

# ACCOUNT OPENING FORM

ARN	SUB-BROKER	EUIN

## INVESTOR INFORMATION

Name		Date of Birth	
PAN		KYC	
Father Name		Mother Name	
Guardian		Guardian PAN	
Address			
Pin code	City	State	Country
Tel. (Res)	Off	E-Mail	Mobile
I.T. Slab	Mode of Holding	Place of Birth	
Tax Country	Tax ID No.	Occupation Details	
Occupation		Self / Related to Politically Exposed	

## 2<sup>ND</sup> APPLICANT

Name		Date of Birth	
PAN		KYC	I.T. Slab
Place of Birth		Tax Country	Tax ID No.
Occ. Details		Self / Related to Politically Exposed	

## 3<sup>RD</sup> APPLICANT

Name		Date of Birth	
PAN		KYC	I.T. Slab
Place of Birth		Tax Country	Tax ID No.
Occ. Details		Self / Related to Politically Exposed	

## FOR NRI INVESTORS

Address			
City	Pin Code	Country	

## BANK INFORMATION

Bank	Branch
Account No.	Account Type
IFSC Code	

## NOMINEE DETAILS

Name	Relation	Guardian
Address		

*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:

Signature - 1st Applicant	Signature - 2 <sup>nd</sup> Applicant	Signature - 3 <sup>rd</sup> Applicant