

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.
 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

ARN-64917 EUIN - E434563

For office use only Application Type* ☐ New ☐ Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small ☐ OTP based E-KYC

☐ 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"/> |
| Gender* | <input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender | | | |
| Marital Status* | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others | | | |
| Citizenship* | <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 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 | | | |
| Occupation Type* | <input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised | | | |

PHOTO

Signature / Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*
 Tax Identification Number or equivalent (If issued by jurisdiction)*
 Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

| | | | |
|--|----------------------|-----------------------------|----------------------|
| <input type="checkbox"/> A- Passport Number | <input type="text"/> | Passport Expiry Date | <input type="text"/> |
| <input type="checkbox"/> B- Voter ID Card | <input type="text"/> | | |
| <input type="checkbox"/> C- PAN Card | <input type="text"/> | | |
| <input type="checkbox"/> D- Driving Licence | <input type="text"/> | Driving Licence Expiry Date | <input type="text"/> |
| <input type="checkbox"/> E- UID (Aadhaar) | <input type="text"/> | | |
| <input type="checkbox"/> F- NREGA Job Card | <input type="text"/> | | |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | <input type="text"/> | Identification Number | <input type="text"/> |
| <input type="checkbox"/> S- Simplified Measures Account - Document Type code | <input type="text"/> | Identification Number | <input type="text"/> |

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

| | | | | | |
|-------------------|---|--|--|--|--------------------------------------|
| Address Type* | <input type="checkbox"/> Residential / Business | <input type="checkbox"/> Residential | <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office | <input type="checkbox"/> Unspecified |
| Proof of Address* | <input type="checkbox"/> Passport | <input type="checkbox"/> Driving Licence | <input type="checkbox"/> UID (Aadhaar) | <input type="checkbox"/> Others <input type="text"/> | |
| | <input type="checkbox"/> Voter Identity Card | <input type="checkbox"/> NREGA Job Card | | | |
| | <input type="checkbox"/> Simplified Measures Account - Document Type code | <input type="text"/> | | | |

| | |
|------------------------|----------------------|
| 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"/> |
| City / Town / Village* | <input type="text"/> |
| State / U.T Code* | <input type="text"/> |
| ISO 3166 Country Code* | <input type="text"/> |

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|------------------|--|--|--|--|--|-------------------|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|
| Line 1* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District* | | | | | | | | Pin / Post Code* | | | | | | State / U.T Code* | | | ISO 3166 Country Code* | | | | | | | | | | |

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|
| Line 1* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State* | | | | | | | | | | | ZIP / Post Code* | | | | | | ISO 3166 Country Code* | | | | | | | | | | |

☐ 5. CONTACT DETAILS (All communications will be sent on provided)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Tel. (Off) | | | | | | | | | | | Tel. (Res) | | | | | | | | | | | Mobile | | | | | | | | | | | | | | | | |
| FAX | | | | | | | | | | | Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | |

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person

☐ Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Name*

Prefix

First Name

Middle Name

Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> A- Passport Number | | | | | | | | | | | Passport Expiry Date | | | | | | | | | | |
| <input type="checkbox"/> B- Voter ID Card | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> C- PAN Card | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> D- Driving Licence | | | | | | | | | | | Driving Licence Expiry Date | | | | | | | | | | |
| <input type="checkbox"/> E- UID (Aadhaar) | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> F- NREGA Job Card | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | | | | | | | | | | | Identification Number | | | | | | | | | | |
| <input type="checkbox"/> S- Simplified Measures Account - Document Type code | | | | | | | | | | | Identification Number | | | | | | | | | | |

☐ 7. REMARKS (If any)

Mobile no. / Email-ID) (Please refer instruction F at the end)

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | |

8. 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 consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD-MM-YYYY

Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ IPV Done

KYC VERIFICATION CARRIED OUT BY

| | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|
| Date | | | | | | | | | | |
| Emp. Name | | | | | | | | | | |
| Emp. Code | | | | | | | | | | |
| Emp. Designation | | | | | | | | | | |
| Emp. Branch | | | | | | | | | | |

[Employee Signature]

INSTITUTION DETAILS

| | | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|--|
| Name | | | | | | | | | | |
| Code | | | | | | | | | | |

[Institution Stamp]

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- Fields marked with '*' are mandatory fields.
- Tick '✓' wherever applicable.
- Self-Certification of documents is mandatory.
- Please fill the form in English and in BLOCK Letters.
- Please fill all dates in DD-MM-YYYY format.
- Wherever state code and country code is to be furnished, the same should be the two -digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- KYC number of applicant is mandatory for updation of KYC details.
- For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Either **Mother's name or Father's name or Spouse's name** is mandatory. In case PAN is not available Father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- Mention identification / reference number if 'Z - Others (any document notified by the central government)' is ticked.
- In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

| Document Code | Description |
|---------------|--|
| 01 | Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions. |
| 02 | Letter issued by a gazetted officer, with a duly attested photograph of the person. |

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

| Document Code | Description |
|---------------|--|
| 01 | Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill). |
| 02 | Property or Municipal Tax receipt. |
| 03 | Bank account or Post Office savings bank account statement. |
| 04 | Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address. |
| 05 | Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation. |
| 06 | Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India. |

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91 -9999999999).
- Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

- Mention identification / reference number if 'Z - Others (any document notified by the central government)' is ticked.

FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)



Investment Managers

ARN-64917 EUIN - E434563

FIRST / SOLE APPLICANT / GUARDIAN

Name

Gender ☐ Male ☐ Female PAN Occupation ☐ Service ☐ Business ☐ Others

Father's Name

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others specify

Date of Birth Place of Birth

Country of Birth Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

| Country [#] | Tax Identification Number [*] | Identification Type (TIN or Other, please specify) |
|----------------------|--|--|
| | | |
| | | |

[#]To also include USA, where the individual is a citizen / green card holder of The USA ^{*}In case Tax Identification Number is not available, kindly provide its functional equivalent \$

SECOND APPLICANT

Name

Gender ☐ Male ☐ Female PAN Occupation ☐ Service ☐ Business ☐ Others

Father's Name

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others specify

Date of Birth Place of Birth

Country of Birth Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

| Country [#] | Tax Identification Number [*] | Identification Type (TIN or Other, please specify) |
|----------------------|--|--|
| | | |
| | | |

[#]To also include USA, where the individual is a citizen / green card holder of The USA ^{*}In case Tax Identification Number is not available, kindly provide its functional equivalent \$

THIRD APPLICANT

Name

Gender ☐ Male ☐ Female PAN Occupation ☐ Service ☐ Business ☐ Others

Father's Name

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others specify

Date of Birth Place of Birth

Country of Birth Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

| Country [#] | Tax Identification Number [*] | Identification Type (TIN or Other, please specify) |
|----------------------|--|--|
| | | |
| | | |

[#]To also include USA, where the individual is a citizen / green card holder of The USA ^{*}In case Tax Identification Number is not available, kindly provide its functional equivalent \$

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same

SIGNATURES

| | | |
|-----------------------------------|------------------|-----------------|
| First / Sole Applicant / Guardian | Second Applicant | Third Applicant |
|-----------------------------------|------------------|-----------------|

Date Place

FATCA & CRS TERMS & CONDITIONS

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities /appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with BOI AXA Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

*It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

| FATCA & CRS Indicia observed (ticked) | Documentation required for Cure of FATCA/ CRS indicia |
|--|---|
| U.S. place of birth | <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth |
| Residence/mailling address in a country other than India | <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) |
| Telephone number in a country other than India | <p>If no Indian telephone number is provided</p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p>If Indian telephone number is provided along with a foreign country telephone number</p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below) |
| Telephone number in a country other than India | <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) |

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

FOR MORE INFORMATION

BOI AXA Mutual Fund

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