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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <p>Know Your Client (KYC) Application Form (For Individuals Only)</p> <ul style="list-style-type: none"> 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 | Raise Securities Private Limited (formerly known as Moneylicious Securities Private Limited) |
| | Application Number : _____ Application Type : <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC |

KYC Mode: (Please tick)

Normal
 EKYC OTP
 EKYC Biometric
 Online KYC
 Offline KYC
 Digilocker

1. Identity Details (Please Refer Guidelines Overleaf)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|
| PAN Number | | | |
| Client Name | | | |
| Maiden Name | | | |
| Father/Spouse Name | | | |
| Date Of Birth | | | |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married | | |
| Nationality | <input type="checkbox"/> Indian | <input type="checkbox"/> Others _____ | |
| Residential Status | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Non-Resident Indian | |
| | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Person of Indian Origin | |
| (Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC, Select NRI or Foreign National based on Nationality of the individual) | | | |

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

| | |
|-------------------------------------------|---------------------------|
| <input type="checkbox"/> A - Aadhaar Card | XXXX - XXXX - ____ - ____ |
| <input type="checkbox"/> B - Passport No. | |
| <input type="checkbox"/> C - Voter ID | |
| <input type="checkbox"/> D - DL | |
| <input type="checkbox"/> E - NREGA Card | |
| <input type="checkbox"/> F - NPR | |
| <input type="checkbox"/> Z - Others | |

2. Address Details (Please Refer Guidelines Overleaf)

A. Correspondence Address / Local Address

| | | | |
|-----------------------|-----------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Address Line 1 | | | |
| Address Line 2 | | | |
| Address Line 3 | | | |
| City / Town / Village | District | PIN | |
| State | Country | | |
| Address Type | <input type="checkbox"/> Residential/Business | <input type="checkbox"/> Residential | <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified |

| | |
|-----------------------------------|----------------------------------------|
| NAME OF THE ACCOUNT HOLDER | SIGNATURE OF THE ACCOUNT HOLDER |
| | |
| Place | |
| Date | |

B. Permanent Residence Address of applicant, if different from above A

| | | | | |
|-----------------------|-----------------------------------------------|--------------------------------------|-----------------------------------|---------------------------------------------------------------------------------|
| Address Line 1 | | | | |
| Address Line 2 | | | | |
| Address Line 3 | | | | |
| City / Town / Village | | District | | PIN |
| State | | Country | | |
| Address Type | <input type="checkbox"/> Residential/Business | <input type="checkbox"/> Residential | <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified |

Proof of Address (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

| | |
|-------------------------------------------|-------------------------|
| <input type="checkbox"/> A - Aadhaar Card | XXXX - XXXX - _ _ _ _ _ |
| <input type="checkbox"/> B - Passport No. | |
| <input type="checkbox"/> C - Voter ID | |
| <input type="checkbox"/> D - DL | |
| <input type="checkbox"/> E - NREGA Card | |
| <input type="checkbox"/> F - NPR | |
| <input type="checkbox"/> Z - Others | |

3. Contact Details (in CAPITAL)

| | |
|---------------|---------------|
| Email ID | |
| Mobile Number | +91 - |
| Tel No (Off) | Tel No. (Res) |

4. 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.

| NAME OF THE ACCOUNT HOLDER | | SIGNATURE OF THE ACCOUNT HOLDER |
|----------------------------|--|---------------------------------|
| Place | | |
| Date | | |

FOR OFFICE USE ONLY

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------|--|
| In-Person Verification (IPV) carried out by | | | |
| Intermediary Name | Moneylicious Securities Pvt Ltd | | |
| AMC / Intermediary Code | 1200006593 | | |
| Employee Name | | | |
| Employee Code | | | |
| Employee Designation | | | |
| IPV Date | | | |
| <input type="checkbox"/> Self Certified document copies received (OVD) <input type="checkbox"/> True copies of documents received (Attested) | | Employee Signature | |