



A. Identity Details Please fill in ENGLISH and BLOCK LETTERS with black ink

Prefix	First Name	Middle Name	Last Name
1. Name of Applicant			
Name as per Income Tax Record			
Maiden Name (if any)			
Father / Spouse Name			
Mother Name			
2. A. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		B. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____	
3. PAN _____		Nationality / Citizenship <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify) _____	
4. Residential Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation (Please tick (3) any one and give brief details):			
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist			
<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____			
5. UID/Aadhaar : X X X X X X X X		Date of Birth d d m m y y y y	
6. Proof of Identity submitted for PAN exempt cases (see guideline 'D' in check list.)			

PHOTOGRAPH
Please affix the recent passport size photograph and sign across it

B. Address Details

1. Address for Correspondence

State	City/Town/Village	Country	Pin Code
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2. Contact Details

Mobile (Primary) (ISD) (STD)	Mobile (Secondary) (ISD) (STD)
Tel. (ISD) (STD)	Fax (ISD) (STD)

MOBILE (Primary) given by me belongs to Me Spouse Dependent children Dependent Parent

Mobile No. is registered in name of _____ who's PAN No. is _____

E-Mail ID. (In Capital Letters only)

E-MAIL ID given by me belongs to Me Spouse Dependent children Dependent Parent

E-mail-ID is registered in name of _____ who's PAN No. is _____

3. Specify the Proof of Address submitted for Residence / Correspondence Address UID Bank Statement Other _____

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

State	City/Town/Village	Country	Pin Code
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5. Specify the Proof of Address submitted for Residence / Permanent Address _____

*See Instructions cum check list at the last page

C. Fatca & CRS Detail Nationality/Tax Residency/Citizen ship Other than Indi No Yes

Country of Birth	Place/City of Birth
Country of Citizenship/Nationality	
Country of Tax Residency (Other Than India)	
Tax Payer Identification Number (Other Than India)	

2. Gross Annual Income Details : Income Range per annum : Below Rs. 1 Lac Rs. 1 Lac to 5 Lac
(please tick ✓) Rs. 5 Lac to 10 Lac Rs. 10 Lac to 25 Lac >25 Lac

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 am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA agencies only for the specific purpose validating/ maintaining/ sharing my KYC record and as an audit evidence. I will have an option to request for deleting of my Aadhaar record. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered mobile 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/Dig locker XML file, along with pass code and as applicable, with SEBI, KRA, CKYC and other Institutions/ agencies/ Intermediaries with whom I have a business relationship for KYC purposes only.

SIGNATURE OF APPLICANT

(2)

Place: _____

Date: _____

IPV TO BE FILLED BY - EMPLOYEE/AP/OTHERS

Intermediary name OR code _____

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received Main Intermediary

IN-PERSON VERIFICATION (IPV) DOCUMENTS VERIFIED WITH ORIGINALS CLIENT INTERVIEWED BY

Date : | d | d | / | m | m | / | y | y | y | y | Institution Name & Code : **Urja Investment Private Limited**

Name : _____ Code : _____

Designation : _____ Signature : _____