

PART - I

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

No.153/2, M.R.B. Arcade, Bagalur Main Road, Dwaraka Nagar, Yelahanka, Bangalore – 560063. Karnataka.

Part-(A) IDEN	Ш	Y DE	TA	ILS															PL	EAS	E F	ILL	TH	IS F	OR	ΜI	ΝE	NG	LISH	l Al	ND II	N BL	.OC	K LE	Ш	ERS	
Prefix	Mr.			Mrs.				0	thers																												
Applicant name (as per ID proof)		F		R S	T		N	A	M E					М	I	D	D	L	Е		N	Α	М	Ε					L	Α	S	Т		N	A	М	Е
Father/Spouse name			$\coprod$	$\perp$																														$\Box$	$\Box$		
Mothers Name/Mothers Maiden Name		Щ	ᆛ							Ļ	Ļ		Ļ	Ļ																				Ш	$\perp$		
Gender		Male	Ļ	Fei	male		Ma	rital s	tatus		Si	ingle		N	larrie	ed													(Sign	atur	e acro	ss th	e ph	otogr	aph)		
Date of birth		D	M	M Y	Y	Y	Y	_			- /D		de De																								
PAN No.(Mandatory for demat/ISA)			ᆜ	<u> </u>	<u> </u>	<u> </u>		_			e/Dod PAN 6			oviuei –	1 IN							-									se afi						
Aadhaar No., if any		$\perp$	$\perp$			_					_																		p	assı	oort s	ize ph	iotog	graph	i		
STATUS		7		Individ	lual	L			sident			Fore	ign N	ation	al														8	H 8	Signa	ture	of C	lient			
NATIONALITY		India 				L		ner,p	lease :	speci	ıy .	_							-												Need	Siana	ture				
Specify the proof of identity submitted		PAN				_						_	_	_		_	_	٦		Г	В	Б	8.0		14	10	1				The	_					
			r Pro															Va	alid '	Till [	D	ע	М	M	Υ	Y							_	_	_	_	
Part-(B) ADDF	RES	S AI	ND	CON	ATI	CT	DET	AIL	.S																												
Below mentioned address	is my		Pr	esent l	Resid	ence.	Addre	SS		Off	ice A	ddre	SS							Man	dato	ry : F	Pleas	e att	tach	Self	Attes	sted	proof	of b	oelow	addre	ess				
Local/Residence /Correspondence Address			$\perp$																														$\Box$	$\Box$	$\blacksquare$		
Landmark (Mandatory)			+		+			+		+	+																						$\dashv$	$\dashv$	+	_	
City/Town/Village			$\dagger$	$\pm$				1																			PIN	l (Ma	ndato	ory)			$\exists$	$\pm$	$\pm$		
State			Į					$\perp$		T	L	L											Yrs	at C	urre	nt Ci	ty 📄	r I	Y N	4	Re	sider	ice [	Y	Y	М	M
Country Specify the proof of address				Othe	er 		П						<u> </u>	П		$\frac{1}{1}$		$\Box$	Τ		Τ		<u>                                     </u>	<u> </u>	<u> </u>					 Vali	d till	n	n	М	М	Y	Y
for residence/correspondenc Contact details			Code			STD/	'Area	code						Num	ber								E>	tn.													
Tel.(off)			$\Box$																	-	-																
Tel.(Res)			$\dashv$	_ -	Ŀ	<u> </u>		4	⊣-	·  _	+	+	_			_				 	L-11 -	Co	untr	у со	de						Nı	ımber	—	_	$\neg$		
Fax E-mail ID (Mandatory)		N	井	CA		<u> </u>	Т	A			TE	ΙΤ	ΙΤ	E	D	9		n	ы	Mol	bile V						_		<u> </u>		<u>                                       </u>	$\frac{1}{1}$	$\exists$	$\pm$	+	$\frac{1}{1}$	
a (aaa)/	Ë	1	se tic	ck if pe	ermai	nent a	addre	ee ie	the sa	me a	e ah	ove a	ddre	20		U		U	19	-									-						_		
Permanent		1100	1	, p.				10 10			15 415																				Τ			Mand			
Address			Ī	丁																														filled fro	if dif m ab		nt
Landmark (Mandatory)		Ш	$\perp$	4				$\perp$		_	Ļ												1											Mand filled			
City/Town/Village State		$\vdash$	$\dashv$	+	+	+		+	_	+	+	+	<del> </del>			$\vdash$				_			PIN	(Ma	anda T	tory								froi	m ab	ove	
Country		India	$\pm$	Oth	er			$\pm$	+	$\frac{\bot}{\Box}$	+	+	<u> </u>															I						$\neg$	$\neg$		
Tel.(Res)	9	1	-[	5		D			P	L	M	В	E	R					IV	lobile	No.		9	1		İ	İ						寸		寸	İ	
Part-(C) TICK	IF F	APPI	LIC	ABL	E [		RES	SID	ENC	E F	OR	TA	XF	PUF	RP(	OSE	SI	ΝJ	UF	RISI	DIO	CTI	ON	<b>(S</b> )	0	UT	SID	)E I	ND	IA							
ADDITIONAL DETAI	LS R	EQUI	RED	*(Mar	ndato	orv o	nly if	sect	ion C	tick	ed)																										
ISO 3166 Country C	ode	of Jur	risdio	ction	of Re	side	nce*			Cou	intry	Nar	ne _	_	_	_	_	_	_	_	_	_	_	_			_										
Tax Identification Nu		er or e	quiv	alent	(if is	sued	by ju	ırisd	iction	)*[	+	$\perp$	$\perp$			_		Η.	_			Ļ	Ļ	_													
Place / City of Birth*									$\perp$					IS0	316	36 Co	ount	ry Co	ode	of B	irth	*		] (	Cour	ntry	Nan	ne .									
Part-(D) OCCU	PA	TIOI	V (F	Plea	se t	tick	any	or or	ie a	nd	giv	e b	riei	de	tai	ils)	:																				
Private Sector servic	e 🔲	Public	Sect	or Serv	/ice [	Go	vernm	ent S	ervice		Busin	ess [	R	etired		Profe	essio	nal [	A	gricult	turist	t 🔲	Ηοι	sewi	ife [	St	udent	t 🗀	] Oth	ners(	specif	y)					_
DECLARATION: I he																																	any	cha	nge	s the	ere
in,immediately.In ca #I hereby consent to																	ny 0	1 11118	ыер	1626	mun	ıy ,I	aili	awa	ue (i	iial I	ma	у ве	neic	ı ild	มเล เ(	η IL.					
(Originals		,			tteste	ed Do	cum	ent d	opies	rec	eive	d								_					7							O					
In-Person-Verifica Name of the Person of		. ,	deta	ils:														/		al/Blu		)	١			8		i i	signa	atu	re of	Glie	Щ				
Signature of the person	-		V																	Alto B <del>rikos</del>		w /	)			D	D	M N	ΙY	Y	Υ	Pla	ice _	_	_		
Designation & Emp.c	ode			_											_			\			_					No		tom-	pro	iide-	the '	/DA	ogic+	ored '	otto-	tha	
In-Person-Verifica Name of the Person of Signature of the person of Signature of the person of the p	of Au	thories	ad Siv	anator	v												Ali	D De Blu	D ₩	M	Y N	Y Y	y s (P)	Ltd		doci	cust ımen ne KY	ts for C for	prov KYC s m sha	nues shall all be	ne h not be filled	taken for all	giste from the	ered le the cu holder	siler ustom is of t	uie ner. the	
Ivanie and Signature	oi Aul		iu oil	jiiatul	y —															Fina				_		acco	ount.										

## **Alice Blue Financial Services Private Limited**



No.153/2, M.R.B. Arcade, Bagalur Main Road, Dwaraka Nagar, Yelahanka, Bangalore – 560063. Karnataka.

**Annexure B** 

## **Correction in the name of Individual Demat Account Holder**

Application No.					D	ate	D	D	V	1	M	Υ	Υ	Υ	Υ	
Dear Sir/Madam ,																
I/We hereby requ	act you to carr	y out the c	orroction	in my/c	ur na	mo in	the fol	llowin	a do	mat						
account no:	est you to carr	y out the c	orrection	iii iiiy/C	ur na	ime in	the ro	IIOWITI	y ue	mat						
Please fill all the	details in Bloc	k Letters ir	Enalish													
DP ID						Clien	t ID									
				•	•			•					•	•	•	
Account Holde		1														
Name of First / Name of Second																
Name of Third H																
Name or mild i	loidei															
Correction in nar	ne of the		[1 <sup>s</sup>	st/2 <sup>nd</sup> /3 <sup>rd</sup>	] hold	ler.										
					_											
Name as recorde	ed in demat acc	count										1				
Correction in nar												_				
demat account																
<ul> <li>Reason fo</li> </ul>	r minor corre	ection (ple	ease tick	any or	ıe)											
Expansion	n of initials	A(	ddition of	middle	name											
Expansio	iii oi iiiicidis		adicion of	madic	Harric											
Abbrevia	tion to initia <b>l</b> s	Cc Cc	rrection c	of spellir	ng mis	takes										
I haraby state th	at the above o	nacified re	acon ic fo	r corroc	tion in		o of m	dour	dom	nt n.		st and	the c	ama is	not o	
I hereby state the account of change													uie S	ame is	HOL O	11
	,		g = , =	,		.,		,	, -							
<ul> <li>Specify the</li> </ul>	proof of ider	ntity subm	nitted in	suppoi	t of c	orrec	tion ir	n nam	ıe.							
PAN card	AADHA	AR card	Pa	ssport		l Drivi	ng Lice	ence								
		t GG. G	~	0000.1		] =	9 =.00									
Voter's ident	ity card issued	by the Ele	ection Cor	nmissio	n of I	ndia										
	First/	Sole Hold	ler		Sec	ond I	lolder					Thi	d Hol	der		
Name																
																_
Signature																
1																
Note: To be sign	ed by the dem	nat account	: holder w	hose na	me is	to be	correc	ted in	the	CDS	SL sys	stem.				
Note: To be sign																
Note: To be sign		nat account	====(Pl	lease T	ear H	lere):	====						===	:===	===	
Note: To be sign			====(Pl		ear H	lere):	====						====	:===	===	
Note: To be sign	======	:====:	===(Pi Ackr	lease T Iowled	ear H geme	lere)= ent Re	==== eceipt	===	==:	===	:==:		====		===	
=======	======	:====:	===(Pi Ackr	lease T Iowled	ear H geme	lere)= ent Re	==== eceipt	===	==:	===	:==:			===	===	
=======	======	:====:	===(Pi Ackr	lease T Iowled	ear H geme	lere)= ent Re	==== eceipt	===	==:	===	:==:		===	===	===	
=======	======	:====:	===(Pi Ackr	lease T Iowled	ear H geme	lere)= ent Re	==== eceipt	===	==:	===	:==:		====	===	===	