

Know Your Client (KYC) Application Form (For Individuals only)

Application	L New
Type*	□Update KYC Number*
KVC Turne*	DN

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(Please fill the form in English and in BLOCK Letters) KYC Type* Normal (PAN is mandatory) PAN Exempt Investors Fields marked with "" are mandatory fields MLB CAPITAL PVT. LTD. 1. IdentityD etails (Please refer instruction A at the end) PAN Please enclose a duly attested copy of your PANC ard Prefix Middle Name Last Name Name* (same as ID proof) Maiden Name (If any*) Father / Spouse Name* Mother Name* РНОТО Date ofB irth* Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender Married ☐ Unmarried □ Others Marital Status* Country Code Citizenship* ☐ IN- Indian ☐ Others – Country Residential Status* Resident Individual ■ NonR esident Indian ☐ ForeignN ational Person of IndianO rigin Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) O-Others (Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) □ B-Business Signature/ Thumbl mpression Gross Annual Income* ☐ Below Rs. 1 Lac ☐ Rs. 1 Lac to Rs. 5 Lac Rs. 5 Lac to Rs. 10 Lac Rs. 10 Lac to Rs. 25 Lac Above Rs. 25 Lac 2. Proof of Identity(Pol)* (for PAN exempt Investoro r if PAN card copyn ot provided)(Please refer instruction C & K at the end) (Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted) ☐ A- PassportN umber PassportE xpiry Date ☐ B- Voter IDC ard ☐ D- DrivingL icence DrivingL icence ExpiryD ate D D ☐ E- Aadhaar Card ☐ F- NREGAJo bC ard Z- Others (any document notified by the central government) **Identification Number** 3. Proof of Address (PoA)* 3.1 Current/ Permanent / Overseas Address Details (Please see instruction D at thee nd) Address Line 1* Line2 Line 3 City/ T own /V illage* District* Zip/ P ostC ode* State/UT Code as per Indian Motor Vehicle Act, 1988 Country Code State/UT* Country* as per ISO 3166 Residential Business AddressT ype* ☐ Residential/ B usiness ☐ Registered Office Unspecified (Certified copy of anyo ne ofth e followingP roofo fA ddress[P oA]n eeds to be submitted) Proof of Address* ☐ PassportN umber PassportE xpiry Date ☐ Voter IDC ard ☐ DrivingL icence DrivingL icence ExpiryD ate D D -☐ Aadhaar Card ☐ NREGAJo bC ard ☐ Others (any document notified by the central government) **Identification Number** ☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end) Same asC urrent /P ermanent/ OverseasA ddressd etails (In case of multiple correspondence / local addresses, please fill "Annexure A1[], Submit relevant documentary proof) Line1 * Line 2 Line 3 City/ T own /V illage* Zip/ P ostC ode* District* State/UT Code as per Indian Motor Vehicle Act, 1988 State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All co	ommunications will bes ent onp rovid	ed Mobile no./ Email-ID) (Please refer instruction F a	it the end)			
Email ID						
Mobile Mobile	Tel. (Off)	Tel. (Res)				
5. FATCA/CRS Information (Tick if Applicable) Residence for TaxP urposesi n Jurisdiction(s) Outside India (Please refer instruction B at the end)						
Additional DetailsR equired* (Mandatory onlyi fab ove option (5) ist icked) Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166						
Country of Jurisdiction of Residence as per ISO 3166 Tax Identification Number or equivalent (If issued by jurisdiction)*						
Place/ C ityof Birth*	ber or equivalent (it issued by jur	Country of Birth*	Country Codo			
Address		Country of Birtii	Country Code as per ISO 3166			
Line 1*						
Line 2						
Line 3		City/	Tow n /Vil lage*			
District*	Zip/ Pos	C ode* Stat e/UT Cod	de as per Indian Motor Vehicle Act, 1988			
State/UT*		Country*	Country Code as per ISO 3166			
6. Detailso f Related Per	rson (Optional) (please refer instruc	ion G at thee nd (in case of additional related person	ns. please fill 'Annexure B1')			
RelatedP erson	Deletiono f RelatedP erson	KYC Number of RelatedP erson(if available*)	, , , , , , , , , , , , , , , , , , , ,			
Related Person Type*	Guardian of Minor	Assignee Authorized Represe	ntative			
Tiolatod Followin Type	Prefix First Na		Last Name			
Name*						
	· · · · · · · · · · · · · · · · · · ·	led, below details of section6 are optional)				
	of RelatedP erson* (Please see ins of the following Proof of Identity[Pol] r	, ,				
☐ A- PassportN umber	or the following Proof of Identity[Pol] 1	PassportEx piry D	ate DD-MM-YYYY			
B- Voter IDC ard		T assportex piry b	ate DD MM M I I I I			
C- PANC ard						
		Di iuliuu 5	Data Data			
D- Driving Licence		DrivingLic ence Ex	xpiry Date DD - MM - Y Y Y Y			
E- Aadhaar Card						
□F-NREGAJob Card □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□						
	nent notified by the central gover	nment)	i Number			
7. Remarks(If any)						
		+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++			
8. Applicant Declaration	<u> </u>					
I hereby declare that the KYC deta	ils furnished by me are true and correct to the best of	f my knowledge and belief and I under-take to inform you of any changes there	oin,			
 I hereby consent to receiving inform 	nation from KRA/CERSAI (CKYC) through SMS/Email o	or misrepresenting, I amaware that I may be held liable for it. n the above registered number/ Email address. I give my consent for downloadir				
the CKYC record from the Central K I am also aware that for Aadhaar C	IVD based KYC, my KYC request shall be validated a	gainst Aadhaar details. I hereby consent to sharing my masked Aadhaar card w	ith [Signature / Thumb Impression]			
for KYC purposes only.		Micable, with KRA and other Intermediaries with whom I have a business relationsl	hip			
		oluntarily.My AadhaarrecordcanbeusedbyKRA agenciesonlyforthe will have an option to request for deleting of my Aadhaar record.	Signature / ThumbI mpression of Applicant			
Date: DD — MM	- Y Y Y Y Place:					
9. Attestation / For Office	e Use Only					
DocumentsR eceived						
	cation Carried Out by (Refer Instruction	,	nstitution Details			
Date	D D — M M — Y Y Y Y	Name				
Emp. Name		Code				
Emp.Code		Emp. Branch				
Emp. Designation						
[Institution Stamp]						
[EmployeeSignatur e]						
INP ERSONV ERIFICATIOND ETAILS						
IntermediaryN ame: M	IntermediaryN ame: MLBC apital Pvt.L td. SEBI Regn. No.:I NB231445132, INF231445132, INF231445132					
INDUTI445136, INT 011445136, IN-DF-2010						
BranchN ame: MLBC apital Pvt.L td. Staff doing' InP erson' Verification						
Date of in person Verification		Name:	Designation:			
Date of imposers formedien		Placeo f InP ersonV erification:	Signature& C ode:			
Client ActivationD ate						
ClientU pdationD ate						