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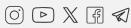


CERSAI		swal Financial Services L (YC) Application Form (For		MOTILAL OSWAL
Please fill the form in ENGLIS Fields marked * are mandato Fields marked + are pertainir processing CKYC also		Application No. KYC No Application Type*:		(Mandatory for KYC update request)
KYC Mode*: Please Ti	` '		cant's Name Sho	uld match exactly
Normal EKY	C OTP EKYC Biometr	as pe	rthe CBOS system	m, IT site, or PAN
	ase relei guidelilles overlear)	excha	rne same name inges and depos	will appear in all sitories (DP).
PAN* Name* (same as ID pro	of)			
Maiden Name+ (if any)				Spouse full name
Fathers/Spouse's Name	e*	m	ust be mentione	ed
Mother Name (Optional)	Applican	t's DOB Must	
Date of Birth* Gender*	Male Female	be as per	the PAN card.	PHOTOGRAPH
Marital Status*	Single Married	_		
Nationality*	☐ Indian ☐ Other_		Applicant	s affix recent photo with a
Residential Status*	Resident Individual	Non Resident India	_n signature	(For Minor client Minor st
· · · · · · · · · · · · · · · · · · ·	Foreign National	Person of Indian O	rigin+ required)	face should be clearly vis
ındatory fields to be ked on KYC page	(i assport manualory for i	NRIs and Foreign Nationals. F gn National based on Nationa		CKYC and not for KRA
	submitted for PAN exempted		illy of the individual)	
	Submitted for PAN exempted	Cases (Flease tick)		
B - Passport Number		(Expir	y Date)	
C - Voter ID Card			•	
D - Driving License		(Expir	y Date)	
E - NREGA Job Car	rd	Mention the docume	nt number	
F - NPR		and expiry date in the		
G - EKYC Authentic		For Aadhaar, only the		
H - Offline verification		should be mentioned		antral Cavarament)
Z - Others	on Number	(any c	ocument notified by Ce	entral Government)
Tadrianda	STITION			
2. Address Details* (pl	ease refer guidelines overlea	f)		
A. Correspondence/ Lo	cal Address*			
Line 1*				
Line 2				
Line3	*			
City/Town/Village*		_ District*		
State / U.T Code* Re		_ Country* sidential	Registered C	
Address Type Re	Siderida/Dusiness Res	Sideriual Dusiriess	□ Negistered C	mice
NOTE: For list, of two	digit State/UT & list of ISO3	3166, kindly visit www.motil	aloswal.com / Downlo	oad Option
				ACOP Individual Version 8,2
Address Should	كالمساون بمسور وجالا جاروان وو			

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If the applicant permanent residence address is same as correspondence address, it should be filled as "Same as correspondence address." If the address is differeent, it should be filled according to the provided proof.

	plicant, if different from above A / Overseas Address* (Mandatory for NRI Ap	
Line 2		
	District* Pin Code*	
	Country*ISO-3166 Code	
Address Type*	Residential Business Registered Office Ur	nspecified
following OVD) A - Aadhaar Card B - Passport Number C - Voter ID Card D - Driving License E - NREGA Job Card F - NPR Letter G - EKYC Authentication H - Offline verification of Aadhar Deemed proof of address document to Self Declaration Z - Others	(Expiry Date) (Indicate the content of the content	
Identification Number		
, , ,	mmunications will be sent to Mobile No. / Email Id)	
Email ID* CAPITAL LETT	ERS Mobile No. *	
Tel (Off)	Tel (Res)	_
4. Applicant Declaration	Enter a 10-digit Verifiable n	
misrepresenting, I am/We are aware that I/We I/We hereby consent to receiving information	alse or untrue or misleading or	
I/We hereby consent to receiving information the above registered number/Email address. I am/We are also aware that for Aadhaar OVI against Aadhaar details. I/We hereby conseireadable QR code or my Aadhaar XML/Dig	alse or untrue or misleading or may be held liable for it.	
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misrepresenting, I am/We are aware that I/We I/We hereby consent to receiving information the above registered number/Email address. I am/We are also aware that for Aadhaar OVI against Aadhaar details. I/We hereby conseive readable QR code or my Aadhaar XML/Dig applicable, with KRA and other Intermediaries purposes only. DATE: (DD-MM-YYYY) 5. For Office Use Only In-Person Verification (IPV) call Name of the Organization NSE/I BSE / IMCX / NODEX- AP Registration Number Person name doing IPV / doss / PAN verification Designation / MOFSL Employee code Date of PAN Verification with IT Site	Applicants signature must be done within the given be is a minor, a minor stamp is required along with the signature is not acceptable Applicants signature is not acceptable Multiple signature is not acceptable Self certified document copies received (OVD) True Copies of documents received (Attested) AMC / Intermediary Name / Code : 1100010900 CERSAI Code : IN0269 Motilal Oswal Financial Services Ltd	oox. If Apignature