CKYC & KRA KYC FORM

ARN-64917 EUIN-E029678



KNOW YOUR CLIENT APPLICATION FORM (For Individuals only)

(Please fill the form in English and Fields marked with * are mandato	77	Update KYC Number* Investors (Refer instruction K)
1. IDENTITY DETAILS	(Please refer instruction A at the end)	
PAN	Please enclose a d	duly attested copy of your PAN Card
Name* (Same as ID proof)	Prefix First Name	Middle Name Last Name
Maiden Name (If any*)		
Father / Spouse Name*		
Mother Name*		
Date of Birth*		РНОТО
Gender*	M- Male	F- Female T-Transgender
Marital Status*	Married	☐ Unmarried ☐ Others
Citizenship*	☐ IN- Indian	Others - CountryCountry Code
Residential Status*	Resident Individual Foreign National	□ Non Resident Indian□ Person of Indian Origin
Occupation Type*	S-Service (Private Sector	Public Sector Government Sector)
	☐ 0-Others (☐ Professional ☐ B-Business	□ Self Employed □ Retired □ Housewife □ Student) Signature / Thumb Impression
	X- Not Categorised	
2. PROOF OF IDENTITY (Pol)* (for PAN exempt Investor or if PAN	card copy not provided) (Please refer instruction C & K at the end)
(Certified copy of <u>any one</u> of the following	g Proof of Identity[Pol] needs to be submitted)	
A- Passport Number		Passport Expiry Date DDMMMYYYYY
B- Voter ID Card		
C- PAN Card		
D- Driving Licence		Driving Licence Expiry Date D D M M Y Y Y Y
E- Aadhaar Card		
F- NREGA Job Card		
Z- Others (any document notified b	y the central government)	Identification Number
3. PROOF OF ADDRESS (POA)*	
3.1 Current / Permanent / C	Overseas Address Details (Please see instructio	n D at the end)
Address		
Line 1*		
Line 2		City / Town / Village*
Line 3		
District*		ip / Post Code* State / U.T Code* as per Indian Motor Vehicle Act, 1988 Country * Country Code as per ISO 3166
State/UT*	Residential / Business Resid	
(Certified copy of any one of the follow	wing Proof of Address [PoA] needs to be submitted)	
Passport Number		Passport Expiry Date DDMMMYYYYY
☐ Voter ID Card		
Driving Licence		Driving Licence Expiry Date D D M M Y Y Y Y
Aadhaar Card		
☐ NREGA Job Card		
Others (any document notified by the	ne central government)	Identification Number
	OCAL ADDRESS DETAILS * (Please see instruction I	
	verseas Address details (In case of multiple corre	espondence / local addresses, please fill 'Additional Form', Submit relevant documentary proof)
Line 1*		
Line 2		City / Town / Village*
Line 3 District*		ip / Post Code* State / UT Code* as per Indian Motor Vehicle Act, 1988
State/UT*		Country * Country Code as per ISO 3166

4. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email ID) (Please refer instri	ctions F at the end)
Email ID	
Mobile Tel. (Off)	Tel. (Res)
5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside	
Additional Details Required* (Mandatory only if above option (5) is ticked)	
	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	City / Town / Village*
Line 3	State / UT Code* as per Indian Motor Vehicle Act, 1988
State/UT* Count	
	ber of Related Person (if available*)
Related Person Type*	uthorized Representative Middle Name Last Name
Name*	
(If KYC number and name are provided, below details of section 6 are optional)	
Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)	
(Certified copy of <u>any one</u> of the following Proof of Identity(Pol) needs to be submitted) A-Passport Number	
B-Voter ID Card	Passport Expiry Date D D M M Y Y Y Y
C-PAN Card	
D-Driving Licence	Driving Licence Expiry Date D M M Y Y Y Y
Aadhaar Card	
F-NREGA Job Card	U 27 2 N 1
Z-Others(any document notified by the central government)	Identification Number
7. REMARKS (If any)	
8. APPLICANT DECLARATION	
_	
 I hereby declare that the details furnished above are true and correct to the best of my knowledge an changes therein, immediately. In case any of the above information is found to be false or untrue or 	
that I may be held liable for it. I hereby declare that I am not making this application for the pu	rpose of contravention of any Act, Rules,
Regulations or any statute of legislation or any notifications/directions issued by any governmental of I hereby consent to receiving information from Central KYC Registry through SMS/Email on the ab	
Date D D M M Y Y Y Place	Signature / Thumb Impression of Applicant
9. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received Certified Copies	
KYC Verification Carried Out by (Refer Instruction I) Institution	Institution Details
Date O D M M Y Y	Name Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
[Employee Signature]	[Institution Ctown]
(ciripioyee Signature)	[Institution Stamp]
In-Person Verification (IPV) Carried Out by (Refer Instruction J)	Institution Details
Date D M M Y Y	Name Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
[Employee Signature]	[Institution Stamp]
. , , ,	

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 En Fields marked with * are	glish and in BLOCK Letters)		KYC Type:	datory) PAN Exempt Investors
	AILS (Please refer instruction A at the end	1)		
PAN		enclose a duly attested copy of you	ur PAN Card	
		st Name	Middle Name	Last Name
Name* (same as ID proof				
Maiden Name (If any*)				
Mother Name*				
Residential Status*		Resident Indian son of Indian Origin		
Occupation Type*	= ;=	☐ Public Sector ☐ Government S☐ Self Employed ☐ Retired ☐	Sector) Housewife	
2 FATCA/CRS IN	FORMATION (Tick if Applicable)	Residence for	Tax Purposes in Jurisdiction(s) Outside	e India (Please refer instruction B at the end)
Additional Details Requi	red* (Mandatory only if above option is	s ticked)		
Country of Jurisdiction	of Residence*		Country Code of Jurisdiction	n of Residence as per ISO 3166
Tax Identification Numb	er or equivalent (If issued by jurisdiction)*			
Place / City of Birth*		Country of Birth*		Country Code as per ISO 3166
Addres				
Line 1*				
Line 2				
Line 3		Ci	ity / Town / Village*	
District*		Zip/Post Code*	State/UT Code as p	er Indian Motor Vehicle Act, 1988
State/UT*		Country*		Country Code as per ISO 3166
3 DETAILS OF R	ELATED PERSON (OPTIONAL) (ple	ase refer instruction G at the end) (in ca	se of additional related persons, please fill '	Annexure B1')
Related Person	Deletion of Related Person	KYC Number of Related Perso	on (if available*)	
Related Person Type*	Guardian of Minor Assi	ignee Authorized Represent	ative iddle Name	Last Name
Name*	THE NAME		Nado Halilo	Eddt Hallio
(If KYC number and i	name are provided, below details of section 6 are o	ptional)		
Proof of Identity [Pol] of Related Person* (Please see instru	uction (H) at the end)		
	ne of the following Proof of Identity[PoI] needs to		.F.: D. D.D.W.W.Y	
A- Passport Numb	er	Passp	ort Expiry Date DDMMY	YYYY
B- Voter ID Card				
C- PAN Card				
D- Driving Licence		Drivin	g Licence Expiry Date D D M M	YYYY
E- Aadhaar Card				
	d			
E- Aadhaar Card F- NREGA Job Car	nent notified by the central government)	Identi	fication Number	
E- Aadhaar Card F- NREGA Job Car	nent notified by the central government)	Identi	fication Number	
E- Aadhaar Card F- NREGA Job Car	nent notified by the central government)	ldenti	fication Number	
E- Aadhaar Card F- NREGA Job Car	nent notified by the central government)	Identi	fication Number	
E- Aadhaar Card F- NREGA Job Car Z- Others (any docur	nent notified by the central government)	Identi	fication Number	
E- Aadhaar Card F- NREGA Job Cal Z- Others (any docur REMARKS (If a	nent notified by the central government) ny) ECLARATION			nf
E- Aadhaar Card F- NREGA Job Cal Z- Others (any docur REMARKS (If a	nent notified by the central government) Ny) ECLARATION e details furnished above are true and comediately. In case any of the above inf	orrect to the best of my knowledge a	nd belief and I undertake to inform you ue or misleading or misrepresenting, I a	m
E- Aadhaar Card F- NREGA Job Cal Z- Others (any docur REMARKS (If a	nent notified by the central government) ny) ECLARATION e details furnished above are true and co	orrect to the best of my knowledge a formation is found to be false or untr not making this application for the pu ections issued by any governmental or	nd belief and I undertake to inform you ue or misleading or misrepresenting, I a urpose of contravention of any Act, Rule statutory authority from time to time.	m

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 (v) 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
 - 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.
 - 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)

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 Fields marked with * are mandato			KYC Type:	☐ Normal (PAN is manda	tory) PAN Exempt Investors
	lease refer instruction A at the end)				,,
PAN DETAILS (I		enclose a duly attested copy	of your PAN Cord		
Pre		enciose a duly attested copy : Name	Middle Na	me	Last Name
Name* (same as ID proof)					
Maiden Name (If any*)					
Mother Name*					
		Resident Indian on of Indian Origin			,
Occupation Type*	Service (Private Sector D Others (Professional Susiness Not Categorised	•	nment Sector) d	Student)	
2 FATCA/CRS INFORMA	* * * * * * * * * * * * * * * * * * * *		nce for Tax Purposes in	n Jurisdiction(s) Outside I	ndia (Please refer instruction B at the end)
Additional Details Required* (Ma		ticked)			
Country of Jurisdiction of Resid	ence*		Cour	ntry Code of Jurisdiction	of Residence as per ISO 3166
Tax Identification Number or equ	uivalent (If issued by jurisdiction)*				
Place / City of Birth*		Country of Birth*		(Country Code as per ISO 3166
Addres					
Line 1*					
Line 2					
Line 3			City / Town / Villa	nge*	
District*		Zip/Post Code*	State	UT Code as pe	r Indian Motor Vehicle Act, 1988
State/UT*		Country*			ountry Code as per ISO 3166
3 DETAILS OF RELATED	D PERSON (OPTIONAL) (plea	se refer instruction G at the end	d) (in case of additional re	lated persons, please fill 'An	nexure B1')
Related Person	Deletion of Related Person	KYC Number of Relate	d Person (if available*)		
Related Person Type* G	Guardian of Minor Assig	nee 🔲 Authorized Rep	resentative Middle Name		Last Name
Name*					
(If KYC number and name are p	rovided, below details of section 6 are op	tional)			
	elated Person* (Please see instruc				
(Certified copy of any one of the f	following Proof of Identity[PoI] needs to b	e submitted)	Passport Expiry Date	D D M M Y	y y y
B- Voter ID Card			, ,		
C- PAN Card					
			Driving Licence Expiry	Date D D M M	V
D- Driving Licence			Driving Licence Expiry	Date D D M M	7 7 7 7
F- NREGA Job Card					
Z- Others (any document notifie	ed by the central government)		Identification Number		
4 REMARKS (If any) 5 APPLICANT DECLARA	ATION				
	furnished above are true and cor	rect to the hest of my know	ledge and helief and Lu	ndertake to inform you of	
any changes therein, immediate aware that I may be held liable for Regulations or any statute of leg	Identified above are true and cor ily. In case any of the above info or it. I hereby declare that I am no islation or any notifications/direc ormation from Central KYC Regist	rmation is found to be false ot making this application for tions issued by any governme	or untrue or misleading r the purpose of contra ental or statutory autho	or misrepresenting, I am vention of any Act, Rules, vity from time to time.	
Date D D M M Y Y	Y Y Place				Signature / Thumb Impression of Applicant

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FATCA-CRS Declaration & Supplementary Information Declaration Form for Individuals

Name

PAN



Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

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Nationality	Indian U.S. Oth	ers	(Please specify)	Country of Birth												
Tax Reside	nce Address (for KYC address)	Resident	ial Registered Office Bus	siness												
Are you a	tax resident (i.e., are you assessed	for Tax) in a	ny other country outside India?	Yes No												
If 'No' ple	ase proceed for the signature of de	laration														
If'YES', pl	ease fill for ALL countries (other than	India) in whic	ch you are a Resident for tax purposes i	.e., where you are a (Citizen / R	Resident /	Green	n Card	Hold	er / Tax	Reside	nt in	the resp	pective	e coun	ıtries
Sr. No.	Country of Tax Residence	у	Tax Identification Number or Functional Equivalent		ntificatio r other, plea		<i>(</i>)				N is not eason A					
1.									-	Reason	1 🗌	Α		В		C
2.									ı	Reason	1	Α		В		С
Reason A:	The country where the Account Holder i	liable to pay	tax does not issue Tax Identification Num	bers to its residents.												
Reason B:	No TIN required. (Select this reason Only	if the author	ties of the respective country of tax resid	lence do not require th	ne TIN to b	e collecte	ed).									
	Others; please state the reason thereof.															
Declaration				. I da da a a a d la ella	. f l 4 l	6 I - I II I		P1.1.			-9-1- f	ali a ti			l	
l also confi	rm that I have read and understood the I mation in future within 30 days of the sa	ATCA & CRS	e, correct, and complete to the best of my Terms and Conditions below and hereby active and also undertake to provide any o	accept the same. I als	so underta	ake to kee	ep you	inforn	ned in	ı writin	g about	any c	changes	s / modi	ificati	on to the
Date																
Place					Si	gnature										
			FATCA & CRS TER	MS & CONDI	TIONS	3										
	Note : The Guidan	e Note/noti	fication issued by the CBDT shall pro	evail in respect to i	interpret	ation of	the te	erms s	speci	fied in	the fo	rm)				
	personal, tax and beneficial owner info		nas notified Rules 114F to 114H, as part of ertain certifications and documentation													
	•	ded by you, pl	ease ensure you advise us promptly, i.e., v	vithin 30 days.												
	that you may receive more than one req you have already supplied any previously		nation if you have multiple relationships v formation.	vith Axis Mutual Fund	l or its gro	up entities	s. The	refore	, it is i	importa	nt that	you re	spond t	to our r	eques	t, even if
			FATCA & CRS	INSTRUCTIO	NS											
	any questions about your tax residency, S Tax Identification Number.	please contac	ct your tax advisor. If you are a US citizen	or resident or green c	ard holde	r, please ir	nclude	e Unite	d Sta	ites in t	he forei	gn co	untry in	format	tion fi	eld along
	tory to supply a TIN or functional equiv to the form.	alent if the co	untry in which you are tax resident issue	es such identifiers. If	no TIN is	yet availa	ble or	r has n	ot ye	t been i	issued, p	please	e provid	le an ex	xplana	ation and
In case cus	tomer has the following Indicia pertainin	g to a foreign	country and yet declares self to be non-ta	x resident in the respe	ective cou	ntry, cust	omer 1	to prov	/ide re	elevant	Curing (Docun	nents as	s ment	ioned	below:
FATC	A & CRS Indicia observed (ticked)		Doc	cumentation require	d for Cur	e of FAT(CA/ CI	RS Inc	licia							
U.S. plac	e of birth		ertification that the account holder is nei													
			JS passport or any non-US government is:	sued document evider	ncing natio	onality or	citizer	nship	(refer	list bel	ow); and	d				
			ne of the following documents: ïed Copy of "Certificate of Loss of Natior	nality												
			asonable explanation of why the custome	•	a certifica	ite despite	e renoi	uncing	JUS c	itizensh	nip;					
		or Rea	ason the customer did not obtain U.S. citi	zenship at birth												

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

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

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

OR PAN Exempt KYC Ref No. (PEKRN) Place of Birth

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*

Residence/mailing address in a country

Telephone number in a country other than

other than India

India

- 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.

India: OR

Documentary evidence (refer list below)

If no Indian telephone number is provided:

2. Documentary evidence (refer list below)

2. Documentary evidence (refer list below)

If Indian telephone number is provided along with a foreign country telephone number:

KYC Details Change form (For Individuals Only)



Place for Intermediary Logo

Application No.:

ARN-64917 EUIN-E029678

Title	e or App	olicant (Mai	.aatory as	per origina.		,										
	Mr. □ Ms.	. Other (Plea	ase s	Aadhaar	r Number,	if any:					PAN					
Name																
Date of B	irth 🔝	d / m n	n / <u>y</u> y	ууу												
ease Pr	ovide the	e new KYC	details wh	ich should	be upda	ted in yo	our KYC	records.								
		ields for K														
1. Father	's/Spouse	Name														
2. Curren	t Marital s	status Sinc	gle	d			3. Current	Nationality	☐ Indi	an 🗌 Oth	er (Pleas	e specify)				
Note "	FOR OFFIC	CE USE ONLY lled for chang	": The IPV Co	olumn should				•					ıls Seer	n and Ve	rified sh	ould
C. Iden	tity Deta	ails (please	see guide	lines over	leaf)											
1. New N Name	l ame (As ap	ppearing in sup	porting identi	fication docum	nent).											
2. New S	itatus Pleas	se tick (✓) □	Resident Indiv	vidual 🗌 No	on Residen	t (Passport	Copy Man	datory for NF	RIs & Fore	ign Nationa	als)					
3. PAN				Please	enclose a	duly atteste	ed copy of	your PAN Ca	rd							
		y submitted Passport											/DI	ease see	quidalin	, 'D' ov
					,								(FI	ease see	guideiirii	e D OV
		ails (please r Residence/C			rleat)											
I. II.			orresponden												11	
C': 17	(1.0)												D: 6			
City / K	own / Village							Country					Pin Co	de		
	ct Details							Country								
	f.) (ISD)	(STD)						Tel. (Res.)	(ISD)	(STD)						
Mobile		(STD)						Fax	(ISD)	(STD)						
E-Mail I																
☐ Pass ☐ *La *No	sport Ra test Telepho t more than	ation Card card card card card card card card c	Registered Le Land Line) Validity/Expiry	ease/Sale Agre]*Latest Electr date of proof	eement of I ricity Bill of address	Residence *Latest Gas submitted	☐ Driving as Bill ☐ 0	License \(\)\text{Others (Please}\(\) \(\) \(\) \(\)	Voter Ider specify)	ntity Card [*Lates	t Bank A	Vc Stat	ement/Pa	assbook	
	own / Village												Pin Coo	de		
								Country								
State 5. Proof Pas *No	ssport atest Telepl ot more tha	ss to be pro Ration Card hone Bill (only n 3 Months old	Registered Registered Yellow Registered Regi	d Lease/Sale □*Latest E	Agreemer Electricity	nt of Resid Bill □*La	lence □I test Gas B	e following Driving Licer	nse 🔲 \ rs (<u>Please</u>	oter Ident specify)	ity Card	l □*La ⁻				
State 5. Proof Pas *No *No 6. Any	ssport atest Telephot more tha other in	Ration Card hone Bill (only n 3 Months old formation:	☐Registered y Land Line) d. Validity/Exp	d Lease/Sale □*Latest E	Agreemer Electricity	nt of Resid Bill □*La ddress subr	dence	e following Driving Licer Vill Othe	nse 🔲 \ rs (<u>Please</u>	oter Ident specify)	ity Card	l □*La	test Ba	ank A/c :	Stateme	nt/Pass
State	ssport Interest Telephot more that other in ATURE	Ration Card hone Bill (only n 3 Months old formation: OF APP as per orig	Registerer y Land Line) d. Validity/Exp : LICANT	d Lease/Sale **Latest E piry date of p I hereby d the best you of ar informati	Agreemer Electricity proof of ac declare that of my/ou ny chang- ion is fo	nt of Resid Bill *La ddress subr DE at the deta r knowled es therein bund to	dence Intest Gas Benitted	e following Driving Licer iill Othe d / n ATION ned above a elief and I ately. In ca	re true a underta se any ce or m	/oter Ident specify) nd correct ke to info of the abo	y y	l □*La	test Ba		Stateme	nt/Pass
State 5. Proof Pas *No 6. Any	ssport Interest Telephot more that other in ATURE	Ration Card hone Bill (only n 3 Months old formation:	Registerer y Land Line) d. Validity/Exp : LICANT	d Lease/Sale **Latest E piry date of p I hereby d the best you of ar informati misrepres	Agreemer Electricity proof of ac declare that of my/ou ny chang- ion is fo	nt of Resid Bill *La ddress subr DE at the deta r knowled es therein bund to	dence Intest Gas Benitted	e following Driving Licer iill Othe d / n ATION ned above a nelief and I ately. In ca or untrue nat I/we ma	re true a underta se any of e or my be hel	/oter Ident specify) y y y nd correct ke to info of the abour isleading d liable for	y y y t to orm ove or rit.	l □*La	test Ba	ank A/c :	Stateme	nt/Pass
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Name of the Organization Name of the Organization $\hfill \square$ (Attested) True copies of documents received Signature Signature Main Intermediary Date Date

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients in all type of change request.

- Copies of all the documents submitted by the applicant should be self-attested 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 below mentioned list.
- 3. If any proof of identity or address is in a foreign language, then translation into English is required.
- 4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 5. If correspondence & permanent address are different, then proofs for both have to be submitted.
- 6. Sole proprietor must make the application in his individual name & capacity.
- 7. 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.
- 8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- 9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 10. 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.
- 11. Politically Exposed Persons (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.

B. Proof of Identity(POI): List of documents admissible as Proof of Identity:

- 1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
- 2. Aadhaar Number / Passport / Voter ID card / Driving license.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Aadhaar Number / Passport / Voters Identity Card/Ration

Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat Maintenance bill/Insurance Copy.

- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill Not more than 3 months old.
- 3. Bank Account Statement/Passbook Not more than 3 months old.
- 4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- 5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
- 7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
- 8. The proof of address in the name of the spouse may be accepted.

Exemptions/clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected.)

- In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- 2. Investors residing in the state of Sikkim.
- 3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- 4. SIP of Mutual Funds upto Rs 50,000/- p.a.
- 5. In case of institutional clients, namely, FIIs, Mfs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

- 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).
- 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.

EXISTING INDIVIDUAL INVESTORS - SUPPLEMENTARY KNOW YOUR CLIENT (KYC),

FATCA & CRS - SELF CERTIFICATION FORM (Including Sole Proprietor)

AXIS MUTUAL FUND

[Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]

ARN-64917 EUIN-E029678

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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 Axis 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.

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	 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: 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	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.

AMC contact address & call center details.

Axis Asset Management Company Limited

Investment Manager to Axis Mutual Fund Axis House, First Floor, C-2, Wadia International Centre, Pandurang Budhkar Marg, Worli, Mumbai - 400 025.

Tel 022 4325 5100 **Fax** 022 4325 5199

 $\textbf{Toll Free} \ 1800\ 221322\ or\ 1800\ 3000\ 3300\ From\ Monday\ to\ Friday\ -\ 8\ AM\ to\ 7\ PM\ On\ Saturday\ -\ 9\ AM\ to\ 6\ PM$

Email customerservice@axismf.com Web www.axismf.com

SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM

The application Form should be completed in English and n BLOCK LETTERS only.



Date D D M M Y Y Y Y			
UNIT HOLDER INFORMATION			
A. EXISTING INVESTOR Folio No.		B. NEW INVESTOR A	Application No.
FIRST APPLICANT'S DETAILS			Title ☐ Mr. ☐ Ms. ☐ M/s
Name (1st) Status Resident Individual Proprietor HUF Min	nor Society FII	NRI 🗆 PIO 🗀 Partnership	Firm Trust Company Other Specify
Occupation 🗌 Pvt. Sector Service 🗌 Public Sector 🔲 Gov. Service		Professional Retired Bus	iness Agriculture Student Forex Dealer Other Specify
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SECOND APPLICANT'S DETAILS			Title ☐ Mr. ☐ Ms. ☐ M/s
Name (2 nd)			
Status Resident Individual Proprietor HUF Min NRI PIO Partnership Firm Trust C Occupation Pvt. Sector Service Public Sector Gov. Service Defence Professional Retired Business A Forex Dealer Other Specify	Company Other Specify Housewife	Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information	
THIRD APPLICANT'S DETAILS			Title Mr. Ms. M/s
Name (3 rd)			
Status Resident Individual Proprietor HUF Min NRI PIO Partnership Firm Trust C Occupation Pvt. Sector Service Public Sector Gov. Service Defence Professional Retired Business A Forex Dealer Other Specify	Company Other Specify Housewife	Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information	
DECLARATION			
I hereby declare that the details furnished above are true and correct to is found to be false or untrue or misleading or misrepresenting, I am awar	, ,		ou of any changes therein, immediately. In case any of the above information
First / Sole Applicant / Guardian	Seco	nd Applicant	Third Applicant
INSTRUCTIONS			

In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP)* status mentioned under section 2 & 3 which was forming part of uniform KYC form will now be captured in the application form of the Fund. Also, the detail of nature of services viz. Foreign Exchange/Gaming/Money Lending, etc.,(applicable for first/sole applicant) is required to be provided as part of Client Due Diligence (CDD) Process of the Fund.

The said details are mandatory for both Individual and Non Individual applicants.

*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.

Ultimate Beneficial Owners(s)

Pursuant to SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 on Anti Money Laundering Standards and Guidelines on identification of Beneficial Ownership issued by SEBI vide its Circular No. CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of 'Ultimate Beneficial Owner(s) (UBO(s))'. In case the investor or owner of the controlling interest is a company listed on a stock exchange or is a majority owned subsidiary of such a company, the details of shareholders or beneficial owners are not required to be provided.

Non-individual applicants/investors are mandated to provide the details on 'Ultimate Beneficial Owner(s) (UBO(s))' by filling up the declaration form for 'Ultimate Beneficial Ownership'. Please contact the nearest Investor Service Centre (ISC) of Axis Mutual Fund or visit our website www.axismf.com.

AXIS MUTUAL FUND

FORM FOR UPDATION OF AADHAAR (For Individual / Sole Proprietors) ARN-64917 EUIN-E029678

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GUIDELINES

- 1. By filling up this Form, the investor authorizes Axis Asset Management Company Limited/Axis Mutual Fund/UIDAI/various KYC Registration Agencies/Authentication agencies etc. to receive and share the information physically or electronically related to Aadhaar and other related matters.
- 2. In case of any correction/change in name/address/mobile number/date of birth etc. recorded with UIDAI, please update the change with UIDAI's Aadhaar Self Service Update Portal, currently, https://ssup.uidai.gov.in/web/guest/update.
- 3. In case of any assistance, please contact the nearest Investor Service Centre of Axis Mutual Fund.
- 4. 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.
- 5. Ensure all the details are as per PAN Card / KYC / Aadhaar Card.
- 6. If the name given in the application does not match with the name as appearing on the PAN Card / Aadhaar Card, authentication application may be liable to get rejected or further transaction may be liable to get rejected.
- 7. Aadhar No. is optional for minor & mandatory for guardian.

	CHECK LIST
Form has been completed and signed by all the holders.	Letter issued by UIDAI containing Aadhaar Number.
The copy of Self attested AADHAR card	If Aadhaar number is applied for, please enclose letter issued by UIDA containing proof of Aadhaar Enrolment.