| CKYC & KRA KYC Form Systematix ARN: 64917 EUIN: E-029678 Motilial Gund Know Your Client Application Form (For Individuals only) Provide the form in English and in BLOCK Letters) Provide the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields | | | | | | |
|---|--|--|--|--|--|--|
| Application Type* New Update KYC No. | | | | | | |
| 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) F I R S T I D D L E I I A S T I I D D L E I I A S T I I D D L E I I A S T I I D D L E I I A S T I I D D L E I I A S T I I D D L E I I A S T I I D D L E I I A S T I I D D L E I I A S T I I D D L A S T I I D D L A S T I I D D L A S T I </td | | | | | | |
| Citizenship* Indian Others – Country Country Name Country Code | | | | | | |
| Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin | | | | | | |
| Occupation Type* Service Private Sector Public Sector Government Sector Sector Retired | | | | | | |
| Housewife Student Business Not Categorised Others Signature/ | | | | | | |
| 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 Proof of Identity [Pol] needs to be submitted) Passport Number Passport Number D D M Y Y Y | | | | | | |
| Voter ID Card Aadhaar Card | | | | | | |
| Driving Licence Driving Licence Expiry Date D D M M Y Y Y Y | | | | | | |
| NREGA Job Card | | | | | | |
| Others (any document notified by the central government) | | | | | | |
| Proof of Address (PoA)* 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end) Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| City / Town / Village* District* District* Pin Code* Image: Code to the | | | | | | |
| State/UT* State/UT Code Country* Country Code | | | | | | |
| 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* Image: Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) | | | | | | |
| Passport Number Passport Expiry Date D D M M Y Y Y | | | | | | |
| Voter ID Card Aadhaar Card | | | | | | |
| Driving Licence Driving Licence Expiry Date D D M M Y Y Y Y | | | | | | |
| NREGA Job Card | | | | | | |
| Others (any document notified by the central government) | | | | | | |
| 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) Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| City / Town / Village* District* District* Pin Code* | | | | | | |
| State/UT* State/UT Code Country* Country Code | | | | | | |
| as per Indian Motor Vehicle Act, 1988 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) | | | | | | |

| | liction(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 | |
| | |
| | |
| | |
| City / Town / Village* | rict* |
| State/UT* State/UT St | Country* Country Code tor Vehicle Act, 1988 as per ISO 3166 |
| 6 Details of Related Person (Optional) (please refer instruction G at the end) (in case of addition | |
| Related Person Deletion of Related Person KYC Numb | er of Related Person (if available*) |
| Related Person Type* 🛛 Guardian of Minor 🗌 Assignee 🗌 Authorized Representativ | |
| Prefix F I R S T I <thi< th=""> I <thi< th=""> <thi< th=""></thi<></thi<></thi<> | M I D D L E L A S T |
| (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) | |
| | |
| | aar Card |
| Pan Card | |
| Driving Licence Driving Licence Expiry Date | D D M M Y Y Y Y |
| NREGA Job Card | |
| Others (any document notified by the central government) | Identification No |
| 7 Remarks (If any) | |
| | |
| | |
| 8 Applicant Declaration | |
| 8 Applicant Declaration • I hereby declare that the details furnished above are true and correct to the best of my knowledge are | d belief and I undertake to inform you of any changes |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi | ng or misrepresenting, I am aware that I may be held |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contraveni legislation or any notifications/directions issued by any governmental or statutory authority from tin | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from tin I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contraveni legislation or any notifications/directions issued by any governmental or statutory authority from tin I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from tim. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D M M Y Y Y Y Place Attestation / For Office Use Only | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contraveni legislation or any notifications/directions issued by any governmental or statutory authority from time. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D D M M Y Y Y Place 9 Attestation / For Office Use Only Documents Received Certified Copies | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravenil legislation or any notifications/directions issued by any governmental or statutory authority from tim. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D M M Y Y Y Place 9 Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contraveni legislation or any notifications/directions issued by any governmental or statutory authority from time. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D M M Y Y Y Place 9 Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D M Y Y Y | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Institution Details Name |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravenil legislation or any notifications/directions issued by any governmental or statutory authority from tim. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D M M Y Y Y P lace 3 Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D M Y Y Y Y Y | Institution Details Name Code |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from time. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D D M M Y Y Y Place G Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D D M M Y Y Y Y Emp. Name Emp. Code | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Institution Details Name |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravenil legislation or any notifications/directions issued by any governmental or statutory authority from tim. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D M M Y Y Y P lace 3 Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D M Y Y Y Y Y | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Institution Details Name Code Imp. Branch |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contraveni legislation or any notifications/directions issued by any governmental or statutory authority from tine. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D D M M Y Y Y P Place G Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D M M Y Y Y Y Emp. Name Emp. Code Emp. Designation | Institution Details Name Code |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from time. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D D M M Y Y Y Place G Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D D M M Y Y Y Y Emp. Name Emp. Code | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Institution Details Name Code Imp. Branch |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contraveni legislation or any notifications/directions issued by any governmental or statutory authority from tine. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D D M M Y Y Y P Place G Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D M M Y Y Y Y Emp. Name Emp. Code Emp. Designation | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Institution Details Name Code Imp. Branch |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contraveni legislation or any notifications/directions issued by any governmental or statutory authority from tine. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D D M M Y Y Y P Place G Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D M M Y Y Y Y Emp. Name Emp. Code Emp. Designation | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Institution Details Name Code Imp. Branch |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from time. Ihereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D M M Y Y Y Place O Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D M M Y <l< td=""><td>Institution Details Name Code Emp. Branch Institution Details [Institution Stamp] [Institution Stamp]</td></l<> | Institution Details Name Code Emp. Branch Institution Details [Institution Stamp] [Institution Stamp] |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from time. Ihereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D M M Y Y Y Place 9 Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D M M Y Y Y Y Emp. Name In-Person Verification (IPV) Carried Out by (Refer Instruction J) | ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Signature / Thumb Impression of Applicant Code |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from time. Ihereby consent to receiving information from Central KYC Registry through SMS/Email on the above Date D M M Y Y Y Place 9 Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date D M M Y Y<td>ng or misrepresenting, I am aware that I may be held on of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Signature / Thumb Impression of Applicant Code</td> | ng or misrepresenting, I am aware that I may be held on of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Signature / Thumb Impression of Applicant Code |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from time. Ihereby consent to receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above Date O D M M Y Y Y Place 9 Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by (Refer Instruction I) Date Date D M M Y Y Y Y Emp. Name [Employee Signature] In-Person Verification (IPV) Carried Out by (Refer Instruction J) Date D M M Y Y Y | ng or misrepresenting, I am aware that I may be held ton of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Signature / Thumb Impression of Applicant Name Code |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from tim. Ihereby consent to receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the received and the | ng or misrepresenting, I am aware that I may be held ton of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Signature / Thumb Impression of Applicant Name Code |
| Ihereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from tim. Ihereby consent to receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the receiving information from Central KYC Registry through SMS/Email on the above and the received and the | ng or misrepresenting, I am aware that I may be held ton of any Act, Rules, Regulations or any statute of e to time. e registered number/email address. Signature / Thumb Impression of Applicant Institution Details Name Code Emp. Branch Institution Details Institution Stamp] Institution Stamp] |

| MOTILAL O Mutual Fund | SWAL | | (Ple | | | v Yoı form | | lien | t (K | YC) | App | | tion | For | m | (For | Indi | ivid | | | ly) | Ĵ | | atiz | x A | R١ | N: 6₄ | 491 | 7 E | UIN | : E- | 029 | 678 |
|--|---|-------------------------------|------------------------------|---------------------------|---------------------------|---------------------------------|----------------------------|---------------------------|---------------------|-----------------------------|-------------------------|-----------------------------|-----------------------------|---------------------|--------------|-----------------|-----------------|---------------|---------|-------------|---------------|--------|---------|-------|-------|------|--------|-------|-------|-------------------|-------|--------|-----|
| KYC Type* | Norm | nal (PAN | l is ma | andat | ory) | | PAN | Exem | pt l | nvesto | ors | | | | | | | | | | | | | | | | | | | | | | |
| 1 Identity Details (Pl | lease refer ins | structior | n A at i | the ei | nd) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAN | | | | Ple | ase en | close a | duly | attest | ed c | opy of | your | PAN Ca | ard | | | | | | | | | | | | | | | | | | | | |
| Name* (same as ID Proof) | Prefix | | F | | R | S | т | | | | | | | | M | | D | D | L | | E | | | | | | | | L | A | S | т | |
| Maiden Name (If any*) | | | F | | R | S | Т | | | | | | | | M | - | D | D | + | - | E | | | | | | | | L | A | S | Т | |
| Mother Name* | | | F | | R | S | Т | | | | | | | | M | | D | D | L | T | E | | | | | | | | L | А | S | Т | |
| | Residential | Status* | r | | Resid | dent In | dividu | ual | | Non | Resi | dent In | dian | | F | oreign | Natio | onal | |] P6 | erson o | of Ind | ian Ori | gin | | | | | | | | | |
| | Occupation | Type* | | Ξ | Servio | | | ivate (| | or | | Public | | r [| = | Goverr | | | tor | | Oth | ers | F | Profe | essio | nal | | Self | Emplo | yed | L F | Retire | d |
| 2 FATCA/CRS inform | ation (Tick | if Applic | ahle) | | House | esiden | - | Stude | | | _ | Busine | | | _ | Not Ca | 0 | | or inc | truc | tion R | l at t | ho on | d) | | | | | | | | | |
| Additional Details Required* | | | | ntion | | | | Παλ | i uiț | 0363 | iii Ju | inouiot | 1011(3) | Jours | Siuc | παιά (| 11643 | 56 161 | | uuu | | ίαιι | | u) | | | | | | | | | |
| Country of Jurisdiction of Re | | | | puon | 13 110 | NCU) | | | | | | | Сог | untry | Сос | de of . | Juris | dictio | on of F | Res | idenc | e | | | 2 | is p | er ISC |) 316 | 6 | | | | |
| Tax Identification Number or | equivalent (If | issued | by jur | isdict | tion)* | | | | | | | | | , | | | | | | | | l | | | | | | | | | | | |
| Place / City of Birth* | | | | | | Cour | ntrv o | of Birl | :h* | | | | | | | | | _ | | c | ountr | v Co | de | | | as | per l | S0 3 | 166 | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | , | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City / Town / Village* | | | | | | | | | | | | Distric | :t* | | | | | | | | | | | | Pi | n C | ode* | | | | | | |
| State/UT* | | | | | | | | | | State/ | | Code n Moto | r Vohi | clo Ac | | Countr | y* | | | | | | | | | | | | | try Co r ISO 3 | | | |
| 0 Details of Details | D (2) | 11 D / | | | | | | | | | | | | | | | | 6111 / | | | 5.0 | | | | | | | | uo pu | 1 100 0 | 100 | | |
| 3 Details of Related Related Person | | 7 0 | | | | ction 6 | i at tr | ne enc | 1) (Ir | | | | | | | | | | | ure | B1.) | | _ | - | | - | - | | _ | 1 1 | _ | | |
| Related Person Type* | Guardiar | on of Re | _ | - | ssigne | | ΤΑι | ıthori | zed | | | lumbe tative | IUIF | neiau | зи г | CISUI | 1 (11 a | valla | ule) | | | | | | | | | | | | | | |
| Prefix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | |
| Name* (If KYC number an | id name are p | R S rovided | | / v det | ails of | sectio | on 6 | are o | ptio | nal) | | | M | | D | D | | E | | | | | | | | | | | | A | S | | |
| Proof of Identity [Pol |] of Related P | erson* (| (Pleas | e see | instru | uction | (H) a | t the | end |) | | | | | | | | | | | | | | | | | | | | | | | |
| (Certified copy of any one of | the following F | Proof of | Identit | y[Pol] | need | s to be | sub | mitteo | 1) | | | _ | | | | | | | | | | | | | | | | | | | | | |
| Passport Number | | | | | | | Pa | sspor | t Ex | piry D | - | D | D | Μ | M | Y | Y | Y | Y | | | | | | | | | _ | | | | | |
| Voter ID Card | | | | _ | | | | | | | | Aadha | ar Ca | ırd | | | | | | | | | | | | | | | | | | | |
| Pan Card Driving Licence | | | | - | - | Driv | vina | licen | re F | Expiry | Date | e D | D | M | M | V | v | V | V | | | | | | | | | | | | | | |
| NREGA Job Card | | | | | | | villig | | | | | | | 111 | 141 | | | | 1 | | | | | | | | | | | | | | |
| Others (any document notified | d by the centra | l govern | iment) | | | | | | | | | | | 1 | Iden | itifica | tion I | ١o | | | | | | | | | | | | | | | |
| | | - | , | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| 4 Remarks (If any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Applicant Declarat | | od ok | 0.0 | - | nd n- | roct | the ! | and i | £ | 1 lem = - | ule - | | he!! | af ar | 11 | adar# | lue t | inf- | | | 0.51 | her | | | | | | | | | | | |
| I hereby declare that the o therein, immediately. In o liable for it. I hereby dec legislation or any notifica I hereby consent to receiv | ase any of the lare that I am tions/directior | above i not ma ns issue | inform aking 1 d by ai | ation this a ny gov | is fou pplica vernm | nd to b ition fo iental o | be fal or the or sta | se or e purj itutor | unt cose y au | rue or e of co thorit | misi ontra y froi | leadin aventio m time | g or n on of e to tii | nisre any me. | pres Act, | sentin Rules | g, I a s, Re | m av gulat | vare th | hat or a | l may | be h | ield | | | | | | | | | | |
| Date D D M M Y | Ү Ү Ү | Plac | ce | | | | | | | | | | | | | | | | | | | | | S | Signa | atur | e / Th | umb | Impre | ession | of Ap | plica | nt |

| Mutual Fund (Please consult your | (Including Sole | Xure for Indi Proprietor) (Refer to insvisor for further guidance | structions) | | | | emati | x ARI | N: 64 | 917 | EU | IN: E | E-02 | 967 | 8 |
|--|--|---|--|---|-----------|-------------------|--------------------------------|----------------------|------------------------------|------------------------|----------|------------------|----------|--------|---|
| 1 First / Sole Applicant / Guardian | | | | | | | | | | | | | | | |
| Name FIRST | | M I D D | LE | | | | | | | | L | A | S | Т | |
| Gender Male Female Other | | II | I | | | | | | | | | | | | |
| Father's Name F I R S T | | M I D D | LE | | | | | | | | L | А | S | Т | |
| PAN Custo | mer ID/ Folio NO | | | | | | | | | | | | | | |
| Occupation Service Business Others Specif | | | | | | | | | | | | _ | - | | |
| Address of tax residence would be taken as available in KRA da | | f any change please | approach KF | RA & notif | fy the ch | anges | | | | | | | | | |
| Type of address given at KRA 🛛 🗌 Residential or Business | Residential | Business | Registered C | Office | | | | | | | | | | | |
| Permissible documents are | ard 🗌 PAN Card | Govt. ID Card | Driving Lice | ense 🗌 l | UIDAI Ca | rd | NREGA | Job Ca | ird 🗌 | Othe | rs | Specify | ý | | |
| Date of Birth D D M Y Y Y Place of | Birth | | Country of | f Birth | | | | | Na | itiona | lity | | | | |
| Are you a tax resident of any country other than India? | s 🗆 No | | | | | | | | | | | | | | |
| | | ch you are resident for tax | c purposes and t | he associate | ed Tax ID | Numbei | rs below. | | | | | | | | |
| Country* | Tax | Identification Nun | nber [%] | | | | Ide | ntificat | tion Ty | / pe (1 | 'IN or O | her, pl | ease s | pecify |) |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| $^{\prime}$ To also include USA, where the individual is a citizen / green c | ard holder of The | USA [%] In case Tax | x Identificatio | on Numbe | r is not | availa | ble, kind | dly pro | vide its | func | tional | equiv | alent | \$ | |
| 2 Second Applicant | | | | | | | | | | | | | | | |
| Name FIRST | | M I D D | LE | | | | | | | | | A | S | Т | |
| Gender Male Female Other | | | | | | | | | | | | | | | |
| Father's Name F I R S T | | M I D D | LE | | | | | | | | L | A | S | Т | |
| PAN Custo | mer ID/ Folio NO | | | | | | | | | | | | | | |
| Occupation Service Business Others Specifi | | | | | | | 1 1 | | | | | | 1 | | |
| Address of tax residence would be taken as available in KRA da | | of any change please | approach KF | RA & notif | fy the ch | nanges | ; | | | | | | | | |
| Type of address given at KRA 🛛 🗌 Residential or Business | Residential | Business | Registered C | Office | | | | | | | | | | | |
| | ord DAN Cord | Cout ID Cord | Driving Lice | | | rd 🗌 | NREGA | Job Ca | rd 🗌 | Othe | ro | Specify | | | |
| Permissible documents are Passport Election ID C | aiu 🔄 FAN Gaiu | | | | UIDAI Ga | | | | | | | | | | |
| | | | Ū | | UIDAI Ga | | | | | | | | <u>y</u> | | |
| | Birth | | Ū | | | | | | | | | | y | | |
| Date of Birth D M M Y Y Y Place of I Are you a tax resident of any country other than India? Yet | Birth s No | ch you are resident for tax | Country of | f Birth | | | | | | | | | y | | |
| Date of Birth D M M Y Y Y Place of I Are you a tax resident of any country other than India? Yet | Births No te all countries in which | | Country of x purposes and t | f Birth | | | rs below. | ntificat | Na | itiona | lity | | | pecify | |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Yee Yee If yee, please indica | Births No te all countries in which | ch you are resident for tax | Country of x purposes and t | f Birth | | | rs below. | | Na | itiona | lity | | | pecify |) |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Yee Yee If yee, please indica | Births No te all countries in which | ch you are resident for tax | Country of x purposes and t | f Birth | | | rs below. | | Na | itiona | lity | | | pecify | |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Yee Yee If yee, please indica | Births No te all countries in white Tax | ch you are resident for tax Identification Nun | Country of <i>x purposes and t</i> nber % | f Birth | ed Tax ID | Numbe | rs below. Ide | ntificat | Na | itiona /pe (1 | lity | her, pl | ease s | |) |
| Date of Birth D D M M Y Y Y Y Place of Are you a tax resident of any country other than India? Yes, please indica | Births No te all countries in white Tax | ch you are resident for tax Identification Nun | Country of <i>x purposes and t</i> nber % | f Birth | ed Tax ID | Numbe | rs below. Ide | ntificat | Na | itiona /pe (1 | lity | her, pl | ease s | | |
| Date of Birth D D M M Y Y Y Y Place of Are you a tax resident of any country other than India? Yes, please indica Country' 'To also include USA, where the individual is a citizen / green c Third Applicant | Births No te all countries in white Tax | ch you are resident for tax Identification Nun USA [%] In case Tax | Country of <i>x purposes and t</i> nber % | f Birth | ed Tax ID | Numbe | rs below. Ide | ntificat | Na | itiona /pe (1 | lity | i her, pl | ease s | | |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Yes. If yes, please indica If yes, please indica Country* *To also include USA, where the individual is a citizen / green c 3 Third Applicant Name F I R S T | Births No te all countries in white Tax | ch you are resident for tax Identification Nun | Country of <i>x purposes and t</i> nber % | f Birth | ed Tax ID | Numbe | rs below. Ide | ntificat | Na | itiona /pe (1 | lity | her, pl | ease s | |) |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Yes If yes, please indica If yes, please indica Country* *To also include USA, where the individual is a citizen / green c 3 Third Applicant Name F I R T | Births No te all countries in white Tax | Ch you are resident for tax Identification Num USA [%] In case Tax M D D | Country of <i>x purposes and t</i> nber * Identification | f Birth | ed Tax ID | Numbe | rs below. Ide | ntificat | Na | itiona /pe (1 | lity | her, pl | ease s | |) |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Yes. If yes. please indica If yes. please indica Country" *To also include USA, where the individual is a citizen / green c 3 Third Applicant Name F I R S T | Birth s No te all countries in white Tax ard holder of The | ch you are resident for tax Identification Nun USA [%] In case Tax | Country of <i>x purposes and t</i> nber % | f Birth | ed Tax ID | Numbe | rs below. Ide | ntificat | Na | itiona /pe (1 | lity | i her, pl | ease s | | |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Yes. If yes. please indica If yes. please indica Country' *To also include USA, where the individual is a citizen / green c 3 Third Applicant Name F I R S T | Birth | Ch you are resident for tax Identification Num USA [%] In case Tax M D D | Country of <i>x purposes and t</i> nber * Identification | f Birth | ed Tax ID | Numbe | rs below. Ide | ntificat | Na | itiona /pe (1 | lity | her, pl | ease s | | |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Yes. If yes. please indica If yes. please indica Country* *To also include USA, where the individual is a citizen / green c 3 Third Applicant Name F I R S T | Birth | Ch you are resident for tax Identification Nun USA [%] In case Tax M I D D M I D D | Country of country of count | f Birth the associate n Number | ed Tax ID | Number availat | rs below. Ider | ntificat | Na | itiona /pe (1 | lity | her, pl | ease s | | |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Place of I Yes. If yes. please indica If yes. please indica Country* *To also include USA, where the individual is a citizen / green c 3 Third Applicant Name F I R S T I Gender Male Female Other Father's Name F I R S T I Custo Occupation Service Business Others Specifi Address of tax residence would be taken as available in KRA data | Birth | Identification Num USA [%] In case Tax M I D D M I D D | Country of x purposes and t nber * c Identification c E L E approach KF | f Birth the associate n Number RA & notif | ed Tax ID | Number availat | rs below. Ider | ntificat | Na | itiona /pe (1 | lity | her, pl | ease s | | |
| Date of Birth D M M Y Y Y Place of I Are you a tax resident of any country other than India? If yes, please indica If yes, please indica Country* If yes, please indica *To also include USA, where the individual is a citizen / green colspan="2">Gender 3 Third Applicant Name F I R S T Gender Male PAN Custo Occupation Service Business Others Address of tax residence would be taken as available in KRA da Type of address given at KRA Residential or Business | Birth | ch you are resident for tax Identification Num USA %In case Tax M D | Country of country of a purposes and t a Identification L E L E approach KR Registered C | f Birth | ed Tax ID | Number | rs below. Ider ole, kind | Ily prov | Na ide its | rpe (1 | Ility | her, pl | ease s | | |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Place of I Yes. If yes, please indica If yes, please indica Country* *To also include USA, where the individual is a citizen / green c 3 Third Applicant Name F I R S T Image: Country* Gender Male Female Other Custo Custo Custo Custo Occupation Service Business Others Specifi Address of tax residence would be taken as available in KRA de Type of address given at KRA Residential or Business Permissible documents are Passport Election ID C | Birth s No te all countries in white Tax ard holder of The ard holder of The provide the second | ch you are resident for tax Identification Num USA %In case Tax M D | Country of x purposes and the mber ** Clantification Clantificatio | f Birth the associate n Number A & notifing RA & notifing Price Price | ed Tax ID | Number | rs below. Ider ole, kind | Ily prov | Na iton Ty ide its | rpe (1 func | Ility | equiva | ease s | | |
| Date of Birth D D M Y Y Y Place of I Are you a tax resident of any country other than India? Yes. If yes. please indica If yes. please indica If yes. please indica If yes. please indica If yes. please indica If yes. please indica | Birth s No te all countries in white Tax ard holder of The ard holder of The provide the second | ch you are resident for tax Identification Num USA %In case Tax M D | Country of country of a purposes and t a Identification L E L E approach KR Registered C | f Birth the associate n Number A & notifing RA & notifing Price Price | ed Tax ID | Number | rs below. Ider ole, kind | Ily prov | Na iton Ty ide its | rpe (1 | Ility | equiva | ease s | | |
| Date of Birth D M M Y Y Y Place of I Are you a tax resident of any country other than India? Press, please indica If yes, please indica Country* "To also include USA, where the individual is a citizen / green c 3 Third Applicant Name F I R S T Image: Counter of the second seco | Birth sNo te all countries in white ard holder of The ard holder of The present the state of the s mer ID/ Folio NO y atabase. In case of pesidential terd PAN Card Birth sNo | Identification Num | Country of country of country of mber *- countrification | f Birth the associate n Number n Number RA & notif Office ense L f Birth | ed Tax ID | Number | rs below. Ider | Ily prov | Na iton Ty ide its | rpe (1 func | Ility | equiva | ease s | | |
| Date of Birth D M M Y Y Y Place of I Are you a tax resident of any country other than India? If yes, please indica If yes, please indica Country* Image: | Birth sNo te all countries in white ard holder of The ard holder of The mer ID/ Folio NO y atabase. In case of Residential ardPAN Card Birth sNo te all countries in white | Ch you are resident for tax Identification Num USA [%] In case Tax M I D D M I D D M I D D An of any change please Business Govt. ID Card Chyou are resident for tax | Country of country of mber * country of country country country country country country country country country country countr | f Birth the associate n Number n Number RA & notif Office ense L f Birth | ed Tax ID | Number | rs below. | ntifical Ily prov | Na ide its rd Na | rpe (1 func 0the | Ility | her, pl | ease s | | |
| Date of Birth D M M Y Y Y Place of I Are you a tax resident of any country other than India? Press, please indica If yes, please indica Country* "To also include USA, where the individual is a citizen / green c 3 Third Applicant Name F I R S T Image: Counter of the second seco | Birth sNo te all countries in white ard holder of The ard holder of The mer ID/ Folio NO y atabase. In case of Residential ardPAN Card Birth sNo te all countries in white | Identification Num | Country of country of mber * country of country country country country country country country country country country countr | f Birth the associate n Number n Number RA & notif Office ense L f Birth | ed Tax ID | Number | rs below. | Ily prov | Na ide its rd Na | rpe (1 func 0the | Ility | her, pl | ease s | | |
| Date of Birth D M M Y Y Y Place of I Are you a tax resident of any country other than India? If yes, please indica If yes, please indica Country* Image: | Birth sNo te all countries in white ard holder of The ard holder of The mer ID/ Folio NO y atabase. In case of Residential ardPAN Card Birth sNo te all countries in white | Ch you are resident for tax Identification Num USA [%] In case Tax M I D D M I D D M I D D An of any change please Business Govt. ID Card Chyou are resident for tax | Country of country of mber * country of country country country country country country country country country country countr | f Birth the associate n Number n Number RA & notif Office ense L f Birth | ed Tax ID | Number | rs below. | ntifical Ily prov | Na ide its rd Na | rpe (1 func 0the | Ility | her, pl | ease s | | |

4 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.

| First / Sole Applicant / Guardian | Second Applicant | Third Applicant | |
|--------------------------------------|------------------|-----------------|--|
|--------------------------------------|------------------|-----------------|--|

Power of Attorney Holder

| Place | |
|-------|--|
| Data | |

5 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 Motilal Oswal 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.

6 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.

^sIt 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: Certifued 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 | 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) |

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.



| MOTILAL OSWAL Methodemet NUTUAL FUND SIT TIGHT | Aadhaar linking form for Individual |
|--|--|
| Systematix ARN: 64917 EUIN: E-029678 | Please fill in your details below: |
| Investors POA Guard | lian |
| First Holder Name | |
| PAN/PEKRN/CKIN | Aadhaar No. |
| Second Holder Name | |
| PAN/PEKRN/CKIN | Aadhaar No. |
| Third Holder Name | |
| PAN/PEKRN/CKIN | Aadhaar No. Image: Aadhaar No. |
| POA Name | |
| PAN/PEKRN/CKIN | Aadhaar No. |
| Guardian Name | |
| PAN/PEKRN/CKIN | Aadhaar No. |
| validating / authenticating and (ii) updating my/ou including demographic with the Aadhaar Act, 2016 Management Company Limited. and their Registra Date d d m m y y y y Place Signature: First Holder /POA/Gaurdian | tance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) ar Aadhaar number(s) in accordance with / our consent for sharing / disclose of the Aadhaar number(s) is (and regulations made there under) and PMLA. I / We hereby provide information to Motilal Oswal Asset ar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN. |
| MUTUAL FUND SIT TIGHT | ACKNOWLEDGEMENT |
| PAN | |
| Date d d m m y y y y | |
| From Mr/Mrs/Ms: | Acknowledgment by Karvy Branch Official / AMC Branch Official |
| Received subject to verification with UIDAI and seeding | the Aadhaar for your Mutual Fund Investments. |