

**Know Your Client (KYC)**

**Application Form (For Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked † are pertaining to CKYC and mandatory only if processing CKYC also



**CDSL VENTURES LIMITED**

....Exploring New Horizons

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E-mail ID: help@mstock.com  
Website : www.mstock.com  
CIN No: U65990MH2017FTC300493

Application Number:

Application Type: Without Supporting KYC Modification

**KYC Mode\*:** Please Tick (✓)

Normal     EKYC OTP     EKYC Biometric     Online KYC     Offline EKYC     Digilocker

**1. Identity Details (please refer guidelines overleaf)**

PAN\* \_\_\_\_\_

Name (same as ID proof) \_\_\_\_\_

Fathers/Spouse's Name \_\_\_\_\_

Marital Status     Single     Married

**2. Contact Details (in CAPITAL)**

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Tel (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**3. Applicant 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/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered 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/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: \_\_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**4. For Office Use Only**

Intermediary Details (Name and Stamp)\*    MIRAE ASSET CAPITAL MARKETS (INDIA) PRIVATE LIMITED

Institution Name and Stamp