

A. Identity Details

1. Name of Applicant

Father's / Spouse Name

Mother's Name

2. A. Gender: ☐ Male ☐ Female ☐ Transgender B. Marital Status : ☐ Single ☐ Married

C. Date of Birth: 3. Citizenship : ☐ Indian ☐ Other (ISO 3166 Country Code)

4. Status: ☐ Resident Individual ☐ NRI ☐ Foreign National ☐ FPI FPI Reg. No. (Attached SEBI Registration Certificate)

Aadhaar 5. PAN:

6. Specify the proof of identity submitted ☐ PAN ☐ Other specify _____



B. Address Details

1. Correspondence/Residence Address/Overseas address for NRI/Foreign Individual:

City/Town/Village

State PIN

Country

2. Contact Details

Tel No. (Resi/Office.) Mobile No. :

E-mail ID :

SMS Facility: ☐ Yes ☐ No

3. Specify the proof of address submitted for correspondence address

☐ Passport ☐ Aadhaar ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify) _____

Document for Proof of Address	Identification No.	Issuing Authority	Place of Issue/Country of Issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Permanent Address (mandatory for NRI If different from above)

City/Town/Village

State PIN

Country

5. Proof of permanent address to be provided by applicant (✓) please tick

☐ Passport ☐ Aadhaar ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ Latest Bank A/c Statement/Passbook

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify) _____

Document for Proof of Address	Identification No.	Issuing Authority	Place of Issue/Country of Issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake 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

Place _____ Date

FOR OFFICE USE ONLY

AMC/Intermediary name or code

☐ Original Verified and self certified copies received

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

SIGNATURE OF APPLICANT



IPV Done ☐ on

Seal/Stamp of the intermediary should contain

Staff Name


Designation

Name of the Organization

Signature

Date



Broker/Agent Code ARN:		SUB-BROKER:		EUIN:	
Unit Holder Information					
Name of the First Applicant :					
PAN Number :		KYC:		Date of Birth :	
Father Name :			Mother Name :		
Name of Guardian :			PAN :		
Contact Address :					
City :		Pincode :		State : Country :	
Tel.(Off) :		Tel.(Res) :		Email :	
Fax (Off) :		Fax (Res) :		Mobile :	
Income Tax Slab/Networth :				Occupation Details	
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Mode of Holding :				Occupation :	
Name of Second Applicant :					
PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :				Occupation Details	
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Name of Third Applicant :					
PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :				Occupation Details	
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Other Details of Sole/ 1st Applicant					
Overseas Address : (In case of NRI investor)					
City :		Pincode :		Country :	
Bank Mandate Details					
Name of Bank :				Branch :	
A/C No. :		A/c Type :		IFSC Code:	
Bank Address :					
City :		Pincode :		State : Country :	
Nomination Details					
Nominee Name :				Relationship :	
Guardian Name (If Nominee is Minor) :					
Nominee Address :					
City :		Pincode :		State :	
Declaration and Signature					
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 :	
					
1st applicant Signature :		2nd applicant Signature :		3rd applicant Signature :	

NACH/ECS/AUTO DEBIT**MANDATE INSTRUCTION FORM**UMRN Date

Tick (✓)	Sponsor Bank Code	Utility Code
CREATE	I/We hereby authorize BSE Limited	to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other
MODIFY	Bank a/c number	
CANCEL		

with Bank IFSC or MICR an amount of Rupees ₹ FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum AmountReference 1 (Mandate Reference No.) Phone No. Reference 2 (Unique Client Code-UCC) Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD	
From	<input type="text"/>
To	<input type="text"/>
Or	<input type="checkbox"/> Until Cancelled

Signature Primary Account Holder

Signature Account Holder

Signature Account Holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.

- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

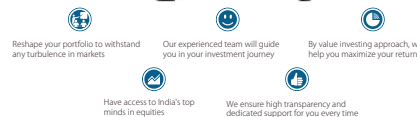
CHECKLIST SUBMISSION ALONG WITH THE APPLICATION:

1. PANCARD copy ☐
2. Aadhaar copy ☐
3. Photo ☐
4. Cheque (In the favour of ICCL*) ☐

*Indian Clearing Corporation Limited.

Simply relax,

Your investment is growing...



ACKNOWLEDGMENT:

We acknowledge the receipt of _____

Cheque No. _____ dated ____ / ____ / ____ Bank _____

Mutual fund investment with **Pentad Securities Pvt Ltd.**

(Regd. Mutual fund Distributor under BSE STAR MF) .

pentad
SECURITIES
Research | Beyond Investing

Email : care@pentad.in

Hot line : 9567337788

*investment in mutual funds are subject to market risks, read all the related documents carefully before investing.