## **CKYC & KRA KYC Form**



Know Your Client													IVIUL	ual Fi	und
Application Form (For	Individuals only)	Tura*							_		_				
(Please fill the form in English and i Fields marked with '*' are mandatory															
·															
1. Identity Details (Please refe	er instruction <b>A</b> at the e	end)							AR	N-649	17	EUIN-	E4345	63	
PAN			e a duly at	tested copy of	-										
Name* (same as ID proof)	Prefix	First Name			Midd	lle Nam	e		1			_ast Na	ame	$\neg \neg$	
Maiden Name (If any*)				-					Н		+	+	$\vdash$	++	+
									$\parallel$		+	+		++	+
Father / Spouse Name*				-					$\parallel$		+	+		+	+
Mother Name*									Ш				DI		
_		Y Y Y Y				_							Ph	oto	
Gender*	_				_		ender								
Marital Status*			_		_					١		,			)
Citizenship*	□ IN- Indian		☐ Oth	ers – Country	<b>/</b>			Cou	ntry (	Code l		]			
Residential Status*	<del></del>														
Occupation Type*		ate Sector	_		_	overnme	ent Sec	tor							
	shand in BLOCK Letters)   Type														
	B-Business														
2. Proof of Identity (Pol)* (for	PAN exempt Investor	or if PAN card	copy not p	rovided) (Ple	ase refe	r instruc	tion C &	& K at th	ne en	ıd)					
	e following Proof of Iden	tity [Pol] needs i	to be subm	itted)											7
☐ A- Passport Number			_		Pas	ssport E	Expiry I	Date		D D	- N	IVI	YY	YY	
☐ B- Voter ID Card		+++++	+		D.:			· ·			1 🗔				<b>.</b>
☐ D- Driving Licence					Driv	/ing Lic	ence E	xpiry L	Date	DD	- N	IVI	YY	YY	
☐ E- Aadhaar Card ☐ F- NREGA Job Card		<del>-                                      </del>													
_	t notified by the centr	al governmen	+\			lden	tificatio	n Num	her						
3. Proof of Address (PoA)*	t notified by the centr	ar governmen	'/			] lacii	unoauc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ibei [						
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Address		•													
Line 1*															
Line 1*														Ŧ	Ш
Line 2							City /	Town	/ Vill	age*					Ш
Line 2	Z	p / Post Code	*			State	,	г	/ Vill	1	er India	n Motor	Vehicle	Act,	1988
Line 2	Zi	p / Post Code		ry*		State/	,	г		as pe				-	
Line 2 Line 3 District* State/UT* Address Type* Res	sidential / Business	Resi	Count dential				UT Co	de [	Co	as pe	Cod		ası	per ISC	O 3166
Line 2 Line 3 District* State/UT* Address Type* Res	sidential / Business	Resi	Count dential				UT Co	de [	Co	as pe	Cod		ası	per ISC	O 3166
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State/UT*					Coun	trv*		П						ٔ ٦		_					_		
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6. Details of Related Person	n (Optional) (p	please refe	r instruction	on G at	the end	d) (in ca	se of	addit	tional	relat	ed p	perso	ons,	plea	ase '	fill 'A	Anne	xure	: B1	)			
Related Person	=	* (Mandatory only if above option (5) is ticked)  ssidence*																					
Related Person Type*	Zip / Post Code*  State/UT Code as per Indian Motor Vehicle Act, 1988  Country Code and Person (If Act, 1988  Country Code																						
Name*	FIGIN		Tistivali				П		liuule	Ivaiii			П			Τ	П	T	1				
	(If KYC number	er and name	are provide	d, below	details	of section	n 6 are	optio	nal)														
	the following Pr	oof of Ident	ity[PoI] ne	eds to b	e subm	itted)														7 1			_
A- Passport Number					1				Pass	sport	Ex	oiry	Date	Э		D	D	-L	M IV	1	YY	Υ	Υ
☐ B- Voter ID Card		$\perp$																					
☐ C- PAN Card		+++-															_						
☐ D- Driving Licence				$\perp$					Drivi	ng L	icer	ice l	Expi	ry [	Date		D		M N		Y	Υ	Υ
E- Aadhaar Card		+++																					
F- NREGA Job Card				Ш,	Щ																		
Z- Others (any docume	nt notified by	the centra	al govern	ment)				Щ	Ш	lde	ntifi	cati	on N	lum	ber	L	Ш	_	丄	Щ	_	Щ	
7. Remarks (If any)											(s) Outside India (Please refer instruction B at the end)  risdiction of Residence as per ISO 3166  Country Code as per ISO 3166  City / Town / Village*  Ite/UT Code as per Indian Motor Vehicle Act, 1988 Country Code as per ISO 3166  Red persons, please fill 'Annexure B1')  available*)  available*)  available*  The contract of any changes hat I may be held or any statute of [Signature / Thumb Impression]												
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8. Applicant Declaration													anaes										
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# **KYC Details Change form** (For Individuals Only)



Place for Intermediary Logo

Application No. :

ARN: 64917 EUIN: E434563

Please fill this update / modi	fication form in ENGLI	ISH and in BLOCK	LETTERS (Pleas	se strike off Sectio	ns that are not used).
A Name of Applicant (Mandato	ry as per original KYC rec	cords)			
Title ☐ Mr. ☐ Ms. ☐ Other (Please s	Aadhaar Number, i	if any:		PAN	
Name	Adulidal Nullibel,	ally			
Traine					
Date of Birth d d / m m / L	<u> </u>				
Date of Birth a a 7 m m 7	<u> </u>				
Please Provide the new KYC detail			ords.		
B. Mandatory fields for KYCs of	done before 1 <sup>st</sup> January	2012			
1. Father's/Spouse Name					
2. Current Marital status Single	Married	3. Current Nat	ionality 🗌 Indian	Other (Please specify)	
Note <b>"FOR OFFICE USE ONLY":</b> The	IPV Column should be manda	ntorily filled for all KYCs r	egistered before 1s	t January 2012. Originals	Seen and Verified should
be mandatorily filled for changes to Id	dentity and Address details.				
C. Identity Details (please see	guidelines overleaf)				
1. New Name (As appearing in supporting	identification document).	. 7			
Name					
<b>2. New Status</b> Please tick (✓) ☐ Reside	nt Individual	t (Passport Copy Mandator	y for NRIs & Foreign	Nationals)	
3. PAN	Please enclose a d	duly attested copy of your	PAN Card		
4. Proof of Identity submitted for PA	•				
☐ Aadhaar Card ☐ Passport ☐ \	/oter ID Driving Licence [	Others			(Please see guideline 'D' overleaf)
D. Address Details (please see	guidelines overleaf)				
1. New Address for Correspondence					
City / Town / Village				F	in Code
State			Country		
2. Contact Details					
Tel. (Off.) (ISD) (STD)		-	. ( /	STD)	
Mobile (ISD) (STD)			Fax (ISD) (	STD)	
E-Mail Id.					
3. Proof of address to be provided by  ☐ Passport ☐ Ration Card ☐ Regist					
*Latest Telephone Bill (only Land Lin	9	-		, cara 🗀 zatest samt/	- Statement assessing
*Not more than 3 Months old. Validity/			/ m m / j		
4. New Permanent Address of Resid				•	
City / Town / Village				P	in Code
State			Country		
5. Proof of address to be provided  Passport Ration Card Rec					
	Line)   *Latest Electricity B	Bill □*Latest Gas Bill [	Others (Please spe	ecify)	St Dalik Ave Statementi assbook
*Not more than 3 Months old. Valid	lity/Expiry date of proof of ad-	dress submitted d d	/ m m / :	y	
6. Any other information:					
SIGNATURE OF APPLICA	NT	DECLARATIO	ON	SIGNA	TURE OF APPLICANT
SIGNALORE OF AFFEICA		at the details furnished			AIONE OF AFFEICANT
	the best of my/our	knowledge and belie	and I undertake	to inform	
Old signature as per original k		es therein, immediately			
Wherever Applicable		und to be false or am/we are aware that l			
valicitate Applicable	1 1, 122				
	Place:		ate: d d / m m	/уууу	
	FOR OFFICE USE C	ONLY		IPV Done □ on □	     d   <b>/</b>   m   m   <b>/</b>   y   y   y   y
AMC/Intermediary name <b>OR</b> code			ny chould as the		
on code	Seal/	Stamp of the intermedia Staff Name	ry should contain	Seal/Stamp of	the intermediary should contain Staff Name
☐ (Originals Verified) Self Certified Docume	ent copies received	Staff Name Designation			Designation
— · •		Name of the Organ		Nam	ne of the Organization
(Attested) True copies of documents rece	eived	Signature			Signature
Main Intermediary		Dato			Date

Date

Date

## ARN: 64917 EUIN: E434563

# **Supplementary CKYC Form**

(To be additionally filled by customers using old KYC form)

**Know Your Client (KYC) Application Form** 

For Individuals Only

(Please fill the form in English and in BLOCK Letters) Fields marked with \* are mandatory fields

KYC Type: ☐ Normal (PAN is mandatory)

Type: ☐ Normal (PAN is mandatory)
☐ PAN Exempt Investors



1. Identity Details (Please	refer instruction <b>A</b> at the end)			
PAN		enclose a duly attested conv of	your PAN Card	
1744	Please enclose a duly attested copy of your PAN Card    Prefix			
Name* (same as ID proof)	Prenx Firstina	ine III		Lastivame
,				<del></del>
Maiden Name (If any*)				
Mother Name*				
Residential Status*				
On any officer Toront	_ •	<u> </u>	· ·	
Occupation Type <sup>*</sup>			_	consider Chindent
		,	_	sewile Student
2. FATCA/CRS Information	(Tick if Applicable)	esidence for Tax Purposes in	Jurisdiction(s) Outside Ir	dia (Please refer instruction <b>B</b> at the end)
		•	(-,	,
·	· · · · · · · · · · · · · · · · · · ·		Code of Jurisdiction of	Residence as per ISO 3166
Tax Identification Numbe	r or equivalent (If issued by juri	sdiction)*		1
Place / City of Birth*		Country of Birth*		Country Code as per ISO 3166
Agaiden Name (if any*) Adother Name*  Residential Status*   Resident Individual   Person of Indian Origin   Poreign National   Person of Indian Origin   Poccupation Type*   S-Service   Private Sector   Public Sector   Government Sector   Service   Private Sector   Public Sector   Government Sector   Service   Private Sector   Public Sector   Refired   Housewife   Student     Residential Status*   Regulard* (Mandatory only if above option is ticked)   Residential Details Required* (Mandatory only if above option is ticked)   Country of Jurisdiction of Residence   R				
Line 1*				
Line 2				
Line 3			City / To	own / Village*
District*	Zip / Post	Code*	State/UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*		Country*		Country Code as per ISO 3166
3. Details of Related Person	on (Optional) (please refer instructi	on G at the end) (in case of ad	ditional related persons, plo	ease fill 'Annexure B1')
Related Person	Deletion of Related Person	KYC Number of Relate	l Person (if available*)	
Related Person Type*	☐ Guardian of Minor	Assignee	Authorized Represent	ative
	Prefix First Nar	ne	Middle Name	Last Name
Name <sup>-</sup>	(If KYC number and name are provide	ed below details of section 6 are o	ntional)	
Proof of Identity [Pol] of			out on any	
A- Passport Number			Passport Expiry Dat	e DD—MM—YYYY
☐ B- Voter ID Card				
C- PAN Card		<del></del>		
☐ D- Driving Licence			Driving Licence Exp	ry Date DD - MM - Y Y Y Y
☐ E- Aadhaar Card				
☐ F- NREGA Job Card				
Z- Others (any docume	nt notified by the central govern	ment)	Identification N	lumber
4. Remarks (If any)	Profix   First Name   Middle Name   Last Name   Last Name   Middle Name			
,				
5. Applicant Declaration	niched above are true and accreet to the best	of my knowledge and hallef and I waste	take to inform you of any share an	
therein, immediately. In case any oliable for it. I hereby declare that legislation or any notifications/directions.	nished above are true and correct to the best of the above information is found to be false or I am not making this application for the pu titions issued by any governmental or statutory, nation from Central KYC Registry through SM	r untrue or misleading or misrepresent pose of contravention of any Act, Ru authority from time to time.	ng, I am aware that I may be held es, Regulations or any statute o	
Date: DD - MM -	Y Y Y Y Place:			Signature / Thumb Impression of Applicant



ARN: 64917 EUIN: E434563

# SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUALS

(Please consult your professional tax advisor for further guidance on your tax residency and related FATCA and CRS guidelines)

This form is to be filled by each unit holder separately

A A	וומם	CARIT /	' GUARDIAN
A. A	PPLI	CANI/	GUARDIAN

PAN		Folio No.												
Name														
Gender M F O	Occupation	Type Service Business Others												
Father's Name														
Spouse's Name														
	in KRA database. In case of any change please approach	KPA & 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														
Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others  Date of Birth D D M M Y Y Y Y Place of Birth														
Country of Birth	Nationality													
E-mail ID		(Provide if not given												
Mobile	(Provide if not given)													
Are you a tax resident of any country other th	an India? Yes ✓ No ✓													
If yes, please indicate all countries	n which you are resident for tax purposes and the	associated Tax ID Numbers below.												
Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)												
		(Till of Other, please specify)												
#To also include USA, where the individual is														
B. ADDITIONAL KYC INFORMATION	lable, kindly provide its functional equivalent <sup>3</sup>													
Occupation Details [Please tick (✓)]  ✓ Service ✓ Private Secto ✓ Professional ✓ Housewife ✓ Proprietorship ✓ Other		ent Service												
Gross Annual Income (₹) [Please tick (✓)]  ✓ Below 1 Lac	√ 5 - 10 Lacs √ 10 - 25 Lacs √ >2	25 Lacs - 1 Crore / >1 Crore												
Net-worth (Mandatory for Non-Individua	•													
Politically Exposed Person (PEP) Status*														
✓ I am PEP ✓ I am Related to P	P Vot Applicable													
	nave been entrusted with prominent public fu ans, senior Government/judicial/military off cials. etc.													

## C. DECLARATION

I have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Kotak Mahindra Asset Management Company Limited/ Kotak Mahindra Mutual Fund/ Trustees for any modification to this information promptly. I further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AECI)'.



Applicant/ Guardian

#### **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 us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

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 investor has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, investor 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	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/mailing address in a country other than India	<ol> <li>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</li> <li>Documentary evidence (refer list below)</li> </ol>
Telephone number in a country other than India	If no Indian telephone number is provided  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)  If Indian telephone number is provided along with a foreign country telephone number  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)
Standing instructions to transfer funds to an account maintained in a country other than India (other than depository account)	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     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

#### **AMC CONTACT ADDRESS & CALL CENTER DETAILS**

Kotak Mahindra Asset Management Company Ltd.

6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Off Western Exp Highway, Goregaon-Mulund Link Road, Malad (E), Mumbai - 400097. To know more about mutual funds, Visit: assetmanagement.kotak.com • Toll Free Number: 1800 222 626/022-66384400

#### **FOR OFFICE USE ONLY**



#### ARN: 64917 EUIN: E434563

## **AADHAAR NUMBER UPDATION FORM FOR INDIVIDUALS**

6th Floor, Kotak Infinity, Building No. 21, oth Friod, Kotak Hilling, Salidaling No. 21, Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidya Marg, Malad (E) Mumbai - 400 097. 

☎ 022-6115 2100, Toll Free 1800 222 626

mutual@kotak.com

massetmanagement.kotak.com

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017, carried out amendments to prevention of Money Laundering (Maintenance of Records) Rules, 2005.

As per the new rules, linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders. Failing which, the folios will be frozen by 31/12/2017.

We, at Kotak Mutual Funds have enabled several easy modes of Aadhaar number linking across all Kotak Mutual Funds investments.

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SIGNATURE(S) (To be signed by All Applicants)			Sol	le / Fi	rst Ap	plica	nt								Se	cond	І Арр	licant	t									Thir	rd Ap	plicant			
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