

**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**

✓

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