

# INVESTMENT SERVICE APPLICATION FORM



Serial No. \_\_\_\_\_

I/We request you to open an investment account in my/our name as per the following details:

SA/ CA/ NRO A/c No. \_\_\_\_\_ to be linked

NRE A/c No. \_\_\_\_\_ to be linked To be filled by Non Resident Customers only.

**First applicant / Company name:**  Mr.  Ms.  Mrs.  Others \_\_\_\_\_ Customer ID No: \_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_

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

PAN No. \_\_\_\_\_ CKYC No. \_\_\_\_\_

**Second applicant / Authorized Signatory/Guardian:**  Mr.  Ms.  Mrs.  Others \_\_\_\_\_ Customer ID No: \_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_

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

PAN No. \_\_\_\_\_ CKYC No. \_\_\_\_\_

**Name of third applicant / Authorized Signatory:**  Mr.  Ms.  Mrs.  Others \_\_\_\_\_ Customer ID No: \_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_

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

PAN No. \_\_\_\_\_ CKYC No. \_\_\_\_\_

**Mode of Operation**  Single  Anyone or Survivor  Jointly  Others \_\_\_\_\_

**Type of Account**  Individual  NRE  NRO  NRE & NRO  HUF  Company  
 Trust  Sole Proprietor  Partnership Firm  Others (please specify) \_\_\_\_\_

**NOMINATION DETAILS** Nomination required  Yes  No If selected No, in case of Single Holding client has to fill Non Intention to Nomination Form.

**Name of Nominee:**  Mr.  Ms.  Mrs.  Others \_\_\_\_\_ Relationship \_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_

Date of Birth of Nominee:

Is nominee a Minor: Yes / No , If Yes, name & address of Guardian:

.....  
 .....  
 .....

Signature of Guardian

**KYC/FATCA/CRS/UBO Details (Mandatory, Please Tick/Specify. The application is liable to get rejected if details not filled.)**

I. Status details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	II. Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Resident individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor (through Guardian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Resident (Repatriable) NRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Resident (Repatriable) NRO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole-Proprietor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Limited company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Limited Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Corporate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business (Nature of Business)	_____	_____	_____	_____
Partnership Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forex Dealer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Casino Owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arms manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NGO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gambling services offerer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Money lender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pawn Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others (please specify)	_____	_____	_____	_____
PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Non Profit Organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Foreign National (please specify the country)	_____	_____	_____	_____					
Others (please specify)	_____	_____	_____	_____					
III. Gross Annual Income	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	V. Source of wealth	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below INR 1 Lakh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INR 1-5 Lakh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INR 5-10 Lakh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INR 10-25 Lakh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INR 25 Lakh - INR 1 Crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above INR 1 Crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ancestral Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Prize Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Others (please specify)	_____	_____	_____	_____
IV. Net-Worth in INR _____ as on date	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	VI. Are you	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
<small>(Should not be more than 6 months old / not mandatory for individuals)</small>					Politically Exposed Person (PEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Related to a politically Exposed Person (PEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# INVESTMENT SERVICE APPLICATION FORM



Serial No. \_\_\_\_\_

**FATCA Declaration:**

Origin Details	1 <sup>st</sup> Applicant Details	2 <sup>nd</sup> Applicant Details	3 <sup>rd</sup> Applicant Details	Guardian Details
Place of Birth				
Country of Birth				
Nationality				
Tax Residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, Please provide the following information Mandatory: Please indicate all countries in which you are resident for tax purpose and line associated Tax Reference Number below

Category	1 <sup>st</sup> Applicant Details	2 <sup>nd</sup> Applicant Details	3 <sup>rd</sup> Applicant Details	Guardian Details
Country of tax Residency 1				
Tax Payer Ref. ID no. 1				
Identification Type 1 (TIN or other, please specify)				
Country of Tax Residency 2				
Tax Payer Ref. ID no. 2				
Identification Type 2 (TIN or other, please specify)				

I/We 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/We am/are aware that I/We may be liable for it. I/We hereby authorize you to disclose, share, remit 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/We authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I/We 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 end.

**Take control of your Mutual Fund investments.** To make investing simpler for you, YES BANK offers you MF ONLINE. Now perform transactions online at your own comfort.

Sign Me up for MF Online:  Yes  No      Convert all my YESBANK MF folios online:  Yes  No

**For Non Individual please fill UBO & CRS Annexure**

**Declaration:**

I/We authorize YES BANK Limited ("Bank") to link the above mentioned YES BANK Account maintained by me/us to the investments made by me/us in above mentioned combination and to transfer funds in any form and manner, including but not limited to, by way of debit of my/our above mentioned account, issue of pay orders/ demand drafts/ bankers cheque from my/our above mentioned account for the purchase of mutual fund units/securities in pursuance of the instructions given by me/us from time to time. To collect, receive and give good effectual receipts and discharges for any sum including dividend, interest or income arising from the units & to sign and endorse dividend and interest warrants. I/We hereby state that all acts, deeds and things done by the Bank based on such instructions shall be binding on me/us. Irrespective of the instructions given earlier, I/We, the second and third holders, irrevocably constitute the first holder as my/our agent and agree that the instructions given by the first holder to purchase mutual funds would be funded through the above mentioned bank account. Irrespective of the instructions given earlier, I/We, the second and third holders agree that the instructions may be given by the first holder in name of the first holder only or first holder jointly with any other persons to the exclusion of second and third holders. I/We, the second and third holders will not raise any objections to the Bank acting on such instructions. I/We hereby understand that YES BANK Limited ("Bank") is acting as distribution agent of various mutual funds, insurance companies and other companies/ corporations/entities and is not as principal. I/We hereby agree and undertake not to hold the Bank liable for any loss or damage caused by reason of failure or delay of any company/ corporation/entities to deliver any units/securities purchased/ issuance of policy or failure or delay of any company/ corporation/entities to make payment for any units/securities sold/ policy surrendered and shall keep the Bank harmless and free from any claim in respect thereof. The Bank shall also not be liable for any delay, failure or refusal of the mutual fund/ insurance company/ any other company/ corporation or other entities in registering or transferring units/ policies/ other securities in my/ our name or for any interest, dividend or other loss caused to me/us arising there from. I/We agree and confirm that we acknowledge and understand that investments in mutual fund/ other securities are subject to market risks including possible loss of principal amount invested. The value of my/our units/ securities will fluctuate. If I/We redeem/ liquidate my/our units/ securities, I/ We may receive more or less than I/We have paid

depending upon the market value of the units/securities. Past results are not a guarantee of future performance. I/We expressly agree and acknowledge that all decisions to purchase or sell or surrender units/ securities/ policies are solely made by me/us on the basis of my/ our own personal judgment arrived at after due consideration. I/We agree and understand that the Bank does not in any manner guarantee payment/liquidity/ redemption/ repayment of any units/securities/ dividends/interest/ any other income/profits nor does the Bank make any offer for purchase or sale of any units/securities. The Bank or its directors or employees shall not be liable for any advice or representation made to me/us in the course of investments made by me/us. I/We understand that the sum invested by me/us are not Bank deposits and are not insured/endorsed/guaranteed by the Bank. I/We understand that insurance is subject matter of solicitation and issuance of policies and payment of claims are at sole discretion of the insurance company. I/We expressly understand and agree that the Bank, its subsidiaries and affiliates shall not be liable to me/us for any direct, indirect, incidental, special consequential or exemplary damages which may be incurred by you, however and under any theory of liability. This shall include but not be limited to any, loss of profit (whether incurred directly or indirectly), any loss of goodwill or business reputation or other intangible loss or for any damages which may be incurred by you whether the Bank is advised of or should have been aware of the possibility of any such losses arising. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/ relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. I/We hereby confirm that the EUIN is not required for transactions executed by me/us through YES BANK Online MF channel, as these are "execution-only" transactions without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. I/We hereby agree that the services provided by the Bank are subject to the General terms and conditions as stated on bank's website [www.yesbank.in](http://www.yesbank.in)

Signature of 1 <sup>st</sup> Applicant	Signature of 2 <sup>nd</sup> Applicant	Signature of 3 <sup>rd</sup> Applicant

**FOR BANK USE ONLY**

Branch Code & Name: .....	Lead Generator Name: .....	Code: .....								
YES PULSE Lead ID: .....	Lead Converter Name: .....	Code: .....								
Account Sourcing Date: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Customer Segment: <input type="checkbox"/> YES FIRST <input type="checkbox"/> Non YES FIRST	Department: <input type="checkbox"/> Branch Banking <input type="checkbox"/> Non-Branch Banking
D	D	M	M	Y	Y	Y	Y			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 30px;"></td> <td style="width: 33%; border: 1px solid black; height: 30px;"></td> <td style="width: 33%; border: 1px solid black; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Sign</td> <td style="text-align: center;">Cust ID</td> </tr> </table>						Name	Sign	Cust ID		
Name	Sign	Cust ID								
AMFI Certified Employee Code: <input style="width: 100px;" type="text"/>	Employee Name: <input style="width: 100%; border: none;" type="text"/>									
Yes Green Tracker id: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Tick : Tick if there is no AMFI certified RM in the branch									