

Know Your Client (KYC)
Application Form (For Individuals Only)



CDSL VENTURES LIMITED
....Exploring New Horizons

CANARA ROBECO
Mutual Fund

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: _____

Application Type: Without Supporting KYC Modification

KYC Mode*: Please Tick (✓)

Normal

EKYC OTP

EKYC Biometric

Online KYC

Offline EKYC

Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* _____

Name (same as ID proof) _____

Fathers/Spouse's Name _____

Marital Status Single Married

Recent passport size
Applicant Photo

Cross Signature across photograph

2. Contact Details (in CAPITAL)

Email ID _____

Mobile No. _____

Tel (Off) _____

Tel (Res) _____

3. 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.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

4. For Office Use Only

In-Person Verification (IPV) carried out by*

Intermediary Details*

IPV Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Self certified document copies received (OVD)

True Copies of documents received (Attested)

AMC / Intermediary Name :

Employee Signature and Stamp

Institution Name and Stamp