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

Please fill in ENGLISH and in BLOCK LETTERS



Place for Intermediary Logo

Application No.:

Systematix ARN: 64917 EUIN: E-029678

Father's/Spouse Name the	PHOTOGRAPH Please affix a recent passport b photograph and sign across it
Father's/Spouse Name 2. Gender Male Female B. Marital status Single Married C. Date of Birth d d / m m / y y y 3. Nationality Indian Other (Please specify)	Please affix e recent passport e photograph and
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3. Nationality Indian Other Please specify	sign across it
i. PAN Please enclose a duly attested copy of your PAN Card	
Aadhaar Number, if any:	
. Proof of Identity submitted for PAN exempt cases Please Tick (✓)	
UID (Aadhaar) Passport Voter ID Driving Licence Others (Please s	see guideline 'D' o
3. Address Details (please see guidelines overleaf)	
. Address for Correspondence	
City / Town / Village Prin Code	
State Country	
. Contact Details Tel. (Off.) (ISD) (STD)	
Mobile (ISD) (STD) Fax (ISD) (STD)	
E-Mail Id.	
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐*Latest Bank A/c :☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)	
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted ddd/mmm//yyyyyy	ent Applicant
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Systematix ARN: 64917 EUIN: E-029678

CKYC & KRA KYC Form



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\square D- Driving Licence																D	riv	ing	Lic	ence	Ex	piry	Dat	е	D]-[M]-[ΥΥ	Υ	Υ	
☐ E- Aadhaar Card											_																					
\square F- NREGA Job Card																																
\square Z- Others (any docume	nt n	otifie	d by	/ the	e cei	ntral	gov	ernn	nent	:) [ld	ent	ificat	tion	Nun	nbe	r 🗌								
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Version 1.6 Page

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4. Contact Details (All communications will be sent on provided Mobile no. / En	hall-ID) (Please refer instruction 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 India (Please refer instruction B at the end)
Additional Details Required* (Mandatory only if above option (5) 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 Bi	th* Country Code as per ISO 3166
Address Line 1*	
Line 2	
	City / Town / Village*
Line 3	
District* Zip / Post Code*	State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT* Country	* Country Code 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 Numb	er of Related Person (if available*)
Related Person Type*	☐ Authorized Representative
Prefix First Name	Middle Name Last Name
Name* (If KYC number and name are provided, below details of s	ection 6 are optional)
Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the	
(Certified copy of <u>any one</u> of the following Proof of Identity[Pol] needs to be submitted	
A- Passport Number	Passport Expiry Date
B- Voter ID Card	
☐ C- PAN Card	
☐ D- Driving Licence	Driving Licence Expiry Date DD - MM - Y Y Y Y
☐ E- Aadhaar Card	
F- NREGA Job Card	
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 and be 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 legislation or any notifications/directions issued by any governmental or statutory authority from time to the state of th	
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above representation from Central KYC Registry through SMS/Email on the above representation.	
Date: DD - MM - Y 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 Details
Date DD - MM - Y Y Y	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
Emp. Besignation	
In-Person Verification (IPV) Carried Out by (Refer Instruction J)	Institution Details
Date DD - MM - Y Y Y Y	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	

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Systematix ARN: 64917 EUIN: E-029678

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

Supplementary CKYC Form

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

KYC Type: ☐ Normal (PAN is mandatory)

□ PAN Exempt Investors



1. Identity Details (Please r	efer 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)	
Maiden Name (If any*)	
Mother Name*	
Residential Status* Occupation Type*	Resident Individual Person of Indian Origin S-Service Private Sector Public Sector Government Sector O-Others Professional Self Employed Retired Housewife Student S-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)
Country of Jurisdiction of	ed* (Mandatory only if above option is ticked) Residence* Country Code of Jurisdiction of Residence as per ISO 3166 or or equivalent (If issued by jurisdiction)* Country of Birth* Country Code as per ISO 3166 Country of Birth* City / Town / Village* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT*	Country* Country Code as per ISO 3166
Details of Related Person	n (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*)
Related Person Related Person Type*	Guardian of Minor Assignee Authorized Representative
Related Person Type* Name*	Guardian of Minor Assignee Authorized Representative Prefix First Name Middle Name Last Name
Related Person Type* Name* Proof of Identity [Pol] of	Guardian of Minor Assignee Authorized Representative Prefix First Name Middle Name Last Name (If KYC number and name are provided, below details of section 6 are optional)
Related Person Type* Name* Proof of Identity [Pol] of	Guardian of Minor Assignee Authorized Representative Prefix First Name Middle Name Last Name (If KYC number and name are provided, below details of section 6 are optional) Related Person* (Please see instruction (H) at the end)
Related Person Type* Name* Proof of Identity [Pol] of (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- Aadhaar Card	Guardian of Minor Assignee Authorized Representative Prefix First Name Middle Name Last Name (If KYC number and name are provided, below details of section 6 are optional) Related Person* (Please see instruction (H) at the end) the following Proof of Identity[Pol] needs to be submitted)
Related Person Type* Name* Proof of Identity [Pol] of (Certified copy of any one of the Arman	Guardian of Minor Prefix First Name Middle Name Last Name (If KYC number and name are provided, below details of section 6 are optional) Related Person* (Please see instruction (H) at the end) the following Proof of Identity[Pol] needs to be submitted) Passport Expiry Date
Related Person Type* Name* Proof of Identity [Pol] of (Certified copy of any one of the Arman	Guardian of Minor Prefix First Name Middle Name Last Name (If KYC number and name are provided, below details of section 6 are optional) Related Person* (Please see instruction (H) at the end) the following Proof of Identity[Pol] needs to be submitted) Passport Expiry Date Driving Licence Expiry Date
Related Person Type* Name* Proof of Identity [Pol] of (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any docume)	Guardian of Minor Prefix First Name Middle Name Last Name (If KYC number and name are provided, below details of section 6 are optional) Related Person* (Please see instruction (H) at the end) the following Proof of Identity[Pol] needs to be submitted) Passport Expiry Date Driving Licence Expiry Date
Related Person Type* Name* Proof of Identity [Pol] of (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any docume)	Guardian of Minor Prefix First Name Middle Name Last Name (If KYC number and name are provided, below details of section 6 are optional) Related Person* (Please see instruction (H) at the end) the following Proof of Identity[Pol] needs to be submitted) Passport Expiry Date Driving Licence Expiry Date
Related Person Type* Name* Proof of Identity [Pol] of (Certified copy of any one of the A-Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any document of the A-Passport Number) 4. Remarks (If any) 5. Applicant Declaration • Thereby declare that the details furtherein, immediately. In case any of liable for it. I hereby declare that legislation or any notifications/directions/d	Guardian of Minor Prefix First Name Middle Name Last Name (If KYC number and name are provided, below details of section 6 are optional) Related Person* (Please see instruction (H) at the end) the following Proof of Identity[Pol] needs to be submitted) Passport Expiry Date Driving Licence Expiry Date



SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM

The Application Form should be completed in English and in **BLOCK LETTERS** only.

DATE:

1. UNIT HOLDER INFORMATION a. EXISTING UNIT HOLDER INFORMATION Any information provided at PAN level, will be updated in all the Folios where the PAN PAN is Registered. b. NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. Application Form No. 2. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) a. Status of First/ Sole Applicant [Please tick (\checkmark)] \square Individual \square Non - Individual Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company FIIs Minor through guardian BOI OCI Body Corporate ☐ LLP ☐ Society / Club ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others b. Occupation Details [Please tick (🗸)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Agriculture Proprietorship Others_ (please specify) Retired c. Gross Annual Income (Rs.) [Please tick (\checkmark)] \square Below 1 Lakh \square 1 - 5 Lakhs 5 - 10 Lakhs 10 - 25 Lakhs >25 Lakhs - 1 Crore >1 Crore c. Net-worth (Mandatory for Non-Individuals) Rs._____ (Not older than 1 year) as on d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) 🔲 I am PEP 🔲 I am Related to PEP 🦳 Not Applicable e. Investors involved/ providing any of the mentioned services ☐ Wholesalers **OR** ☐ Retailers in Precious metals (in particular buying-selling gold) and gems ☐ Wholesalers **OR** ☐ Retailers in Boats ☐ Wholesalers **OR** ☐ Retailers in Race-horses ☐ Money Service Businesses (MSB) & their agents (excluding Banks) Currency dealers or exchanges Sellers or redeemers of traveler's cheques Money orders / remittance services Pawn shops Street market stall Hotels Restaurants Internet cafés Door-to-door sales companies Taxi Bars Night-clubs Second-hand goods sales Second-hand vehicle dealers (excluding automobile franchise) Casinos Lotteries Gaming clubs Slot machines Antiques Art galleries Art dealers Auctioneer Art expert 3. DETAILS OF SECOND APPLICANT, If any a. Occupation Details [Please tick (')] Service Private Sector Public Sector Government Service Student Professional Housewife Agriculture Proprietorship Retired Others (please specify) b. Gross Annual Income (Rs.) Below 1 Lakh 1 - 5 Lakhs 5 - 10 Lakh 1 1 - 5 Lakhs 5 - 10 Lakh 2 1 - 25 Lakhs - 1 Crore 7 > 1 Crore 7 Net worth Rs. c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) | I am PEP | I am Related to PEP | Not Applicable d. Investors involved/ providing any of the mentioned services ☐ Wholesalers **OR** ☐ Retailers in Precious metals (in particular buying-selling gold) and gems Wholesalers OR Retailers in Luxury cars Wholesalers **OR** Retailers in Boats Wholesalers **OR** Retailers in Race-horses Wholesalers **OR** Retailers in Jewellery Money Service Businesses (MSB) & their agents (excluding Banks) Currency dealers or exchanges Sellers or redeemers of traveler's cheques Money orders / remittance services Pawn shops Street market stall Hotels Restaurants Internet cafés Door-to-door sales companies Taxi Bars Night-clubs Second-hand goods sales Second-hand vehicle dealers (excluding automobile franchise) Casinos Lotteries Gaming clubs Slot machines Antiques Art galleries Art dealers Auctioneer Art expert



4. DETAILS OF THIRD APPLICANT, If any									
a. Occupation Details [Please tick (\checkmark)] \square Service \square [Private Sector Public Sector	Government Service	Student Professional	☐ Housewife ☐ Business					
Retired Agriculture Proprietorship Others	s(pleas	se specify)							
b. Gross Annual Income (Rs.) Below 1 Lakh 1 - 5 Lakhs 5 - 10 Lakhs 10 - 25 Lakhs >25 Lakhs - 1 Crore >1 Crore OR Net worth Rs.									
c. Politically Exposed Person (PEP) Status (Also applicable for	r authorised signatories/ Promoters/ F	(arta/ Trustee/ Whole time Directo	ors) 🔲 I am PEP 🔲 I am Re	elated to PEP Not Applicable					
d. Investors involved/ providing any of the mentione	d services								
☐ Wholesalers OR ☐ Retailers in Precious metals (in part	ticular buying-selling gold) and g	ems	Wholesalers OR Retail	ers in Luxury cars					
☐ Wholesalers OR ☐ Retailers in Boats	Wholesalers OR Retailers	in Race-horses	Wholesalers OR Retail	ers in Jewellery					
☐ Money Service Businesses (MSB) & their agents (excludin☐ Money orders / remittance services	g Banks)	dealers or exchanges	Sellers or redeemers of trav	reler's cheques					
☐ Pawn shops ☐ Street market stall ☐ Hotels ☐ Restaur ☐ Second-hand goods sales ☐ Second-hand vehicle dealer			Taxi 🗌 Bars 🦳 Night-clubs						
☐ Casinos ☐ Lotteries ☐ Gaming clubs ☐ Slot machines	Antiques Art galleries	Art dealers Auctioneer	Art expert						
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.									
First / Sole Applicant / Guardian	Second App	licant	Thire	d 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 all applicants) 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.



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)

Name Gender (Please ✓) Father's Name	First Name	Mid	ddle Name			Last	Name			
, ,	M E O DAN									
Father's Name	M F O PAN		Occupation Type	s S	Service	Bu	siness		Others	
_	First Name	Mid	ddle Name			Last	Name			
Cust. ID / Folio No.										Ī
Address of tax resider	nce would be taken as available in	KRA database. In case of any char	nge please approach k	(RA & notif	y the cha	anges				_
Type of address given	at KRA (Please ✓) Resident	ial or Business Residential		Business		F	Registered	Office		٦
Permissible documents	ts are Passport Election ID	Card PAN Card Govt. ID Card	Driving License UI	DAI Card	NREGA	A Job Card	Other	s		_
Date of Birth	D D M M Y Y Y Y	Place of Birth								٦
Country of Birth		Nati	onality							7
	- f		NO							_
•	of any country other than India? (Planutries in which you are resident for toy	purposes and the associated Tax ID Number								
ii yes, piease iiiuicate aii co	Country #	Tax Identification Nu		Idonti	fication .	Tuna /TINI a	r Other pl	2000 000	oifu)	٦
	Country "	Tax Identification Nu	mber	luenii	ilication	Type (TIN o	r Otrier, pi	ease spe	cily)	+
										-
										4
# To also include USA, whe	ere the individual is a citizen / green card	holder of The USA	In case Tax Identification I	Number is no	t available	, kindly prov	ide its fun	ctional e	quivalent \$	
SECOND APPLIC	CANT									
Name	First Name	Mi	ddle Name			l ast	Name			Ī
=	M F O PAN		Occupation Type	, 9	Service		siness		Others	=
, ,					JOI VICC				Outcia	_
Father's Name	First Name	Mil	ddle Name			Last	Name			=
Cust. ID / Folio No.		I/DA I / I / I / I		(DA 0						
		KRA database. In case of any char			y the cha		No. of a factor of	055		7
Type of address given a	(, , , , , , , , , , , , , , , , , , ,	ial or Business Residential		Business	NDEC/		Registered			_
Permissible documents		Card PAN Card Govt. ID Card Place of Birth	Driving License UI	DAI Card	INREGA	A Job Card	Other	S		_
	D D M M Y Y Y Y									_
Country of Birth			onality							۷
•	of any country other than India? (P	,	NO							
ii yes, piease iiiuicate aii co	Country #	purposes and the associated Tax ID Number Tax Identification Nu		Idonti	fication .	Tuna (TIN) a	r Other pl	2000 000	oifu)	٦
	Country "	Tax Identification Nu	ilibei	lueliti	ilication	Type (TIN o	i Otrier, pi	ease spe	city)	+
										4
										4
# To also include USA, who	ere the individual is a citizen / green card	holder of The USA	A In case Tax Identification	Number is no	ot available	e, kindly pro	vide its fun	ctional e	quivalent s	
THIRD APPLICAN	NT									
Name	First Name	Mid	ddle Name			Last	Name			
=	M F O PAN		Occupation Type	, S	Service		siness		Others	ī
, , _	First Name	Mi	ddle Name				Name			_
Father's Name Cust. ID / Folio No.	T HIST VALUE	1411				Lasi	TYGITIC			=
	nce would be taken as available in	KRA database. In case of any char	nge please approach k	RA & notif	the ch:	anges				_
Type of address given		ial or Business Residential		Business	y tile cile	_	Registered	Office		٦
Permissible documents				DAI Card	NREGA	A Job Card	Other			_
	D D M M Y Y Y Y	Place of Birth								Ī
Country of Birth			onality							7
	of any country other than India 2 (D)									_
•	of any country other than India? (Planutries in which you are resident for tax	,	NO NO							
ii yoo, picase iiiulcate all Ct	<u> </u>	1		ldon41	fication "	Type /TINI ~	r Other ni	220 000	ocify)	٦
	oountry "	Tax Identification Nu	mod	iueiiii	iicaliUil	iype (11140	i Juiei, pii	ose spe	, only j	+
										+
-	,	purposes and the associated Tax ID Number	ers below:	Identi	fication [*]	Type (TIN o	r Other, pl	ease spe	ecify)	

[#] 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.

Si	a	n	a	tı	ı	n	ρ	c
v	м		а	u	и		c	J

First / Sole Applicant / Guardian	Second Applicant	Third Applicant

Date: D D M M Y Y Y Y

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 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 (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.

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 green card 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:

er than India; and
er than India; and
any country other
er than India; and
f

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 centre details.	Blank space for your branch or any other details.

Systematix ARN: 64917 EUIN: E-029678

REQUEST FOR SEEDING OF AADHAAR



Please submit this request for each PAN separately	
PAN	
Aadhaar Number	
*Where Aadhaar Number not assigned, please submit proof of application for enro	olment of Aadhaar
Name	Gender (Please ✓) ☐ Male ☐ Female ☐ Other
Date of Birth DD / MM / YYYY Mobile Number	Pin code
Email	
Consent: I hereby provide my consent in accordance with Aadhaar Act, 2016 and re validating / authenticating and (iii) updating my Aadhaar number in accordance with the I hereby provide my consent for sharing / disclose of the Aadhaar number(s) including SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purp	e Aadhaar Act, 2016 (and regulations made there under) and PMLA. demographic information with the asset management companies of
Date DDIIMMIYYYY Place	Signature
 General Instructions: a. This form should be submitted separately for each PAN. b. Seeding of Aadhaar is Not applicable for NRIs c. In case of Non-Individuals and HUFs, Kindly refer Non-Individual Forms. d. Submission of this form does not warranty linking of Aadhaar Number in your Forequired validations. Please ensure your mobile number is updated in your Aadhe. Please Submit duly filled and signed form to your nearest Sundaram BNP Paribates. You can dispatch the filled and signed form(s) to the following address: Sundarated Garden Road, Nungambakkam, Chennai – 600034. 	naar database. as Fund Services Limited Customer Care Center / AMC branches.
Acknowledgment (To be filled by Investor) PAN Investor Name	BNP PARIBAS MUTUAL FUND
Aadhaar linking request form received for the above referred PAN. Linking your Aadhaar in Folios will be subject to verification and authentication of your Aadhaar with concerned authorities	Official Service Centre / Point of Acceptance seal & sign