

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

Systematix ARN: 64917 EUIN: E-029678

CKYC & KRA 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

Application Type* New Update KYC Number* KYC Type* Normal (PAN is mandatory)

PAN Exempt Investors (Refer instruction K)

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"/>
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 – Country _____	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
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 Categorized		

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K 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"/> D- Driving Licence	<input type="text"/>	Identification Number	<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 (any document notified by the central government)	<input type="text"/>		

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3

District* Zip / Post Code* City / Town / Village*

State/UT* Country* State/UT Code as per Indian Motor Vehicle Act, 1988

Country Code as per ISO 3166

Address Type* Residential / Business Residential Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>		

3.2 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', Submit relevant documentary proof)

Line 1* [Grid]
Line 2 [Grid]
Line 3 [Grid] City / Town / Village* [Grid]
District* [Grid] Zip / Post Code* [Grid] State/UT Code [Grid] as per Indian Motor Vehicle Act, 1988
State/UT* [Grid] Country* [Grid] Country Code [Grid] as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID [Grid]
Mobile [Grid] Tel. (Off) [Grid] Tel. (Res) [Grid]

5. 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 (5) is ticked)

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

Address

Line 1* [Grid]
Line 2 [Grid]
Line 3 [Grid] City / Town / Village* [Grid]
District* [Grid] Zip / Post Code* [Grid] State/UT Code [Grid] as per Indian Motor Vehicle Act, 1988
State/UT* [Grid] Country* [Grid] Country Code [Grid] as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person Deletion of Related Person KYC Number of Related Person (if available*) [Grid]
Related Person Type* Guardian of Minor Assignee Authorized Representative
Name* Prefix [Grid] First Name [Grid] Middle Name [Grid] Last Name [Grid]
(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)

A- Passport Number [Grid] Passport Expiry Date [DD-MM-YYYY]
 B- Voter ID Card [Grid]
 C- PAN card [Grid]
 D- Driving Licence [Grid] Driving Licence Expiry Date [DD-MM-YYYY]
 E- Aadhaar Card [Grid]
 F- NREGA Job Card [Grid]
 Z- Others (any document notified by the central government) [Grid] Identification Number [Grid]

7. Remarks (If any)

[Grid]

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 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: [DD-MM-YYYY] Place: [Grid]

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date [Grid]
Emp. Name [Grid]
Emp. Code [Grid]
Emp. Designation [Grid]
[Employee Signature]

Institution Details

Name [Grid]
Code [Grid]
Emp. Branch [Grid]
[Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date [Grid]
Emp. Name [Grid]
Emp. Code [Grid]
Emp. Designation [Grid]
[Employee Signature]

Institution Details

Name [Grid]
Code [Grid]
Emp. Branch [Grid]
[Institution Stamp]

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

Mandatory for all Applicant(s) including Joint-holder(s), Guardian (if applicable) and Power of Attorney (if any).
[Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]



Birla Sun Life
Mutual Fund

A. FATCA & CRS INFORMATION (SELF CERTIFICATION)

PAN	<input type="text"/>	Folio No.	<input type="text"/>
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Name	<input type="text"/>
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Type of Address given at KRA	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Registered Office
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Nationality	<input type="text"/>	Gender	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile	<input type="text"/>	Place of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
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Father's name	<input type="text"/>	(mandatory if PAN not provided)
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Spouse's name	<input type="text"/>
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Documents required (if PAN not provided)	<input type="checkbox"/> Passport	<input type="checkbox"/> Election ID Card	<input type="checkbox"/> Govt. ID Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> UIDAI Card	<input type="checkbox"/> NREGA Card	<input type="checkbox"/> Others
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Identification number of the document provided	<input type="text"/>
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Is the applicant/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

S No	Country of Tax Residency#	Tax Payer Identification Number ^	Identification Type [TIN or other, please specify]
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

#To also include USA, where the individual is a citizen/ green card holder of USA.

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick (✓)]	<input type="checkbox"/> Service	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others _____ (please specify)		

Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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OR

Net-worth (Mandatory for Non-Individuals)	Rs. _____ as on	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Not older than 1 year)
		DD	MM	YYYY				

Politically Exposed Person (PEP) Status*	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> Not Applicable
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*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

C. Declaration:

I have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read along with 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 Birla Sun Life Asset Management Company Limited/ Birla Sun Life 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 (AEOI)'.

Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Place:	<input type="text"/>
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First Applicant / Guardian

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

Systematix ARN: 64917 EUIN: E-029678

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)

Applicant / Guardian

Name																											
Gender	M	F	O	PAN													Occupation Type	Service	Business	Others							
Father's Name																											
Cust ID / 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	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																			
Permissible documents are	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> PAN Card <input type="radio"/> Govt. ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA Job Card <input type="radio"/> Others																										
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

Applicant / Guardian

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 Incometax 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 (Insert FI's name) 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.

Know Your Client (KYC) Application Form (For Non-Individuals Only)



Place for
Intermediary Logo

Application No. :

Systematix ARN: 64917 EUIN: E-029678

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

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2. Date of Incorporation | d | d | / | m | m | / | y | y | y | y | Place of Incorporation

3. Registration No. (e.g. CIN) | | | | | | | | | Date of commencement of business | d | d | / | m | m | / | y | y | y | y |

4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charities / NGOs FI FII HUF
 AOP Bank Government Body Non-Government Organisation Defence Establishment Body of Individuals Society LLP
 Others (Please specify) _____

5. Permanent Account Number (PAN) (MANDATORY) | | | | | | | | | Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

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City / Town / Village		Country	Postal Code
State			

2. Contact Details

Tel. (Off.)	(ISD)	(STD)				Tel. (Res.)	(ISD)	(STD)			
Mobile	(ISD)	(STD)				Fax	(ISD)	(STD)			
E-Mail Id.											

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

*Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf).(Please specify) _____

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

4. Registered Address (If different from above)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City / Town / Village		Country	Postal Code
State			

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

*Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf).(Please specify) _____

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors
(Please use the Annexure to fill in the details)

2. Any other information: _____

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.

Place: _____

Date: _____

NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund

Form for Aadhar Updation (Individuals)

To
Aditya Birla Sun Life Mutual Fund

1. PAN	<input type="text"/>	Refer instructions# 1
2. NAME	<input type="text"/>	
AADHAAR NO.	<input type="text"/>	
ENCLOSED	<input type="checkbox"/>	Self attested copy of Aadhaar Card OR <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Enrolment No. (wherever physical Aadhaar card not received / official Aadhaar card number is issued)

Consent & Signature

I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I hereby provide my consent for sharing/disclosing of my Aadhaar number including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my folios.

I have read, understood and agree to abide by the Instructions/guidelines.

Signature

Place	<input type="text"/>
Date	<input type="text"/>

Instructions & Guidelines

1. This form should be submitted separately for each PAN.
2. Not applicable for NRIs, Non-Individuals, HUFs
3. The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws / rules / regulations and provision of the said data is mandatory as per applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.
4. While providing Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios", sign on the copy with date.
5. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.
6. Submit duly filled and signed form to your nearest AMC / CAMS branches.
7. Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. In case of mismatch, request is liable to be rejected.

Acknowledgement of Form for Updation of Aadhar (To be filled in by Investor)

Received from Mr. / Ms. _____

PAN

Aadhaar linking request form received for the above referred PAN. Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities

ABSLAMC Stamp & Signature, Date