

## Know Your Client

### Application Form (For Individuals only)

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

Application  New

Type\*  Update KYC Number\*

KYC Type\*  Normal (PAN is mandatory)  PAN Exempt Investors (Refer instruction K)

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

PAN  Please enclose a duly attested copy of your PAN Card

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

Date of Birth\* --

Gender\*  M- Male  F- Female  T-Transgender

Marital Status\*  Married  Unmarried  Others

Citizenship\*  IN- Indian  Others - Country  Country Code

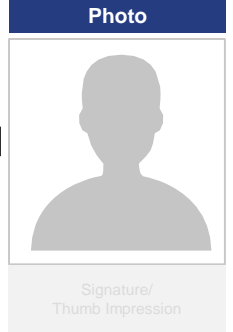
Residential Status\*  Resident Individual  Non Resident Indian

Foreign National  Person of Indian Origin

Occupation Type\*  S-Service  Private Sector  Public Sector  Government Sector

O-Others  Professional  Self Employed  Retired  Housewife  Student

B-Business  X-Not Categorized



#### 2. Proof of Identity (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

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

A- Passport Number  Passport Expiry Date --

B- Voter ID Card  Driving Licence Expiry Date --

D- Driving Licence

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government)  Identification Number

#### 3. Proof of Address (PoA)\*

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

Address

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

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

Proof of Address\*  Passport Number  Passport Expiry Date --

Voter ID Card  Driving Licence Expiry Date --

Driving Licence

Aadhaar Card

NREGA Job Card

Others (any document notified by the central government)  Identification Number

3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-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 Birth\*  Country Code  as per ISO 3166  
Address  
Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988  
State/UT\*  Country\*  Country Code  as per ISO 3166

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

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)   
Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative  
Name\* Prefix  First Name  Middle Name  Last 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   
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date   
 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 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.

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

Date:  Place:

**9. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

**KYC Verification Carried Out by** (Refer Instruction I)

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

**Institution Details**

Name   
Code   
Emp. Branch   
[Institution Stamp]

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

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

**Institution Details**

Name   
Code   
Emp. Branch   
[Institution Stamp]

# Supplementary CKYC Form

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

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

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

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

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

PAN  Please enclose a duly attested copy of your PAN Card

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

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

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

### 2. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option is ticked)

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

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

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

Address Line 1\*   
 Line 2   
 Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

### 3. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please 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

Name\*

(If KYC number and name are provided, below details of section 6 are optional)

### Proof of Identity [PoI] of Related Person\* (Please see instruction (H) at the end)

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

A- Passport Number  Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government)  Identification Number

### 4. Remarks (If any)

### 5. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date:  Place:

# 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]

**CANARA ROBECO**  
Mutual Fund

Systematix ARN: 64917 EUIN: E-029678

## A. FATCA & CRS INFORMATION (SELF CERTIFICATION)

|  |   |                      |                      |
|--|---|----------------------|----------------------|
| PAN  | <input type="text"/>  | Folio No.            | <input type="text"/> |
| Name   | <input type="text"/>  |                      |                      |
| Type of Address given at KRA                   | <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> Registered Office   |                      |                      |
| Nationality                                    | <input type="text"/>  | Gender               | <input type="text"/> |
| Date of birth                                  | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| Mobile   | <input type="text"/>  | Place of Birth       | <input type="text"/> |
| Country of Birth                               | <input type="text"/>  |                      |                      |
| Father's name                                  | <input type="text"/>  |                      |                      |
| (mandatory if PAN not provided)                |   |                      |                      |
| Spouse's name                                  | <input type="text"/>  |                      |                      |
| Documents required (if PAN not provided)       | <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others |                      |                      |
| Identification number of the document provided | <input type="text"/>  |                      |                      |

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    | <input type="text"/>      | <input type="text"/>              | <input type="text"/>                               |
| 2    | <input type="text"/>      | <input type="text"/>              | <input type="text"/>                               |
| 3    | <input type="text"/>      | <input type="text"/>              | <input type="text"/>                               |

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

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

## B. ADDITIONAL KYC INFORMATION

|   |   |  |                      |                      |                      |                         |
|---|---|--|----------------------|----------------------|----------------------|-------------------------|
| Occupation Details [Please tick (✓)]        | <input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife<br><input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify) |  |                      |                      |                      |                         |
| Gross Annual Income (Rs.) [Please tick (✓)] | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore   |  |                      |                      |                      |                         |
| OR  |   |  |                      |                      |                      |                         |
| Net-worth (Mandatory for Non-Individuals)   | Rs. _____ as on   |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | (Not older than 1 year) |
| Politically Exposed Person (PEP) Status*    | <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> 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 along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform 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:

Place:

First Applicant / Guardian

# Common Aadhaar linking form across Karvy Serviced Mutual Funds / AIF

Systematix ARN: 64917 EUIN: E-029678

## INFORMATION TO INVESTORS

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017, carried out amendments to prevention of Money Laundering (Maintenance of Records) Rules, 2005.

As per the new rules linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders. Failing which, the folios will be frozen by 31/12/2017.

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                 | <input type="text"/> | Aadhaar No. | <input type="text"/>  |
| FOLIO               | <input type="text"/> |             |   |
| NAME                | <input type="text"/> | Gender      | <input type="radio"/> M <input type="radio"/> F <input type="radio"/> O |
| CKYC number [ KIN ] | <input type="text"/> |             |   |

*"Please submit these details separately for All Holders"*

### Consent

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

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

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

For investor convenience, Karvy Computershare is collecting this mandatory information for authentication and seeding across all participating Karvy Serviced Mutual Funds / AIFs where you are already an investor or would become an investor in future.

**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**

## ACKNOWLEDGEMENT

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

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

|                 |                      |
|-----------------|----------------------|
| From Mr/Mrs/Ms: | <input type="text"/> |
|-----------------|----------------------|

|                                    |
|------------------------------------|
| Signature of Karvy Branch Official |
|------------------------------------|