MOTILAL OSV Mutual Fund	VAL		(Please fi	Knov I the form	/ Your (n in Engli	Client	Applic	ation	KYC Form (F ers) Fields	or Ind	lividual	s only) are man	datory	fields	A	.RN-64	4917	E	UIN-I	E4345	63
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Mother Name*				FI	R S						MI	D D								L	A S Ph	oto
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2 Identity And Address	Detail	s* (An	v one (of the bel	ow docum	nents to b	e subm	itted)														npression
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Offline verification of Aadhaar	s Addı	ress*																				
Address																						
City / Town / Village*									District	*							Pin (Code*				
State/UT*								ate/UT C		/ehicle Act,	Coun	try*									ry Code • ISO 316	
Address Type* Reside	ntial /	Busines	SS	Resid	lential	Bus	iness			d Office		Jnspecifie	d							as per	100 010)
(Certified copy of any one of the Proof of Address*	followi	ing Proc	of of Ad	dress [Po	A] needs t	to be sub	mitted)															
4 Current Address (to B	e Prov	vided	lf Diff	erent Fr	om Abov	ve Addre	e <mark>ss)</mark> Sa	me Add	ress As	Available	n Offici	ally Valid	Documen	t Provi	ided Al	bove*		Yes		No		
Passport Number						Passp	ort Exp	iry Date	D	D M	MY	Y Y	Y									
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Offline verification of Aadhaar														\vee				\vee	J			1]

Address						
City / Town / Village*		District*			Pin Code*	
State/UT*		UT Code	Country*		Country Code	
		Indian Motor Vehicle Act,			as per ISO 3166	
Address Type* Residential / Business Business Registered Office Unspecified (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) Proof of Address* Proof of Address*						
5 Contact Information						
Mobile No.	F	Fax No.				
Telephone (res)	1	Telephone (res)				
Email ID						
6 Applicant Declaration And Consent*						
I hereby declare that the details furnished above are true and correct to the	, ,		take to inform you	of any changes tl	erein, immediately. In case any of the above infor	mation is
found to be false or untrue or misleading or misrepresenting, I am aware th I hereby consent to receiving information from SEBI Registered KYC Registr	-		MS/Email on the a	hove registered r	umber/email address	
I hereby consent to	allon Agonoy / Contrai			1001010910101041		
 a) use images of officially valid documents uploaded, digitally signed e-Aad and / or address and consider signature uploaded as specimen signature 			nd / or data receive	ed from UIDAI thro	ugh Aadhaar authentication mechanism as proof	of identity
b) process and register / update my KYC details provided through this appli-			stem(s),			
c) store documents / information uploaded as applicable under PML Act & F	Rules, SEBI KRA Regula	ations, 2011 and other	any Act, Rules, Reg	ulations, Guidelin	es, Circulars, etc. issued by Statutory / Regulatory	
authorities from time to time I have no objection for the KRA in retaining my KYC details shared by me. I	understand and am in	formed that the informa	tion / documents r	provided by me sh	all be stored by the KRA and / or the intermediary	
downloading my KYC information from SEBI KRA / Central KYC Registry and	d shall be used only for	r the purpose of comple	ting my KYC forma	lities only and the	information shall not be shared with any other th	ird party.
I also understand that the KYC information registered with KRA / Central KF	RA system(s) would be	e utilized as mentioned i	n the SEBI KRA Re	gulations, 2011 /	Central KYC Registry Operating Guidelines, 2016.	
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Date D D M M Y Y Y Place					Signature / Thumb Impression Of Applicant	
D D M M Y Y Y Place					<u> </u>	
					<u> </u>	
6 Attestation / For Office Use Only (Documents Received)	PDF / XML Verification	n Digital KYC	Data from	Digi Locker	<u> </u>	
6 Attestation / For Office Use Only (Documents Received) Certified Copies EKYC Data from UIDAI	PDF / XML Verification	n Digital KYC	Data from	Digi Locker	<u> </u>	
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MOTILAL OSWAL Mutual Fund		Your Client (KY	(C) Application	CKYC Form Form (For Individual Fields marked with ^(**) are		ARN-64917 EUIN-E434563	3
KYC Type* Normal (PAN	N is mandatory)	PAN Exempt Inv	vestors				
1 Identity Details (Please refer instruction	n A at the end)						
PAN	Please enclo	se a duly attested cop	by of your PAN Card				
Prefix Name* (same as ID Proof)	F I R S	S T		MIDD	LE	L A S T	
Maiden Name (If any*)	F I R	S T		M I D D	LE	L A S T	\square
Mother Name*	F I R	S T		M I D D	LE	L A S T	
Residential Status			Non Resident Indian	Foreign National	Person of Indian Origi		
Occupation Type*	Service Housewi	Private Sector fe Student	r Public Sector	or Government Sector	Others Pro	ofessional Self Employed Retired	d
2 FATCA/CRS information (Tick if Applic) Outside India (Please refer ii	nstruction B at the end)		
Additional Details Required* (Mandatory only if a	bove option is ticked	d)					
Country of Jurisdiction of Residence*			Co	untry Code of Jurisdiction o	of Residence	as per ISO 3166	
Tax Identification Number or equivalent (If issued	d by jurisdiction)*						
Place / City of Birth*	(Country of Birth*			Country Code	as per ISO 3166	
Address							
City / Town / Village*			District*			Pin Code*	
State/UT*			tate/UT Code	Country*		Country Code	
		as	per Indian Motor Veh			as per ISO 3166	
3 Details of Related Person (Optional) ((please refer instruction	on G at the end) (in c	case of additional re	lated persons, please fill 'Ann	exure B1')		
Related Person Deletion of Re	elated Person		KYC Number of I	Related Person (if available'	*)		
Related Person Type* Guardian of Mir	nor Assignee	Authorized R	Representative				
Name*	S T		M	I D D L E		L A S T	
(If KYC number and name are provided Proof of Identity [Pol] of Related Person*			al)				
(Certified copy of any one of the following Proof of	`	., , ,					
Passport Number		Passport Expi	iry Date D D	M M Y Y Y Y			
Voter ID Card			Aadhaar Ca	ard			
Pan Card					_		
Driving Licence		Driving Licence Ex	cpiry Date D D	M M Y Y Y Y			
NREGA Job Card	nmont)			Identification No.			
Others (any document notified by the central govern				Identification No			
4 Remarks (If any)							
5 Applicant Declaration							
 I hereby declare that the details furnished above therein, immediately. In case any of the above liable for it. I hereby declare that I am not ma legislation or any notifications/directions issue I hereby consent to receiving information from 	information is found aking this applicatio ed by any governmen	to be false or untru on for the purpose o tal or statutory auth	ie or misleading or i of contravention of nority from time to ti	misrepresenting, I am aware any Act, Rules, Regulations ime.	e that I may be held s or any statute of	[Signature / Thumb Impression]	
Date D D M M Y Y Y Y Play	се				L	Signature / Thumb Impression of Applican	nt

MOTILAL OSWAL	CRS Annexure for Individual Accounts (Including Sole Proprietor) (Refer to instructions) professional tax advisor for further guidance on your tax residency, if requir	ed) ARN-64917 EUIN-E434563
1 First / Sole Applicant / Guardian		
Name F I R S T	M I D D L E	L A S T
Gender Male Female Other		
Father's Name F I R S T	M I D D L E	L A S T
PAN Custo	mer ID/ Folio NO	
Occupation Service Business Others Specif	/	
	tabase. In case of any change please approach KRA & notify the c	hanges
Type of address given at KRA Residential or Business	Residential Business Registered Office	ard NBEGA lob Card Others Specify
	ard PAN Card Govt. ID Card Driving License UIDAI C	
Date of Birth D D M M Y Y Y Y Place of	Sirth Country of Birth	Nationality
Are you a tax resident of any country other than India?		Number below
Country*	e all countries in which you are resident for tax purposes and the associated Tax IC Tax Identification Number %	Identification Type (TIN or Other, please specify)
country		identification i gpo (in oi onei, piease specily)
$^{\prime\prime}$ To also include USA, where the individual is a citizen / green c	ard holder of The USA [%] In case Tax Identification Number is no	t available, kindly provide its functional equivalent \$
2 Second Applicant		
Name FIRST	M I D D L E	
Gender Male Female Other		
Father's Name F I R S T	M I D D L E	L A S T
PAN Custo	mer ID/ Folio NO	
Occupation Service Business Others Specif		
Address of tax residence would be taken as available in KRA d	atabase. In case of any change please approach KRA & notify the c	changes
Type of address given at KRA Residential or Business	Residential Business Registered Office	
Permissible documents are Passport Election ID C	ard PAN Card Govt. ID Card Driving License UIDAI C	
Date of Birth D D M M Y Y Y Y Place of	Sirth Country of Birth	Nationality
Are you a tax resident of any country other than India? \Box Ye	s 🗌 No	
	te all countries in which you are resident for tax purposes and the associated Tax IL	
Country'	Tax Identification Number **	Identification Type (TIN or Other, please specify)
To also include USA, where the individual is a citizen / green c	ard holder of The USA [%] In case Tax Identification Number is not	available, kindly provide its functional equivalent \$
3 Third Applicant		
Name FIRST	M I D D L E	L A S T
GenderMaleFemaleOther		
Father's Name F I R S T		
	mer ID/ Folio NO	
Occupation Service Business Others Specif		banae
Address of tax residence would be taken as available in KRA a Type of address given at KRA Residential or Business	tabase. In case of any change please approach KRA & notify the o	ากสายมีชื่อจ
	ard PAN Card Govt. ID Card Driving License UIDAI C	ard 🗌 NREGA Job Card 🔲 Others <u>Specify</u>
Date of Birth D D M M Y Y Y Y Place of	Birth Country of Birth	Nationality
Are you a tax resident of any country other than India?		
	NO is all countries in which you are resident for tax purposes and the associated Tax IL	D Numbers below.
Country"	Tax Identification Number *	Identification Type (TIN or Other, please specify)
		le, kindly provide its functional equivalent \$

4 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.

First / Sole Applicant / Se Guardian Se	cond Applicant	Third Ap
--------------------------------------------	----------------	----------

Place_	
Data	

5 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 Motilal Oswal 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.

6 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.

^sIt 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	 Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND Any one of the following documents: Certifued 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	 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)
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)
Telephone number in a country other than India	 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.



MOTILAL OSWAL BUY RIGHT NUTUAL FUND SIT TIGHT Aadh	naar linking form for Individual						
Systematix ARN: 64917 EUIN: E-029672 Please fi	Il in your details below: ARN-64917 EUIN-E434563						
Investors POA Guardian							
First Holder Name							
PAN/PEKRN/CKIN	Aadhaar No.						
Second Holder Name							
PAN/PEKRN/CKIN	Aadhaar No.						
Third Holder Name							
PAN/PEKRN/CKIN	Aadhaar No.						
POA Name							
	Aadhaar No.						
Guardian Name							
PAN/PEKRN/CKIN	Aadhaar No.						
validating / authenticating and (ii) updating my/our Aadhaar nun including demographic with the Aadhaar Act, 2016 (and regulatio	haar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) nber(s) in accordance with / our consent for sharing / disclose of the Aadhaar number(s) ns made there under) and PMLA. I / We hereby provide information to Motilal Oswal Asset Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.						
Signature:							
First Holder /POA/Gaurdian	Second Holder Third Holder						
Please submit the form duly filled, signed, for all the any of AMC branch	holders and submit at your nearest Karvy Computershare Pvt. Ltd. or at						
MOTILAL COWAL MUTUAL FUND SIT TIGHT ACKNOWLEDGEMENT							
PAN							
Date d d m m y y y y							
From Mr/Mrs/Ms:	Acknowledgment by Karvy Branch Official / AMC Branch Official						
Received subject to verification with UIDAI and seeding the Aadhaar for your Mutual Fund Investments.							