



Address

Address grid (24 columns, 3 rows)

City / Town / Village\* [ ] District\* [ ] Pin Code\* [ ]

State/UT\* [ ] State/UT Code [ ] Country\* [ ] Country Code [ ]

as per Indian Motor Vehicle Act, 1988

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\*

5 Contact Information

Mobile No. [ ] Fax No. [ ]

Telephone (res) [ ] Telephone (res) [ ]

Email ID [ ]

6 Applicant Declaration And Consent\*

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 SEBI Registered KYC Registration Agency / Central KYC Registry through SMS/Email on the above registered number/email address.

I hereby consent to

- a) use images of officially valid documents uploaded, digitally signed e-Aadhaar letter downloaded from UIDAI website and / or data received from UIDAI through Aadhaar authentication mechanism as proof of identity and / or address and consider signature uploaded as specimen signature and as part of my KYC information.
b) process and register / update my KYC details provided through this application with SEBI KRA and / or Central KRA system(s),
c) store documents / information uploaded as applicable under PML Act & Rules, SEBI KRA Regulations, 2011 and other any Act, Rules, Regulations, Guidelines, 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 informed that the information / documents provided by me shall be stored by the KRA and / or the intermediary downloading my KYC information from SEBI KRA / Central KYC Registry and shall be used only for the purpose of completing my KYC formalities only and the information shall not be shared with any other third party.

I also understand that the KYC information registered with KRA / Central KRA system(s) would be utilized as mentioned in the SEBI KRA Regulations, 2011 / Central KYC Registry Operating Guidelines, 2016.

Date [ D D M M Y Y Y Y ] Place [ ]

Signature / Thumb Impression Of Applicant

6 Attestation / For Office Use Only (Documents Received)

[ ] Certified Copies [ ] EKYC Data from UIDAI [ ] Offline PDF / XML Verification [ ] Digital KYC [ ] Data from Digi Locker

7 Kyc Verification / Ipv Carried Out By

Employee Name [ F I R S T ] [ M I D D L E ] [ L A S T ]

Employee Designation [ ]

Employee Code [ ] FI Name [ ]

IPV Date [ D D M M Y Y Y Y ] Employee Branch [ ] FI Code [ ]

Employee Signature

\* Mandatory and required information

\*\* These documents are applicable only for online KYC

@ Mandatory if same address as available in officially valid document provided above flag is 'NO'

& Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill)

# Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain address

\$ Letter of Allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and license agreements with such employers allotting official accommodation.





#### 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 / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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Place \_\_\_\_\_

Date \_\_\_\_\_

#### 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.

\*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	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	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	<b>If no Indian telephone number is provided</b> 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) <b>If Indian telephone number is provided along with a foreign country telephone number</b> 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	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.



**Motilal Oswal Asset Management Company Limited**  
10th Floor, Motilal Oswal Tower, Rahimtullah Sayani Road,  
Opposite Parel ST Depot, Prabhadevi, Mumbai - 400025  
Email: mfservice@motilalosal.com. Toll Free No.: 1800-200-6626  
website: www.motilalosalmf.com

# Aadhaar linking form for Individual

Systematix ARN: 64917 EUIN: E-029672

ARN-64917 EUIN-E434563

**Please fill in your details below:**
 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** 
**PAN/PEKRN/CKIN**  **Aadhaar No.** 
**Guardian Name** 
**PAN/PEKRN/CKIN**  **Aadhaar No.** 
**Consent**

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with / our consent for sharing / disclose of the Aadhaar number(s) including demographic with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide information to Motilal Oswal Asset Management Company Limited. and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

**Date** 
**Place** 
**Signature:**


First Holder /POA/Gaurdian

Second Holder

Third Holder

Please submit the form duly filled, signed, for all the holders and submit at your nearest Karvy Computershare Pvt. Ltd. or at any of AMC branch

## ACKNOWLEDGEMENT

**PAN** 
**Date** 
**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.*