Systematix ARN: 64917	EUIN: E-029678	CKYC & KRA KYC Form	CANARA ROBECO
Know Your Client Application Form (Fo (Please fill the form in English an Fields marked with "*' are mandato	id in BLOCK Letters)	Application New Type* Update KYC Number* KYC Type* Normal (PAN is mandatory) PAN Exem	
1. Identity Details (Please r	efer instruction A at the e		
PAN	Prefix	Please enclose a duly attested copy of your PAN Card	LootNomo
Name* (same as ID proof)		First Name Middle Name	
Maiden Name (If any*)			
Father / Spouse Name*			+ + + + + + + + + + + + + + + + + + +
Mother Name*			
Date of Birth*			Photo
Gender*	M- Male	F- Female T-Transgen	der
Marital Status*	Married	Unmarried Others	
Citizenship*	IN- Indian	Others – Country	Country Code
Residential Status*	Resident Individual	Non Resident Indian	
	Foreign National	Person of Indian Origin	
Occupation Type*	S-Service Priv O-Others Prof		Housewife Student Signature/
	B-Business	X-Not Categorised	Thumb Impression
2. Proof of Identity (Pol)* (f	or PAN exempt Investor	r if PAN card copy not provided) (Please refer instruction	n C & K at the end)
• • • •	•	ty [Pol] needs to be submitted)	,
A- Passport Number		Passport Exp	iry Date DD-MM-YYYY
B- Voter ID Card			
D- Driving Licence		Driving Licen	ce Expiry Date D D - M M - Y Y Y
E- Aadhaar Card			
F- NREGA Job Card			
Z- Others (any docume		I government)	cation Number
3. Proof of Address (PoA)*			
Address	/ Overseas Address Deta	ils (Please see instruction D at the end)	
Line 1*			
Line 2			
Line 3			ity / Town / Village*
District*	Zi	Post Code* State/UT	Code as per Indian Motor Vehicle Act, 1988
State/UT*		Country*	Country Code as per ISO 3166
Address Type*	esidential / Business	Residential Business	Registered Office Unspecified
• •	of the following Proof o	Address [PoA] needs to be submitted)	5
Proof of Address*			
Passport Number Voter ID Card		Passport Exp	
Driving Licence		Driving Licon	ce Expiry Date D D - M M - Y Y Y Y
Aadhaar Card		Driving Licen	
NREGA Job Card			
□ Others (any document	notified by the central (overnment)	cation Number
_		ase see instruction E at the end)	
		s details (In case of multiple correspondence / local addresses, ple	ase fill 'Annexure A1', Submit relevant documentary proof)
Line 1*			
Line 2			
Line 3		c	ity / Town / Village*
District*	Zi	o / 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 instruction P at the end) Email ID Email ID
Mobile Tel. (Oti) Tel. (Oti) Tel. (Ness) S. FATCA/CRS Information (Tick II Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the of Additional Datals Required* (Mandatory only if above option (5) is ticked) Country of Jurisdiction of Residence
S. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the e Additional Details Required' (Mandatory only if above option (5) is ticked) Country O Jurisdiction of Residence is a per ISO 316 Tax Identification Number or equivalent (If issued by pirrideitCinny) Place / City of Birth* Country Code as per ISO Address Country Code as per ISO Country Code as per ISO Address Country Code as per ISO Country Code as per ISO Address Coun
S. FATCA/CRS Information (Tick If Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the ed Additional Details Required* (Mandatory only if above option (5) is ticked) Country of Jurisdiction of Residencee
Additional Details Required* (Mandatory only If above option (5) is ticked) Country Od Jurisdiction of Residence as per ISO 3166 Tax Identification Number or equivalent (If issued by jurisdiction)* Country Code of Jurisdiction of Residence break address country Code of Jurisdiction of Residence country Code of Jurisdiction of Residence country Code as per ISO 3166 Address country Code country country Code country country Code coun
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Place / City of Birth* Country of Birth* Country of Birth* Country Code as per 18 Address Line 1* Line 2 Line 3 Line 3 Line 4 Li
Address Line 1* Line 2 Line 3 Line 4 Line 4 Line 4 Line 4 Line 5
Line 2 Line 3 Line 4 Line 3 Line 4 Line 3 Line 4 Li
Line 3 District* Line 4 District* District* Line 4 District* District* Line 4 District* Distr
District* District* Zip / Post Code* State/UT* Code State/UT* Code
State/UT
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 Type' Guardian of Minor Pratix First Name Made Name Last Name Name' (If XVC 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 Pratix First Name (If XVC number and name are provided, below details of section 6 are optional) (Certified copy of any one, of the following Proof of Identity[PoI] needs to be submitted) A - Passport Number Passport Expiry Date Passport Expiry Date O - O - O - O - O - O - O - O - O - O -
Related Person Deletion of Related Person KYC Number of Related Person (if available*) Related Person Type* Quardian of Minor Assignee Authorized Representative Name* Prefix First Name Middle Name Last Name Name* (if KVC number and name are provided, below details of section 6 are optional) Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted] Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted] A + Passport Number Passport Expiry Date O<
Related Person Type* Guardian of Minor Assignee Authorized Representative Name* Prick First Name Middle Name Last Name Name* (If KYC number and name are provided, below details of section 6 are optional) (If KYC number and name are provided, below details of section 6 are optional) (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 any one of the following Proof of Identity[Pol] needs to be submitted) A - Passport Number Passport Expiry Date Image: Comparison of the following Proof of Identity[Pol] needs to be submitted) B - Voter ID Card Diviving Licence Diviving Licence Expiry Date Image: Comparison of the following Proof of Identity[Pol] of Related by the central government) I - D Driving Licence Diviving Licence Expiry Date Image: Comparison of the following Proof of Identity[Pol] of Related by the central government) I - NREGA Job Card Image: Comparison of the following Proof of the best of my knowledge and belief and Iundertake to inform you of any changes information is found to be faste or unitor or misleading or misropresenting. I am aware that I may behad here the expression of Angulaces. B - Unreby defate that the details functional above are true and correct to the best of my knowledge and belief and Iundertake to inform you of any changes information is found to be faste or unitor or misleading or misropresenting. Image: Comparison of Angulaces. B - Unreby defate that the details functional subjection for the theore on prive information is found to be faste or unitor or misleading or misropresenting. Image: Comparis
Prefix First Name Middle Name Last Name Name* III KYC number and name are provided, below details of second are optional) III KYC number and name are provided, below details of second are optional) III KYC number and name are provided, below details of second are optional) Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end) (Certified copy of ary one, of the following Proof of Identity[Pol] needs to be submitted) Passport Expiry Date IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
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 any one of the following Proof of Identity[Pol] needs to be submitted) A - Passport Number Passport Expiry Date B - Voter ID Card Pol of Proving Licence Expiry Date D - Driving Licence Driving Licence Expiry Date Z - Others (any document notified by the central government) Identification Number A - Remarks (if any) Identification Number Stoppicant Declaration Issee or universe or oniverse or onine or
(ff 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) (Cartified copy of any one of the following Proof of Identity[PoI] needs to be submitted) A. Passport Number B. Voter ID Card D- Driving Licence D- Driving Licence F. NREGA Job Card Z. Others (any document notified by the central government) Identification Number A. Passport Expiry Date B. Voter ID Card D- Driving Licence D- Voter ID Card F. NREGA Job Card Z. Others (any document notified by the central government) Identification Number Identification Number B. Applicant Declaration • Thereby declare that the details fumithed above are true and correct to the best of my knowledge and belief and Ludentake to inform you of any changes Identify. Incase with therein, immediately. In case any optimation is found to balas or outrive mislaading or misleading or mislaading or mi
(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted) A - Passport Number Passport Expiry Date B - Voter ID Card Passport Expiry Date C - PAN Card Passport Expiry Date D - Driving Licence Passport Expiry Date F - NREGA Job Card Passport Expiry Date Z - Others (any document notified by the central government) Identification Number Identification Number Identification Number Isolar Declaration Identification Struct to be stof my knowledge and belief and lundertake to inform you of any changes Isolar Declaration Isolar Declaration Isolar Declaration Isolar Declaration Isolar Declaration Isolar Declaration of the purpose doctaret not on any Act, Rules, Regulations or any statute of legislation or any statute of misedations directions isolared to be table or intruve or misedate or on the obve registered number/email address. Date Documents Rece
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B- Voter ID Card
C - PAN Card D - Driving Licence E - Aadhaar Card F - NREGA Job Card C - Mail - V V - V - V - V - V - V - V - V - V
D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any document notified by the central government) Identification Number 7. Remarks (If any) A poplicant Declaration 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 in 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 in your of any notification is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held labeled to true and normation is found to be false or untrue or misleading or any softautions or any statute of any notification factors is supplication for the purpose of contravention of any Act, Rules, Regulations or any statute of labeled to true and correct to the best of my knowledge and belief and I undertake to inform you of any changes in your of any changes in your of any changes in the details furnished above information for the purpose of contravention of any Act, Rules, Regulations or any statute of labeled to true and correct to the best of my knowledge and belief and I undertake to inform you of any changes. Date: Place: Image: Ima
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 • Intereby 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 intered, 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 labele for it. 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 ligibility or any notification Scale they application for the purpose of contraventing. I am aware that I may be held labele for it. I hereby declare that I am not making this application for the purpose of contraventing or any statute of ligibility form time to time. • I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Date: D Ø With Place: Signature / Thumb Impression of Applica 9. Attestation / For Office Use Only Date O Ø With Place: Name O Institution Details
F- NREGA Job Card Z- Others (any document notified by the central government) Identification Number 7. Remarks (If any) 8. Applicant Declaration • Interby declare that the details furnished above are true and correct to the best of my knowledge and belief and 1 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. Interby declare that the details furnished above are true and correct to the best of my knowledge and belief and 1 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. Interby declare that I am to making this application for the purpose of contravention of any statute of the second statute or autority from time to time. • Interby declare that I am to making this application for the purpose of contravention of any statute of the purpose of contravention of any statute of the second statute or autority from time to time. • Interby declare that I am to making this application for the purpose of contravention of any statute of the second statute or autority from time to time. • Interby declare that I amy be held in the above registered number/email address. Date: D • Interby declare that I amy be held in the above registered number/email address. Date: Signature / Thumb Impression of Applice <tr< td=""></tr<>
Z- Others (any document notified by the central government) Identification Number Identification State Identification Armon other State
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 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 ligible 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 for Central KYC Registry through SMS/Email on the above registered number/email address. Signature / Thumb Impression of Applica 9. Attestation / For Office Use Only Documents Received Centrified Copies Signature / Thumb Impression of Applica Mark Mark Name Name Name Emp. Name Code Name Name Name
8. Applicant Declaration • Inereby declare that the details furnished above are true and correct to the best of my knowledge and belief and Lundertake 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 or legislation or any notifications/directions issued by any governmental or statutory authority from time to time. • I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or 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: D D M V Y Y Place: Signature / Thumb Impression of Application of Application Carried Out by (Refer Instruction I) Institution Details M Y Pate Name Emp. Name Code
 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: Date: Detempt of Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date Detempt of Certified Copies Name Code
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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. [Signature / Thumb Impression] • I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Signature / Thumb Impression of Applica Date: D M Y Y Place : Signature / Thumb Impression of Applica 9. Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Institution Details Date D M Y Y Name Institution Details Pate Code Institution Details Institution Details Institution Details
• I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: D • M - Y • Attestation / For Office Use Only
Sector Sector 9. Attestation / For Office Use Only Documents Received CertifiedCopies KYC Verification Carried Out by (Refer Instruction I) Date D Emp. Name
Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Institution Details Date D M Y Y Emp. Name Code Code Code Code
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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 refer instruction A at	t the end)
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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*	Resident Individual Non Resident Indian													
Occurrention Transf	Foreign National Person of Indian Origin Provide Contractory Provide Contractory Provide Contractory Provide Contractory													
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)														
	ed* (Mandatory only if above option is ticked)													
Country of Jurisdiction of														
_	r or equivalent (If issued by jurisdiction)*													
Place / City of Birth* Country of Birth* Country of Birth* Country Code as per ISO 316														
Line 1*														
Line 2														
Line 3	City / Town / Village*													
District*														
State/UT*	Country* Country Code as per ISO 3166													
3. Details of Related Perso	on (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 Type*	Guardian of Minor Assignee Authorized Representative Prefix First Name Middle Name Last Name													
Name*	Prefix First Name Middle Name Last Name													
_	(If KYC number and name are provided, below details of section 6 are optional)													
	f Related Person* (Please see instruction (H) at the end)													
A- Passport Number	the following Proof of Identity[Pol] needs to be submitted) Passport Expiry Date													
B- Voter ID Card														
C- PAN Card														
D- Driving Licence														
E- Aadhaar Card														
F- NREGA Job Card														
	ent notified by the central government)													
4. Remarks (If any)														
5. Applicant Declaration														
therein, immediately. In case any o	rnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held													
legislation or any notifications/direct	: I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of ctions issued by any governmental or statutory authority from time to time.													
 Thereby consent to receiving inform Date: DD - MM - 	mation from Central KYC Registry through SMS/Email on the above registered number/email address. Y Y Place : Signature / Thumb Impression of Applicant													

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

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

Mutual Fund

CANARA ROBECO

Systematix ARN: 64917	EUIN: E-029678
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A. FATCA & CRS INFORMATION (SELF CERTIFICATION)													
PAN	Folio No.												
Name													
Type of Address given at KRA	Residential Business Residential / Business Registered Office												
Nationality	Gender Date of birth D D M M Y Y Y Y												
Mobile	Place of Birth Country of Birth												
Father's name	(mandatory if PAN not provided)												
Spouse's name													
Documents required (if PAN not pro	vided) Passport Election ID Card Govt, ID Card Driving License UIDAI Card NREGA Card Others												
Identification number of the document provided													
Is the applicant/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency 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.													

S No	Country of Tax Residency#	Tax Payer Identification Number ^	Identification Type [TIN or other, please specify]
1			
2			
3			

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

 $\ensuremath{^{\circ}}\xspace$ In case Tax Identification Number is not available, kindly provide its functional equivalent.

B. ADDITIONAL KYC INFORMATION											
Occupation Details [Please tick (\checkmark)]	Service Private Sector Public Sector Government Service Student Professional Housewife										
	Business Retired Agriculture Proprietorship Others (please specify)										
Gross Annual Income (Rs.) [Please tick (✔)]	□ Below 1 Lac □ 1 - 5 Lacs □ 5 - 10 Lacs □ 10 - 25 Lacs □ >25 Lacs - 1 Crore □ >1 Crore										
	OR										
Net-worth (Mandatory for Non-Individuals)	Rsas on DD MM YYYY (Not older than 1 year)										
Politically Exposed Person (PEP) Status*	I am PEP I am Related to PEP Not Applicable										

*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 alongwith 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 Canara Robeco Asset Management Company Limited/Canara Robeco 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:	D	D	M	M	Y	Y	Y	Y

P	k	31	C	e

First Applicant / Guardian



Common Aadhaar linking form across Karvy Serviced Mutual Funds / AIF

Systematix AR	:N: 6	64917	' EUI	N: E-()29e	678			INFO	RM/		N T		IVE	STO	OR	s														_
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As per the new 31/12/2017.	rules	linkir	ng of A	adhaa	ır nu	umber \	with	Mutu	ial Fur	nd inv	restm	nents	s is r	nan	dato	ry, f	or a	ll th	e ho	olde	rs. F	ailir	ıg w	hich	, the	foli	os w	vill be	froz	zen t	у
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.																															
We, at Karvy enabled several convenient modes of Aadhaar number linking across all Karvy serviced Mutual Funds / AIF.																															
Please fill in your details below:																															
PAN					Τ							4ad	haa	ar N	lo.							Τ	Γ	Τ			Τ		\square		
FOLIO					Ī																			_!	_ !		_			1	
NAME																										G	Geno	der	Μ	F	0
CKYC num	ber	[KIN	1]									Τ																			
		_	_	"F	?lea	ase s	sub	mit	thes	se a	leta	ails	se	pa	rate	əly	fo	r A	ll F	Iol	de	rs"									
													en																		
I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) 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 / our folios with my / our PAN. I have updated my CKYC record with Aadhaar and request you to seed it across my Mututal Fund folios. I have already completed Aadhaar based EKYC in one of the Karvy serviced funds. Please use the same details and request you to seed it across my Mututal fund /AIF folios. Signature) e r s /																				
participating Please subm		·																									iters	har	e br	anc	h
Please submit the form duly filled, signed, for all the holders, separately, and submit at your nearest Karvy Computershare branch or you can dispatch the hard copy to - Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B Unit – CPZ - Aadhaar Updation Plot Nos. 31 & 32 Financial District Nanakramguda Serilingampally Mandal Hyderabad - 500032 India																															
KARV ©omputersho									ACK	(NC	W	Έ	DC	ΞE	ME	EN	T														
PAN																ſ															
Date	d	dI	n m	У	у	у у]																								
From Mr/Mr	s/M	s:													٦				S	igna	atur	e of	Kaı	vy E	ran	ch (Offici	ial			

Received subject to verification with UIDAI and seeding the Aadhaar for your Mutual Fund Investments.