

# E-KYC Declaration Form

**All fields are to be filled mandatory**

## Advisor Declaration

### Applicant's Declaration

NAME: \_\_\_\_\_

PAN: \_\_\_\_\_

I hereby provide my consent to do KYC and authorise sharing of this information with

SEBI Registered intermediaries / KRAs. All information provided are true and correct.

Applicant's Signature:

Sign here:  


I have carried out KYC Document Verification/ Attestation and In Person Verification of the above customer

Advisor Name: BHARAT SINGH SIKARWAR

ARN Code: ARN-169636

EUIN: E336866

Organization: BHARAT FINANCIAL SERVICES

Designation: ARN HOLDER

IPV Date: \_\_\_\_\_

Advisor Signature:

Sign here  
  
