

Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- A. Fields marked with '*' are mandatory fields.
- B. Tick ' ' wherever applicable.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. CKYC number of applicant is mandatory for update application.
- J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

ARN-64917 EUIN-E434563

For office use only

(To be filled by financial institution)

Application Type* New Update
 CKYC Number (KIN) Number (Mandatory for KYC update request)
 Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

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 | |
| PAN* | <input type="text"/> | | | |
| Marital Status* | <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Others | |
| Citizenship* | <input type="checkbox"/> IN- Indian | <input type="checkbox"/> Others – Country _____ | 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 |

2. PROOF OF IDENTITY AND PERMANENT ADDRESS* (Please refer instruction B at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A-Passport Number Passport Expiry Date

B-Voter ID Card

C-Driving Licence Driving Licence Expiry Date

D-NREGA Job Card

E-National Population Register Letter

F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

- II E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*



Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3. CURRENT/CORRESPONDENCE ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A-Passport Number

B-Voter ID Card

C-Driving Licence

D-NREGA Job Card

E-National Population Register Letter

F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

- II E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

IV Deemed Proof of Address – Document Type code

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction C at the end)

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

5. Remarks (If any)

6. 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 declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature/Thumb Impression]
 Signature/Thumb Impression of Applicant

Date: - -
 Place:

7. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

KYC documents verification carried out by (Refer instruction E)

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

[Employee Signature]

Institution details

Name
 Code

[Institution Stamp]

In-Person Verification (IPV) carried out by (Refer instruction F)

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

[Employee Signature]

Institution details

[Institution Stamp]

Instruction / Check list / Guidelines for filling individual KYC Application Form

General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
7. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
8. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Personal Details' section

1. Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

B. Clarification / Guidelines on filling 'Current Address details' section

1. In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
2. PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
3. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
4. In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
5. In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
6. List of documents for 'Deemed Proof of Address'

| 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 | Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address. |
| 04 | 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 licence agreements with such employers allotting official accommodation. |

7. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
8. "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
9. "Digital KYC process" has to be carried out as stipulated in the PML Rules, 2005.

C. Clarification / Guidelines on filling 'Contact details' section

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

D. Clarification on Minor

1. Guardian details are optional for minors above 10 years of age for opening of bank account only
2. However, in case guardian details are available for minor 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

E. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

F. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

G. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

| State/U.T | Code | State/U.T | Code | State/U.T | Code |
|------------------------|------|------------------|------|---------------|------|
| Andaman & Nicobar | AN | Himachal Pradesh | HP | Pondicherry | PY |
| Andhra Pradesh | AP | Jammu & Kashmir | JK | Punjab | PB |
| Arunachal Pradesh | AR | Jharkhand | JH | Rajasthan | RJ |
| Assam | AS | Karnataka | KA | Sikkim | SK |
| Bihar | BR | Kerala | KL | Tamil Nadu | TN |
| Chandigarh | CH | Lakshadweep | LD | Telangana | TS |
| Chhattisgarh | CG | Madhya Pradesh | MP | Tripura | TR |
| Dadra and Nagar Haveli | DN | Maharashtra | MH | Uttar Pradesh | UP |
| Daman & Diu | DD | Manipur | MN | Uttarakhand | UA |
| Delhi | DL | Meghalaya | ML | West Bengal | WB |
| Goa | GA | Mizoram | MZ | Other | XX |
| Gujarat | GJ | Nagaland | NL | | |
| Haryana | HR | Orissa | OR | | |

List of ISO 3166 two digit Country Code

| Country | Country Code | Country | Country Code | Country | Country Code | Country | Country Code |
|---------------------------------------|--------------|--|--------------|--|--------------|--|--------------|
| Afghanistan | AF | Dominican Republic | DO | Libya | LY | Saint Pierre and Miquelon | PM |
| Aland Islands | AX | Ecuador | EC | Liechtenstein | LI | Saint Vincent and the Grenadines | VC |
| Albania | AL | Egypt | EG | Lithuania | LT | Samoa | WS |
| Algeria | DZ | El Salvador | SV | Luxembourg | LU | San Marino | SM |
| American Samoa | AS | Equatorial Guinea | GO | Macao | MO | Sao Tome and Principe | ST |
| Andorra | AD | Eritrea | ER | Macedonia, the former Yugoslav Republic of | MK | Saudi Arabia | SA |
| Angola | AO | Estonia | EE | Madagascar | MG | Senegal | SN |
| Anguilla | AI | Ethiopia | ET | Malawi | MW | Serbia | RS |
| Antarctica | AQ | Falkland Islands (Malvinas) | FK | Malaysia | MY | Seychelles | SC |
| Antigua and Barbuda | AG | Faroe Islands | FO | Maldives | MV | Sierra Leone | SL |
| Argentina | AR | Fiji | FJ | Mali | ML | Singapore | SG |
| Armenia | AM | Finland | FI | Malta | MT | Sint Maarten (Dutch part) | SX |
| Aruba | AW | France | FR | Marshall Island | MH | Slovakia | SK |
| Australia | AU | French Guiana | GF | Martinique | MQ | Slovenia | SI |
| Austria | AT | French Polynesia | PF | Mauritania | MR | Solomon Island | SB |
| Azerbaijan | AZ | French Southern Territories | TF | Mauritius | MU | Somalia | SO |
| Bahamas | BS | Gabon | GA | Moyotte | YT | South Africa | ZA |
| Bahrain | BH | Gambia | GM | Mexico | MX | South Georgia and the South Sandwich Islands | GS |
| Bangladesh | BD | Georgia | GE | Micronesia, Federated States of | FM | South Sudan | SS |
| Barbados | BB | Germany | DE | Moldova, Republic of | MD | Spain | ES |
| Belarus | BY | Ghana | GH | Monaco | MC | Sri Lanka | LK |
| Belgium | BE | Gibraltar | GI | Mongolia | MN | Sudan | SD |
| Belize | BZ | Greece | GR | Montenegro | ME | Suriname | SR |
| Benin | BJ | Greenland | GL | Montserrat | MS | Svalbard and Jan Mayen | SI |
| Bermuda | BM | Grenada | GD | Morocco | MA | Swaziland | SZ |
| Bhutan | BT | Guadeloupe | GP | Mozambique | MZ | Sweden | SE |
| Bolivia, Plurinational State of | BO | Guam | GU | Myanmar | MM | Switzerland | CH |
| Bonaire, Sint Eustatius and Saba | BQ | Guatemala | GT | Namibia | NA | Syrian Arab Republic | SY |
| Bosnia and Herzegovina | BA | Guernsey | GG | Nauru | NZ | Taiwan province of China | TW |
| Botswana | BW | Guinea | GN | Nepal | NP | Tajikistan | TJ |
| Bouvet Island | BV | Guinea-Bissau | GW | Netherlands | NL | Tanzania, United Republic of | TZ |
| Brazil | BR | Guyana | GY | New Caledonia | NC | Thailand | TH |
| British Indian Ocean Territory | IO | Haiti | HT | New Zealand | NZ | Timor-Leste | TL |
| Brunei Darussalam | BN | Heard Island and McDonald Islands | HM | Nicaragua | NI | Togo | TG |
| Bulgaria | BG | Holy See (Vatican City State) | VA | Niger | NE | Tokelau | TK |
| Burkina Faso | BF | Honduras | HN | Nigeria | NG | Tonga | TO |
| Burundi | BI | Hong Kong | HK | Niue | NU | Trinidad and Tobago | TT |
| Cabo Verde | CV | Hungary | HU | Norfolk Island | NF | Tunisia | TN |
| Cambodia | KH | Iceland | IS | Northern Mariana Islands | MP | Turkey | TR |
| Cameroon | CM | India | IN | Norway | NO | Turkmenistan | TM |
| Canada | CA | Indonesia | ID | Oman | OM | Turks and Caicos Islands | TC |
| Cayman Islands | KY | Iran, Islamic Republic of | IR | Pakistan | PK | Tuvalu | TV |
| Central African Republic | CF | Iraq | IQ | Palau | PW | Uganda | UG |
| Chad | TD | Ireland | IE | Palestine, State of | PS | Ukraine | UA |
| Chile | CL | Isle of Man | IM | Panama | PA | United Arab Emirates | AE |
| China | CN | Israel | IL | Papua New Guinea | PG | United Kingdom | GB |
| Christmas Island | CX | Italy | IT | Paraguay | PY | United States | US |
| Cocos (Keeling) Islands | CC | Jamaica | JM | Peru | PE | United States Minor Outlying Islands | UM |
| Colombia | CO | Japan | JP | Philippines | PH | Uruguay | UY |
| Comoros | KM | Jersey | JE | Pitcairn | PN | Uzbekistan | UZ |
| Congo | CG | Jordan | JO | Poland | PL | Vanuatu | VU |
| Congo, the Democratic Republic of the | CD | Kazakhstan | KZ | Portugal | PT | Venezuela, Bolivarian Republic of | VE |
| Cook Islands | CK | Kenya | KE | Puerto Rico | PR | Viet Nam | VN |
| Costa Rica | CR | Kiribati | KI | Qatar | QA | Virgin Islands, British | VG |
| Cote d'Ivoire Code d'Ivoire | CI | Korea, Democratic People's Republic of | KP | Reunion Reunion | RE | Virgin Island, U.S. | VI |
| Croatia | HR | Korea, Republic | KR | Romania | RO | Wallis and Futuna | WF |
| Cuba | CU | Kuwait | KW | Russian Federation | RU | Western Sahara | EH |
| Curacao Curacao | CW | Kyrgyzstan | KG | Rwanda | RW | Yemen | YE |
| Cyprus | CY | Lao People's Democratic Republic | LA | Saint Barthelemy Saint Barthelemy | BL | Zambia | ZM |
| Czech Republic | CZ | Latvia | LV | Saint Helena, Ascension and Tristan da Cunha | SH | Zimbabwe | ZW |
| Denmark | DK | Lebanon | LB | Saint Kittsand Nevis | KN | | |
| Djibouti | DJ | Lesotho | LS | Saint Lucia | LC | | |
| Dominica | DM | Liberia | LR | Saint Martin (French Part) | MF | | |

Supplementary CKYC Form

Know Your Client (KYC) Application Form For Individuals Only

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



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

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

ARN-64917 EUIN-E434563

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

| | Prefix | First Name | Middle Name | Last Name |
|--------------------------|----------------------|----------------------|----------------------|----------------------|
| Name* (same as ID proof) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Maiden Name (If any*) | <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"/> |

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type* S-Service Private Sector Public Sector Government Sector
 O-Others Professional Self Employed Retired Housewife Student
 B-Business X-Not Categorised

2. FATCA/CRS Information (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 above option is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address

Line 1*

Line 2

Line 3 City / Town / 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 (Optional) (please refer instruction G at the end) (in case of additional related persons, please provide the same in a separate annexure)

Related Person Deletion of Related Person KYC Number of Related Person (if available)*

Related Person Type* Guardian of Minor Assignee Authorized Representative

| | Prefix | First Name | Middle Name | Last Name |
|-------|----------------------|----------------------|----------------------|----------------------|
| Name* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(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)

(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"/> | Driving Licence Expiry Date | <input type="text"/> |
| <input type="checkbox"/> C- PAN Card | <input type="text"/> | Identification Number | <input type="text"/> |
| <input type="checkbox"/> D- Driving Licence | <input type="text"/> | | |
| <input type="checkbox"/> E- Aadhaar Card | <input type="text"/> | | |
| <input type="checkbox"/> F- NREGA Job Card | <input type="text"/> | | |
| <input type="checkbox"/> Z- Others | <input type="text"/> | | |

(any document notified by the central government)

4. Remarks (If any)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

5. 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

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

Date: Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Instructions/Guidelines for filling Individual KYC Application Form

General Instructions:

1. Self-Certification of documents is mandatory.
2. KYC number of applicant is mandatory for update/change of KYC details.
3. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
5. If any proof of identity or address is in a foreign language, then translation into English is required.
6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
8. Sole proprietor must make the application in his individual name & capacity.
9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Identity Details' section

1. 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.
2. Either father's name or spouse's name is to be mandatorily furnished. 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

1. 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)

ANNEXURE II - Additional KYC-FATCA & CRS Form for Individuals

 (To be enclosed with purchase application which do not have provision for additional KYC/FATCA/CRS information)
 (Please fill in BLOCK Letters)

1. APPLICANT DETAILS

| | First Applicant / Guardian | | | | Second Applicant | | | | Third Applicant | | | |
|--|---|--|--|--|---|--|--|--|---|--|--|--|
| Applicant's Name | | | | | | | | | | | | |
| Applicant's PAN | | | | | | | | | | | | |
| Gender | | | | | | | | | | | | |
| Date of Birth | | | | | | | | | | | | |
| Father's Name | | | | | | | | | | | | |
| Spouse's Name | | | | | | | | | | | | |
| Nationality | | | | | | | | | | | | |
| Place of Birth | | | | | | | | | | | | |
| Country of Birth | | | | | | | | | | | | |
| Type of address given at KRA | <input type="checkbox"/> Residential <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office | | | <input type="checkbox"/> Residential <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office | | | <input type="checkbox"/> Residential <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office | | |
| Type of Identification Document given at KRA | | | | | | | | | | | | |
| Identification Document No. | | | | | | | | | | | | |
| Document Issuing Country | | | | | | | | | | | | |

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

2. ADDITIONAL KYC INFORMATION

| Category | First Applicant / Guardian | | | | Second Applicant | | | | Third Applicant | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Gross Annual Income in Rs. | <input type="checkbox"/> Below 1 Lakh | <input type="checkbox"/> 10-25 Lacs | | | <input type="checkbox"/> Below 1 Lakh | <input type="checkbox"/> 10-25 Lacs | | | <input type="checkbox"/> Below 1 Lakh | <input type="checkbox"/> 10-25 Lacs | | | | | | | | | | | | | | |
| OR | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 25 Lacs - 1 Cr | | | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 25 Lacs - 1 Cr | | | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 25 Lacs - 1 Cr | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> > 1 Crore | | | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> > 1 Crore | | | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> > 1 Crore | | | | | | | | | | | | | | |
| Net Worth in Rs. | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Worth as of | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y |
| Occupation [Please tick any one (✓)] | <input type="checkbox"/> Professional | | <input type="checkbox"/> Retired | | <input type="checkbox"/> Professional | | <input type="checkbox"/> Retired | | <input type="checkbox"/> Professional | | <input type="checkbox"/> Retired | | | | | | | | | | | | | |
| | <input type="checkbox"/> Business | | <input type="checkbox"/> Housewife | | <input type="checkbox"/> Business | | <input type="checkbox"/> Housewife | | <input type="checkbox"/> Business | | <input type="checkbox"/> Housewife | | | | | | | | | | | | | |
| | <input type="checkbox"/> Government Service | | <input type="checkbox"/> Student | | <input type="checkbox"/> Government Service | | <input type="checkbox"/> Student | | <input type="checkbox"/> Government Service | | <input type="checkbox"/> Student | | | | | | | | | | | | | |
| | <input type="checkbox"/> Private Sector Service | | <input type="checkbox"/> Forex Dealer | | <input type="checkbox"/> Private Sector Service | | <input type="checkbox"/> Forex Dealer | | <input type="checkbox"/> Private Sector Service | | <input type="checkbox"/> Forex Dealer | | | | | | | | | | | | | |
| | <input type="checkbox"/> Public Sector Service | | <input type="checkbox"/> Doctor | | <input type="checkbox"/> Public Sector Service | | <input type="checkbox"/> Doctor | | <input type="checkbox"/> Public Sector Service | | <input type="checkbox"/> Doctor | | | | | | | | | | | | | |
| | <input type="checkbox"/> Agriculturist | | <input type="checkbox"/> Others [Please specify] | | <input type="checkbox"/> Agriculturist | | <input type="checkbox"/> Others [Please specify] | | <input type="checkbox"/> Agriculturist | | <input type="checkbox"/> Others [Please specify] | | | | | | | | | | | | | |
| Politically Exposed Person [PEP] | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Related to PEP | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Related to PEP | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Related to PEP | | | | | | | | | | | | | |
| Any other information relating to KYC if applicable | [Please specify] | | | | [Please specify] | | | | [Please specify] | | | | | | | | | | | | | | | |

3. FATCA INFORMATION

 Is your Country of Birth / Citizenship / Nationality / Tax Residency other than India? – Yes No

If Yes, please provide the following information [mandatory]

| Category | First Applicant / Guardian | Second Applicant | Third Applicant |
|--|----------------------------|------------------|-----------------|
| Country of Tax Residency 1* | | | |
| Tax Identification Number# | | | |
| Identification Type (TIN or Other, please specify) | | | |
| Country of Tax Residency 2* | | | |
| Tax Identification Number# | | | |
| Identification Type (TIN or Other, please specify) | | | |
| Country of Tax Residency 3* | | | |
| Tax Identification Number# | | | |
| Identification Type (TIN or Other, please specify) | | | |

(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

*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

* To also included USA, where the individual is a citizen/green card holder of the USA

4. DECLARATION

I/We confirm that the information provided in this form is true & accurate. In the event any of the above information is / are found to be false / incorrect and/or the declaration in not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and / or reverse the allotment of units and the AMC / Trustee / Mutual Fund shall not be liable for the same / I/We will be liable for the consequences arising therefrom. I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am/are aware that the Fund 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; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency.

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| SIGNATURE(S) (ALL Applicants must sign) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1st Applicant/Guardian | 2nd Applicant | 3rd Applicant |
| Date | Place | | |