

Form Signed Date _____



INVESTOR REGISTRATION FORM

ONE TIME DOCUMENTATION FOR HASSLE FREE INVESTMENT IN MUTUAL FUNDS & SGB

Name		Required Document List
PAN		<input type="checkbox"/> Pan Card (Self Attested)
Email Id		<input type="checkbox"/> Aadhar Card (Self Attested)
Mobile No		<input type="checkbox"/> 1 PP Size Photo
BSE STAR MF		<input type="checkbox"/> Amount Chq
NSE NMF II		<input type="checkbox"/> Cancel Chq
RM/BA Code		<input type="checkbox"/> Nominee Details

Note

- Sign at all places marked
- Please fill the form as per documents only or get help from your Relationship Manager
- Please issue a cheque for all your investment in favour "Indian Clearing Corporation Ltd / NSE Securities Clearing Corporation Ltd only.
- Please do not give cash for any investment as we do not receive cash for your mutual fund's investment.

DIVADHVIK CORPORATE SERVICES PVT LTD (CIN:-U67100DL2019PTC346715)

Registered Office Address: Plot No. 695, 1st Floor, Blk-B, Weaver Colony, Bunkar Colony, Ashok Vihar, Phase-IV, Delhi- 110052. E-mail:

info@divadhvik.com, Website: www.divadhvik.com. Correspondence Office Address: Plot No A - 239, 3rd Floor, Bunkar Colony, Ashok Vihar, Phase 4, North West Delhi, Delhi- 110 052. Tel No: 011-40079381. Registration Nos.: Divadhvik Corporate Services Private Limited (DCSPL)*: AP0297121663 (AP - NSE) AP01044601106813 (AP - BSE). AMFI: ARN 168764; BSE Star MF – 38706, NSE NMF II – MFS168764: Divadhvik Corporate Services Private Limited (DCSPL) is a distributor of Mutual Funds, PMS, Fixed Deposit, Bond, NCDs, IPOs etc. Please read the Risk Disclosure Document prescribed by the Stock Exchanges carefully before investing because investment in securities market & mutual funds & PMS are subject to market risk. There is no assurance or guarantee of the returns.

RISK PROFILE ASSESMENT QUESTIONNAIRE

DATE:-

D	D	M	M	Y	Y	Y	Y
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QUESTION	RESPONSE
Q.1 In which investments do you have highest allocation? A. Liquid funds and FDs B. Debt funds C. Equity funds D. Alternate assets (PMS, AIFs)	
Q.2 What factor is most important for you while choosing an investment? A. Highest potential return B. Regular income & marginal capital appreciation C. Regular income D. Preservation of capital	
Q.3 You have inherited a sizeable amount recently. How would you invest the same? A. Invest entirely into equities B. Invest 50% into equities and rest into fixed income C. Invest entirely into fixed income D. Deposit it in bank or invest in liquid funds	
Q.4 Suppose you own an equity portfolio that has fallen by 20% this month. How would you react? A. I would invest more in this portfolio B. I would not change this portfolio at all C. I would wait for few months and then decide whether to move to a more conservative portfolio D. I would immediately change to a more conservative portfolio	
Q.5 Approximately what portion of your monthly net income goes towards paying of installments (for loans)? A. Less than 10% B. Between 11% and 25% C. Between 26% and 50% D. More than 51%	
Q.6 Which of the following age brackets do you currently fall in? A. Less than 30 years of age B. Between 30 and 45 years of age C. Between 45 and 60 years of age D. Above 60 years of age	

YOUR RISK PROFILE

CLIENT DETAILS

NAME	ACCOUNT NO.	PAN NO.
SIGNATURE		

RISK PROFILE CALCULATOR						
Question Number	Response Score Sheet				Client Response	Response Score
	A	B	C	D		
Q. 1	10	20	30	40		
Q. 2	40	30	20	10		
Q. 3	40	30	20	10		
Q. 4	40	30	20	10		
Q. 5	40	30	20	10		
Q. 6	40	30	20	10		
Identified Risk Profile					Total Score	
RISK PROFILE TABLE						
Risk Profiles					Min. Score	Max. Score
Very Conservative					60	96
Conservative					97	132
Moderate					133	168
Aggressive					169	204
Very Aggressive					205	240
STEPS TO CALCULATE RISK PROFILE OF YOUR CLIENT <ul style="list-style-type: none">• Write down customer response in the ‘Customer Response’ column• Note the response score from the ‘Response Score Sheet’ table and write it down in ‘Response Score’ column• Calculate total sum of response score in the ‘Total Score’ box• Use the ‘Risk Profile Table’ to identify the bracket in which the total score falls & the respective Risk Profile• Put the Identified Risk Profile in the ‘Identified Risk Profile’ box						
Example: If the total score is 180, then the Identified Risk Profile will be Aggressive.						

Supervisor Name			
Signature			
ECN		Location	

Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A. Fields marked with "*" are mandatory fields.
B. Tick " " wherever applicable.
C. Please fill the form in English and BLOCK letters.
D. Please fill the date in DD-MM-YY format.
E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
F. Please read section wise detailed guide
G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H. List of two character ISO 3166 country codes is available at the end.
I. KYC number of applicant is mandatory for update application.
J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only

(To be filled by financial institution)

Application Type*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. Personal Details (Please refer instruction A at the end)

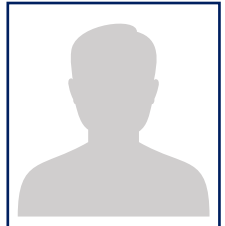
	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>	<input type="checkbox"/> FORM 60 furnished		
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country		Country Code <input type="text"/>
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

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number Passport Expiry Date - -
- ☐ B-Voter ID Card
- ☐ C-Driving Licence Driving Licence Expiry Date - -
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

PHOTO*



Signature /Thumb Impression
across photo without covering
the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>									
Line 2	<input type="text"/>									
Line 3	<input type="text"/>									
District*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State/U.T Code*	<input type="text"/>	City/Town/Village*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>	

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

- ☐ Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- ☐ A-Passport Number
- ☐ B-Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- IV ☐ Deemed Proof of Address – Document Type code

Address

Line 1*	<input type="text"/>									
Line 2	<input type="text"/>									
Line 3	<input type="text"/>									
District*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State/U.T Code*	<input type="text"/>	City/Town/Village*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>	

☐ **4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction **C** at the end)

[illegible]

☐ 5. Remarks (If any)

6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

D	D
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M	M
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Y	Y	Y	Y
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[illegible]

Signature/Thumb Impression of Applicant

7. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

KYC documents verification carried out by

Date:

D	D
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M	M
---	---

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Y	Y	Y	Y
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[illegible][illegible][illegible][illegible]

[Employee Signature]

Institution details

Name _____

[illegible]

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date:

D	D
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 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---


[illegible][illegible][illegible][illegible]

[Employee Signature]

Institution details

[illegible]

[Institution Stamp]

	<div>NMF II Platform</div> <div>IIN No.:</div>	<div>Investor Form</div>
Advisor/Distributor:- DIVADHVIK CORPORATE SERVICES PVT LTD		ARN - 168764
UnitHolder Information		
Name of the First Applicant :		
PAN/Exempt No.:	Date of Birth :	Tax Status* : cKYC Ref No. :
Father Name :		Mother Name :
Name of Guardian :	Date of Birth :	PAN/Exempt No. : cKYC Ref No. :
Contact Address :		
City :	Pincode :	State : Country :
Tel.(Off) :	Tel.(Res) :	Email :
Fax.(Off) :	Fax.(Res) :	Mobile:
Email Relation :		Mobile Relation :
Mode of Holding :	DP ID :	Occupation :
Name of Second Applicant :		PAN/Exempt No. :
Second Applicant Email:		Second Applicant Mobile :
Second Applicant Email Relation :		Second Applicant Mobile Relation :
Second Applicant Date of Birth :		Second Applicant cKYC Ref No. :
Name of Third Applicant :		PAN/Exempt No.:
Third Applicant Email :		Third Applicant Mobile :
Third Applicant Email Relation :		Third Applicant Mobile Relation :
Third Applicant Date of Birth :		Third Applicant cKYC Ref No. :
Other Details		
Overseas Address (If investor is NRI) :		
City :	Pincode :	Country :
Bank Mandate Details		
Name of Bank :		Branch :
A/c No. :	A/c Type :	IFSC Code : MICR No. :
Bank Address :		
City :	Pincode :	Country :
Nomination Details		
Nominee Opted :		
Nominee Name 1 :		Nominee PAN 1 :
Date of Birth:	Relationship :	Percentage :
Guardian Name(If nominee 1 is minor) :		Guardian PAN :
Nominee1 Guardian Relation :		
Nominee Address :		
City :	Pincode :	State :
Nominee Name 2 :		Nominee PAN 2 :
Date of Birth:	Relationship :	Percentage :
Guardian Name(If nominee 2 is minor) :		Guardian PAN :
Nominee2 Guardian Relation :		
Nominee Name 3 :		Nominee PAN 3 :
Date of Birth:	Relationship :	Percentage :
Guardian Name(If nominee 3 is minor) :		Guardian PAN :
Nominee3 Guardian Relation :		
<p>*Note:"The nominee details, if opted for, including PAN, Date of Birth, Relationship, and other details will be considered from the details provided in the IIN registration records for all transactions."</p>		
Declaration and Signature		
<p>I/We confirm that the information provided by me/us is true and correct. I/We acknowledge that the responsibility of the information provided in the registration form solely rests with me/us and that NSE / NSCCL will not be responsible or liable for any loss, claim, liability that may arise on account of any incorrect and/or erroneous data/information provided by me/us. I/We hereby confirm that I/we will comply with the terms and conditions for Know Your Customer (KYC). I am aware that system generated User ID and password will be sent on the registered mail id. All correspondence/communication in respect of the transactions including the payment link for online fund transfer will be sent to the registered email address and SMS alerts will be sent to the registered mobile number provided at the time of registration on NMF II. I/we also hereby confirm that the email id and the mobile no. provided at the time of registration by the distributor in the NMF II is pertaining to me/us and all communication/correspondence/transactions related alerts shall be sent to same email id/mobile no.</p> <p>I/We confirm that for existing investments, I/we had gone through, understood the contents of the Scheme Information Document and Key Information Memorandum, addenda issued from time to time regarding each Mutual Fund Scheme, in which I/We had choosen to subscribe / redeem. I/We will also ensure that I/we shall go through, understand the contents of the Scheme Information Document and Key Information Memorandum, issued from time to time regarding each Mutual Fund Scheme, in which I/We will choose to subscribe to / redeem.</p> <p>I/We hereby authorize NSE to collect the following data/ information pertaining to my / our mutual fund investments from all Asset Management Companies (AMCs) and their respective Registrar and Transfer Agents with whom I/We transact: -</p> <p>1. Distributor wise transaction data for historical, present and future transactions carried out through various transaction platforms including transaction request submitted at any point of acceptance of the AMCs subject to the condition that the Distributor is registered with NSE NMF II platform.</p> <p>2. Scheme wise consolidated unit balance available in my account(s) as and when required.</p> <p>I/We hereby authorize the Distributor, NSE & AMC (including its Registrars) to utilize my/our KYC information, such as identity, address and signature for the purpose of validation and to comply with the legal and regulatory requirements. I/We accept that for any transaction submitted offline i.e. with wet signatures, the signature available in my KYC records would be used for signature verification and in the event of such signature not being available or legible, the AMC would be within its rights to carry out further checks to validate the authenticity of the request or reject any such offline request.</p>		
Date :		Place :
Signature 1st Applicant :	Signature 2nd Applicant :	Signature 3rd Applicant :
<p>*Documents Required:</p> <p>Trust : Trust Deed and Authorised Signatory List</p> <p>Partnership Firm : Partnership Deed and Authorised Signatory List.</p> <p>Societies : Bye-Laws and Authorised Signatory List</p> <p>FII & LLP : Overseas Auditors Certificate, Authorised Signatory List ,Board Resolution/Authorisation to Invest</p> <p>Corporate : Board Resolution and Authorised signatory List</p> <p>Minor : Proof of Date of Birth</p> <p>For all investors, a Cancelled cheque should also be mandatorily submitted as proof of bank account.</p> <p>Individual Investor – Additional KYC and FATCA compliance mandatory for IIN activation.</p> <p>Corporate / HUF Investor – Additional KYC, FATCA and UBO compliance mandatory for IIN activation.</p> <p>Note: For Corporate and HUF investors all forms have to be submitted in physical post making necessary submissions on NMF II platform. Once the submissions are made on the platform printed version of forms will be generated from NMF platform.</p>		
This Investor Form was generated through NMF II platform.		

FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PEKRN*									
Name									
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Residential / Business <input type="checkbox"/> Unspecified <input type="checkbox"/> Business <input type="checkbox"/> Registered Office								
Place of Birth					Country of Birth				
Gross Annual Income Details in INR Net Worth in INR. In Lacs Net Worth Date	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore <div style="border-bottom: 1px solid black; width: 150px; margin: 5px 0;"></div> <div style="color: gray;">dd-mmm-yyyy</div>				Occupation Details [Please tick any one (√)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify]		
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable				Any other information [if applicable]		[Please specify]		

* If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India – ☐ Yes ☐ No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

Declaration:


I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [Fund/AMC/RTA/NSE] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes/ modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I authorize Fund/AMC/RTA/NSE to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Date :

Signature:

Place :

First Applicant / Guardian

		Registration for Online Investment for Mutual Fund After Registration, you may invest money in Mutual Fund through Stock Exchanges. Investor can view reports of Holding Portfolio, Comparison & Advisory. Investors can Calculate the Growth of different Plans & can switch of Plans/AMC. For all above points you need to provide us the following documents: 1. Account Opening Form (AOF) 2. Bank Mandate 3. PAN no 4. Aadhar no & Registered Mobile with aadhar 5. Cancelled Cheque			
BSE Member ID	38706		ARN	ARN-168764	
Sub-Broker			EUIN	E-333063	
Name of the First Applicant					
PAN Number			KYC		
Name of Guardian			Date of Birth		
Contact Address			PAN		
City		Pincode		State	Country
Tel.(Off)		Tel.(Res)		Email	
Fax.(Off)		Fax.(Res)		Mobile	
Mode of Holding			Occupation		
Name of the Second Applicant					
PAN Number			KYC		
Name of the Third Applicant			Date of Birth		
PAN Number			KYC		
Other Details of Sole / 1st Applicant					
Overseas Address (If investor is NRI)					
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 Funds From amongst which the schemes being recommended to me/us.					
1st Applicant Signature		2nd Applicant Signature		3rd Applicant Signature	
				Date :	
				Place	

Please Tear Here

NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM		UMRN <input type="text"/>	Date <input type="text"/>
Tick (✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize <input type="text"/>	Sponsor Bank Code <input type="text"/>	Utility Code <input type="text"/>
Bank a/c number <input type="text"/>	to debit (tick ✓) <input type="checkbox"/> SB/CA/CC/SB-NRE/SB-NRO/Other	IFSC <input type="text"/>	or MICR <input type="text"/>
with Bank <input type="text"/>	an amount of Rupees <input type="text"/>	FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
Reference 1 (Mandate Reference No.) <input type="text"/>	Reference 2 (Unique Client Code-UCC) <input type="text"/>	Phone No. <input type="text"/>	Email ID <input type="text"/>
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	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>

- 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.

① Date in DD/MM/YYYY format	② Select the Account type	③ Customer's bank account number
④ Name of the bank	⑤ IFSC code of customer bank	⑥ Amount in Words
⑦ Amount in figures	⑧ ACH start date	⑨ Name(s) of the customer(s) and Signature(s)