

E-KYC Declaration Form

All fields are to be filled mandatory

Applicant's Declaration

NAME: _____

PAN: _____

I hereby provide my consent to do KYC and authorise sharing of this information with SEBI Registered intermediaries / KRAs. All information provided are true and correct.

Applicant's Signature:

Sign here:



Advisor Declaration

I have carried out KYC Document Verification/ Attestation and In Person Verification of the above customer

Advisor Name: _____

ARN Code: ARN-78099

EUIN: E065343

Organization: _____

Designation: _____

IPV Date: _____

Advisor Signature:

Sign here

