

## IN PERSON VERIFICATION FORM

PAN \_\_\_\_\_

NAME OF CLIENT \_\_\_\_\_

DATE OF IPV \_\_\_\_\_

IN PERSON VERIFICATION CARRIED OUT BY

NAME \_\_\_\_\_

DESIGNATION \_\_\_\_\_

AP/ARN CODE \_\_\_\_\_

SIGNATURE of ARN Holder/AP \_\_\_\_\_

SIGNATURE OF CLIENT \_\_\_\_\_