Identity (POI) s	ubmitted for PAN	exempted case	es (Please tick)					
A - Aadhaar Card								
B - Passport Number				(Expiry D	Date)			
C - Voter ID Card								
D - Driving License				(Expiry D)ate)			
E - NREGA Job Card								
F - NPR								
G - EKYC Authenticat	tion							
H - Offline verification	of Aadhar							
Z - Others				(any doc	ument notified by Centr	al Government)		
Identification	Number							
2. Address Details* (plea	ase refer guideline	es overleaf)						
A. Correspondence/ Loca	I Address*							
Line 1*								
Line 2								
Line3								
City/Town/Village*		Dis	trict*		Pin Code	<u>,</u>		
State / U.T Code*		Co	untry*		ISO-3166 Code			
Address Type* Resid	dential/Business	Resider	ntial Busines	SS	Registered Office	e Unspecified		

B. Permanent residence	address of	f applicant, if di	ifferent fro	m above A / Overs	seas A	Address* (N	landatory fo	or NRI Applicant)	
Line 1*									
Line 2									
Line3									
City/Town/Village*									
			•		ISO-3166 Code				
Address Type* Resident	ential/Busir	tial/Business Residential Business					Registered Office Unspecified		
Proof of Address* (atteste Certified copy of OVD or ed									
following OVD)	quivalent e		D obtained	r un ough uighar ren	o prov	3000 110000	to bo cabiiii	inco. (7 my one or me	
A - Aadhaar Card									
B - Passport Number				(Exp	iry Da	te)			
C - Voter ID Card									
D - Driving License		(Expiry Date)							
Z - Others				———— (any	docui	ment notifie	d by Centra	l Government)	
Identification									
3. Contact Details (in CA	PITAL) - (A	II communication	ns will be s	ent to Mobile No. /	Email	ld)			
Email ID *				Mobile No. * _					
		Client Code C		lient Name	Relationship			Signature	
						Self			
	in case					Spouse			
Email/Mobile is already up	odated in					Mother			
sole/first holder account ar update same details for					<u> </u>	Father			
members as per SEBI gu					4	Son			
					<u> </u>	Daughter			
					+]			
						J			
4. 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.					Name		Signature		
		First Holder							
						Ø			
I/We hereby consent to receiving information from CVL / KRA / CERSAI through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC			Second Holder						
request shall be validated consent to sharing my/our m	against Aad	dhaar details. I/W	Ve hereby					Ø	
code or my Aadhaar XML/Digi	ilocker XML 1	file, along with pas	scode and	Third Holder					
as applicable, with KRA and obusiness relationship for KYC			m i nave a					Ö	
DATE: (DD-MM-YYY		_			PL	ACE:			
5. For Office Use Only									
In-Person Verifi	cation (IPV) carried out by*				Intermediar	y Details*		
Name of the Organization			Self certified	d docu	ıment copie	s received ((OVD)		
NSE / BSE / MCX / NCDEX - AP Registration Number			S & SIGN	Self certified document copies received (OVD) True Copies of documents received (Attested)					
Person name doing IPV / docs / PAN verification		Self certified document copies received (OVD) True Copies of documents received (Attested) AMC / Intermediary Name / Code : 1100010900 CERSAI Code : IN0269				010900			
Designation / MOFSL Employee code		EIXRUBBEI		CERSAI Co	de : Il	N0269			
Date of IPV / Document Verification	T. EAS	EATT							
Date of PAN Verification with IT Site	PLL			M	otilal (Oswal Final	ncial Service	es Ltd	
Signature of the Person							0 31 1101		