Only 'Individuals' to affix recent photograph (3.5 cm × 2.5 cm)		To	Indiv avoic	ridu I mist	take (not L S (s), p	be Jnir See l	ing nco Rule se fol	a C rpo e 114 low t	itiz rate 1 he a	tme en d ed e	nt o of Ir ntit	of P ndia ies	/En forr	and titie nec	ent es in d ou	nco Itsi	orpo de l	orat Indi	ed a]	out	side					affix	nly 'Ir rece 3.5 cr	ent j	ohot	ogra	ph
0.	/ I off Thread in a size		Asse	ssin	g of	fice	r (A	0 C	ode))																						
Sign	/ Left Thumb impression across this photo	Area code A				AO	AO type Ra				nge code AC				lo.																	
										Τ																						
	Sir, I/We hereby request I/We give below nec					cou	nt n	umb	ber b	e al	lotte	d to	me/	us.							Sig	inati	ure	Lef	t Thu	ımb	impr	essi	on			
	•	banded name to be mentioned as appearing in proof of identity/ad										ddr	ess	do	cum	ent	s: ir	nitia	ls ar	e no	ot pe	ermit	tteo	4)								
	Please select title,		_	app											Kumari/N					M/:		••••			•				-,			
				upp				_ .		 T								1	1]	у		1			1	1				
	Last Name / Surna	me																														
	First Name																															
	Middle Name																		1				1		1		1	ĺ				
		a ahai	(0 P 0	mo	20.1				ikai	 + +/	ha	nrir	tod	ont	ha			rd				1						J				
4	Abbreviations of th			ine,	asy	, Ju	wol	anu I	ING	ιι, ι (, ne)ווק 	ited		ne		J	u										-			1	
																																L
3	Have you ever bee	n knov	/n bv	anv	oth	er n	nam	e7		[Yes			No	,		(Plea	ase	tick	as	ann	lical	hle)							
·	If yes, please give th				- Ulli		iu	••				100		_				'				40	app	noui	010)							
								1				•		. Г				/ N A -]											
	Please select title,	v	as	app	nica	DIE		Sn	nri/N	Ir		Sm	t/Mr	s		Kun	nari	/IVIS			M/	s						_				
	Last Name / Surna	me																														
	First Name							Ì										Ì	Ì	İ	Ì	Ì	Ť	Ì	İ	İ	İ	ĺ				
																			<u> </u>	<u> </u>			+	<u> </u>	+	<u> </u>	<u> </u>]]				
	Middle Name																															
A	• • • • • • • •																		_						-	1						
4	Gender (for Individ	lual ap	plica	nts c	only)						Mal	e	[Fer	nale	e B		Tr	ans	gen	der	(Plea	ase	tick	as a	pp	lica	ble)	
	Date of Birth/Incor		-				rtne	ersh	ip o	r Tr				orma	atio				of in			-						-		lica	ble)	
	Date of Birth/Incor		-	reen			rtne	ersh	ip o	r Tr				orma	itio				of in			-						-		lica	ble)	
5	Date of Birth/Incor Day M Day M Details of Parents	poratio onth applic	on/Ag	reen Y	nent ear	t/Pa] ivid	ual	арр	lica	ust [nts)	Dee	d/ Fo			n of	Bo	dy o		divi	dua	ls o	r As					-		lica	ble)	
5 6	Date of Birth/Incor Day M Details of Parents Whether mother is a	poratio	on/Ag able	reen Y only nt an	ment ear	t/Pa indi] ivid	ual	арр	lica	ust [nts)	Dee	d/ Fo			n of	Bo	dy o		divi	dua	ls o	r As					-		lica	ble)	
5 6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p	onth (applic single	on/Ag able pare ick as	reen Yo only nt an	ment fear for nd yc plical	t/Pa indi ou w ble)] ivid ⁄ish	ual to aj	app pply	lica for	ust [nts) PAN	Dee	d/ Fo	shin		n of	Bo	dy o		divi	dua	ls o	r As					-		lica	ble)	
5 6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m	onth (applic a single blease t nother's	on/Ag able pare ick as	nt an s app	nent ear for nd yc plical the	indi ble)] ivid rish	ual to a _l riate	app pply spa	lica for	nts) PAN	by t	d/ Fo	shin v.	g th	n of	me	dy c of y	our	divi mot	dua	ls o	r As	soc	iatio	on o	f Pe	rson	IS	lical	ble)	
6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma	onth (applic a single blease t nother's	on/Ag able pare ick as	nt an s app	nent ear for nd yc plical the	indi ble)] ivid rish	ual to a _l riate	app pply spa	lica for	nts) PAN	by t	d/ Fo	shin v.	g th	n of	me	dy c of y	our	divi mot	dua	ls o	r As	soc	iatio	on o	f Pe	rson	IS	lica	ble)	
6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m	onth (applic a single blease t nother's	on/Ag able pare ick as	nt an s app	nent ear for nd yc plical the	indi ble)] ivid rish	ual to a _l riate	app pply spa	lica for	nts) PAN	by t	d/ Fo	shin v.	g th	n of	me	dy c of y	our	divi mot	dua	ls o	r As	soc	iatio	on o	f Pe	rson	IS	lica	ble)	
6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma	onth (applic a single blease t nother's	on/Ag able pare ick as	nt an s app	nent ear for nd yc plical the	indi ble)] ivid rish	ual to a _l riate	app pply spa	lica for	nts) PAN	by t	d/ Fo	shin v.	g th	n of	me	dy c of y	our	divi mot	dua	ls o	r As	soc	iatio	on o	f Pe	rson	IS	lica	ble)	
6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name	onth (applic a single blease t nother's	on/Ag able pare ick as	nt an s app	nent ear for nd yc plical the	indi ble)] ivid rish	ual to a _l riate	app pply spa	lica for	nts) PAN	by t	d/ Fo	shin	g th	n of	me	dy c of y	our	divi mot	dua	ls o	r As	soc	iatio	on o	f Pe	rson	IS	lica	ble)	
6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Middle Name	poration onth (applic a single blease t nother's ndator me	able pare ick as s nam y exc	Yi only only nt an s app ne in ccept	rear of for and ycc blical the whee	t/Pa indi indi ou w ble) app ere r	ivid rish ropr mot	ual i to a riate her	app pply spa is a	lica for ice p sing	nts) PAN provie	by the boare	d/ Fo	shing v. nd P	g th	n of e na is a	me	dy of y	our by f	mot	dua her ishi	only	r As ? he i	nam	e of	mot	ther	only	IS	lica	ble)	
6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnal First Name Middle Name Mother's Name (op	poratio onth (applic a single olease t nother's ndator me	able pare ick as s nam y exc	Yi only only nt an s app ne in ccept	rear of for and ycc blical the whee	t/Pa indi indi ou w ble) app ere r	ivid rish ropr mot	ual i to a riate her	app pply spa is a	lica for ice p sing	nts) PAN provie	by the boare	d/ Fo	shing v. nd P	g th	n of e na is a	me	dy of y	our by f	mot	dua her ishi	only	r As ? he i	nam	e of	mot	ther	only	IS	lica	ble)	
6	Date of Birth/Incor Day M Details of Parents (Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnat First Name Mother's Name (op Last Name / Surnat	poratio onth (applic a single olease t nother's ndator me	able pare ick as s nam y exc	Yi only only nt an s app ne in ccept	rear of for and ycc blical the whee	t/Pa indi indi ou w ble) app ere r	ivid rish ropr mot	ual i to a riate her	app pply spa is a	lica for ice p sing	nts) PAN provie	by the boare	d/ Fo	shing v. nd P	g th	n of e na is a	me	dy of y	our by f	mot	dua her ishi	only	r As ? he i	nam	e of	mot	ther	only	IS	lica	ble)	
6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnal First Name Middle Name Mother's Name (op	poratio onth (applic a single olease t nother's ndator me	able pare ick as s nam y exc	Yi only only nt an s app ne in ccept	rear of for and ycc blical the whee	t/Pa indi indi ou w ble) app ere r	ivid rish ropr mot	ual i to a riate her	app pply spa is a	lica for ice p sing	nts) PAN provie	by the boare	d/ Fo	shing v. nd P	g th	n of e na is a	me	dy of y	our by f	mot	dua her ishi	only	r As ? he i	nam	e of	mot	ther	only	IS	lica	ble)	
5	Date of Birth/Incor Day M Details of Parents (Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnat First Name Mother's Name (op Last Name / Surnat	poratio onth (applic a single olease t nother's ndator me	able pare ick as s nam y exc	Yi only only nt an s app ne in ccept	rear of for and ycc blical the whee	t/Pa indi indi ou w ble) app ere r	ivid rish ropr mot	ual i to a riate her	app pply spa is a	lica for ice p sing	nts) PAN provie	by the boare	d/ Fo	shing v. nd P	g th	n of e na is a	me	dy of y	our by f	mot	dua her ishi	only	r As ? he i	nam	e of	mot	ther	only	IS	lica	ble)	
6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Middle Name Mother's Name (op Last Name / Surnar First Name Mother's Name (op Last Name / Surnar First Name Middle Name Select the name of e Father's name	poratio onth (applic a single blease t nother's ndator me btional me	able pare ick as s nam y exc exce	reen Yn only nt an s app ne in cept pt w	right for the second se	t/Pa indi ou w ble) app ere r mo	ivid iish ropr moti	ual ; to a her i er is	app pply spa is a a si a si (Ple	lica for sing ngle	ants) PAN provie gle p gle p a gle p a gle p a control control a control a control a control a control a control a control a control a control con	by the parent of	d/ Fo	shing v. nd P	g th PAN N is N is	e na is a s app	me ppl	of y ied d by (Set	our by f	mot urn rnis	dua	only	r As		e of	mol	ther	only 	/)			
6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Middle Name Mother's Name (op Last Name / Surnar First Name Middle Name Select the name of e Father's name (In case no option is	poratio onth (applic a single olease t nother's ndator me otional me	able pare ick as s nam y exce exce	preen Yi only nt an s app ne in cept pt w pt w	here's northere's nort	t/Pa indi ou w ble) app ere r mo	ivid iish ropr moti	ual ; to a her i er is	app pply spa is a a si a si (Ple	lica for sing ngle	ants) PAN provie gle p gle p a gle p a gle p a control control a control a control a control a control a control a control a control a control con	by the parent of	d/ Fo	shing v. nd P	g th PAN N is N is	e na is a s app	me ppl	of y ied d by (Set	our by f	mot urn rnis	dua	only	r As		e of	mol	ther	only 	/)			
6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Mother's Name (op Last Name / Surnar First Name	poratio onth (applic a single olease t nother's ndator me otional me	able pare ick as s nam y exce exce	preen Yi only nt an s app ne in cept pt w pt w	here's northere's nort	t/Pa indi ou w ble) app ere r mo	ivid iish ropr moti	ual ; to a her i er is	app pply spa is a a si a si (Ple	lica for sing ngle	ants) PAN provie gle p gle p a gle p a gle p a control control a control a control a control a control a control a control a control a control con	by the parent of	d/ Fo	shing v. nd P	g th PAN N is N is	e na is a s app	me ppl	of y ied d by (Set	our by f	mot urn rnis	dua	only	r As		e of	mol	ther	only 	/)			
5	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Middle Name Mother's Name (op Last Name / Surnar First Name Middle Name Select the name of e Father's name (In case no option is	poratio onth (applic a single blease t nother's indator me btional me	able pare ick as s nam y exce exce	preen Yi only nt an s app ne in cept pt w pt w	here's northere's nort	t/Pa indi ou w ble) app ere r mo	ivid iish ropr moti	ual ; to a her i er is	app pply spa is a a si a si (Ple	lica for sing ngle	ants) PAN provie gle p gle p a gle p a gle p a control control a control a control a control a control a control a control a control a control con	by the parent of	d/ Fo	shing v. nd P	g th PAN N is N is	e na is a s app	me ppl	of y ied d by (Set	our by f	mot urn rnis	dua	only	r As		e of	mol	ther	only 	/)			
5	Date of Birth/Incor Day M Details of Parents (Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Middle Name Middle Name Select the name of a Father's name (In case no option is by furnishing name of Address Residence Address	poratio onth (applic a single blease t indator me otional me either fa s provid of the n	able pare ick as s nam y exceeded ather Mathematical Mathematical Action of the second	preen Yi only nt an s app ne in cept pt w pt w	here's northere's nort	t/Pa indi ou w ble) app ere r mo	ivid iish ropr moti	ual ; to a her i er is	app pply spa is a a si a si (Ple	lica for sing ngle	ants) PAN provie gle p gle p a gle p a gle p a control control a control a control a control a control a control a control a control a control con	by the parent of	d/ Fo	shing v. nd P	g th PAN N is N is	e na is a s app	me ppl	of y ied d by (Set	our by f	mot urn rnis	dua	only	r As		e of	mol	ther	only 	/)			
5	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Middle Name Middle Name Select the name of e Father's name (In case no option is by furnishing name Address Residence Address Flat/Room/ Door / B	poratio onth (applic a single blease t nother's ndator me otional me either fa s provid of the n	able pare ick as s nam y excent at her Mathematical at her Mathematical at her mathema	reen Ya only nt an s app ne in cept pt w pt w or m other en P. r onl	here's northere's nort	t/Pa indi ou w ble) app ere r mo	ivid iish ropr moti	ual ; to a her i er is	app pply spa is a a si a si (Ple	lica for sing ngle	ants) PAN provie gle p gle p a gle p a gle p a control control a control a control a control a control a control a control a control a control con	by the parent of	d/ Fo	shing v. nd P	g th PAN N is N is	e na is a s app	me ppl	of y ied d by (Set	our by f	mot urn rnis	dua	only	r As		e of	mol	ther	only 	/)			
5	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Middle Name Middle Name Select the name of e Father's name (In case no option is by furnishing name of Address Residence Address Flat/Room/ Door / B Name of Premises/	poratio onth (applic a single blease t indator me otional me either <u>fa</u> s provid of the n s lock No	able pare ick as s nam y exce exce edition of the second s	reen Ya only nt an s app ne in cept pt w pt w or m other en P. r onl	here's northere's nort	t/Pa indi ou w ble) app ere r mo	ivid iish ropr moti	ual ; to a her i er is	app pply spa is a a si a si (Ple	lica for sing ngle	ants) PAN provie gle p gle p a gle p a gle p a control control a control a control a control a control a control a control a control a control con	by the parent of	d/ Fo	shing v. nd P	g th PAN N is N is	e na is a s app	me ppl	of y ied d by (Set	our by f	mot urn rnis	dua	only	r As		e of	mol	ther	only 	/)			
5	Date of Birth/Incor Day M Day M Details of Parents (Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Middle Name Middle Name Select the name of e Father's name (In case no option is by furnishing name of Address Residence Address Flat/Room/ Door / B Name of Premises/ Road/Street/ Lane/F	poratio onth (applic a single blease t indator me btional me btional me btional me btional me btional me btional me btional cost Off	able pare ick as a nam y exc a s nam y exc a	reen Y only nt an s app ne in cept cept pt w or m other en P, r onl	r for for for for for for for for	t/Pa indi ou w ble) app ere r mo	ivid iish ropr moti	ual ; to a her i er is	app pply spa is a a si a si (Ple	lica for sing ngle	ants) PAN provie gle p gle p a gle p a gle p a control control a control a control a control a control a control a control a control a control con	by the parent of	d/ Fo	shing v. nd P	g th PAN N is N is	e na is a s app	me ppl	of y ied d by (Set	our by f	mot urn rnis	dua	only	r As		e of	mol	ther	only 	/)			
5 6	Date of Birth/Incor Day M Details of Parents Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Middle Name Mother's Name (op Last Name / Surnar First Name Middle Name Select the name of e Father's name (In case no option is by furnishing name of Address Flat/Room/ Door / B Name of Premises/ Road/Street/ Lane/F Area / Locality / Talu	poratio onth (applic a single blease t nother's indator me otional me either fr provid of the n s lock No Building Post Off ika/ Sul	able pare ick as a nam y exc a s nam y exc a	reen Y only nt an s app ne in cept cept pt w or m other en P, r onl	here's n: AN c	t/Pa indi ou w ble) app ere r mo	ivid iish ropr moti	ual ; to a her i er is	app pply spa is a a si a si (Ple	lica for sing ngle	ants) PAN provie gle p gle p a gle p a gle p a control control a control a control	by the parent of	d/ Fo	shing v. nd P	g th PAN N is N is	e na is a s app	me ppl	of y ied d by (Set	our by f	mot urn rnis	dua	only	r As		e of	mol	ther	only 	/)			
5	Date of Birth/Incor Day M Day M Details of Parents (Whether mother is a Yes No (p If yes, please fill in m Father's Name (Ma Last Name / Surnar First Name Middle Name Middle Name Select the name of e Father's name (In case no option is by furnishing name of Address Residence Address Flat/Room/ Door / B Name of Premises/ Road/Street/ Lane/F	poratio onth (applic a single blease t nother's indator me otional me btional me btional me btional me btional me btional me btional me	able pare ick as a nam y exc a s nam y exc a	reen Y only nt an s app ne in cept cept pt w or m other en P, r onl	here's n: AN c	t/Pa indi ou w ble) app ere r mo	ivid iish ropr moti	ual ; to a her i er is	app pply spa is a a si a si (Ple	lica for sing ingle y lik ease ed v	aust I provide	by f	d/ Fo	shing v. nd P 1 PA 1 PA 2 or cable aname	g th PAN N is N is	e na is a s app	me ppli ard ard	dy of y	our by f		dua	only	r As		e of	mol	ther	only 	/)			

Office Address Name of office Flat/Room/ Door / Block No. Name of Premises/ Building/ Village Road/Street/ Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory 8 Address for Communication 9 Telephone Number & Email ID details		incode / Zip code		Image: Second second						
		Telephone	/ Mobile number							
	Country code Area / STD Code Telephone / Mobile number Imail ID Imail ID Imail ID									
10 Status of applicant										
Please select status, ✓ as applicable Individual Hindu undividual Trusts Body of Indiv 11 Registration Number (for company, fir	ded family Co riduals Lo	mpany	Partnership Firm Artificial Juridica							
12 Country of citizenship			ISD code of c	ountry of citizenship						
13 Source of Income Please select status, as applicable Salary Income from Business / Profession Business/Profession code [For Code: Refer instructions] Income from Other sources No income 										
14 Representative or Agent of the Applic Full name, address of the Representa										
Full Name (Full expanded name: initia		ed)								
Please select title, 🗸 as applica		Smt/Mrs	Kumari/Ms	M/s						
Last Name / Surname										
Address										
Flat/Room/ Door / Block No.										
Name of Premises/ Building/ Village										
Road/Street/ Lane/Post Office										
Area / Locality / Taluka/ Sub-Division										
Town / City / District										
State / Union Territory	P	incode / Zip code	e	_						
15 Documents submitted as Proof of Ide	ntity(POI) and Pro									
I/We have enclosed		as proof	as proof of identity, as							
proof of address, and			atory certified docu							

	C details* [To be filled in by Foreign Institutional Investor or a Qualified Foreign Investor, as prescribed under the regulations issued by
	Securities and Exchange Board of India (SEBI)] Control" as defined under SEBI (Substantial Acquisition of Shares and Takeovers) Regulations.1997
-	eneficial owner" as defined in the para 5.1 of SEBI circular dated December 31, 2010 on Anti Money Laundering.]
(a)	In case of Individuals Please select 🗸 as applicable
	Marital Status Single Married Divorced Widow/Widower
	Citizenship Status I Foreigner P Person of Indian origin O Overseas citizen of India
	In case of foreigner, country of citizenship
	Occupation details Private sector service Public sector/Govt. service Business Professional
	Agriculturist Retired Housewife Student Others
(b)	In case of non individuals Please select 🗸 as applicable
	R Private Company U Public Company D Body Corporate
	S Financial Institution N Non Government Organization C Charitable Organization
(c)	Gross Annual Income - INR
	Networth (Assets less liabilities) in INR
(d)	In case of a Public Company, whether listed on a stock exchange Yes No Please select as applicable
	If yes, then indicate name of the stock exchange
(e)	In case of Non-individuals
	Does it have few persons or persons of the same family holding beneficial ownership and control.
	["Control": Control shall include the right to appoint majority of the directors or to control the management or policy decisions exercisable by a person or persons acting individually or in concert, directly or indirectly, including by virtue of their shareholding or management rights or shareholders agreements or voting agreements or in any other manner "Beneficial owner" means the natural person who ultimately owns or controls the applicant and/or the person on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a juridical person]
(f)	Is the entity involved / providing any of the following services Please select 🗸 as applicable
	Foreign exchange, Money Changer Services
	Gaming/Gambling/Lottery services (Casinos and Betting Syndicates)
	Money Lending, Pawning Yes No
(g)	Whether the applicant or the applicant's authorised signatories/trustees/office bearers is
	(i) a politically exposed person Yes No
	(ii) related to a politically exposed person Yes No
	[For definition of politically exposed person refer to guidelines issued under the Prevention of Money Laundering Act (PMLA)]
(h)	Taxpayer identification Number in the country of residence
17 I/We	, the applicant, in the capacity of
do l	nereby declare that what is stated above is true to the best of my/our information and belief.
Pla	
D - 1	D D M M Y Y Y Signature / Left Thumb Impression of Applicant (inside the box)
Dat	

Note: As per provisions of Section 272B of the Income Tax Act., 1961, a penalty of ₹ 10,000 can be levied on possession of more than one PAN.