

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*) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father / Spouse Name* | <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"/> |

Date of Birth* DD - MM - YY YY

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

Photo

Signature/
Thumb Impression

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 DD - MM - YY YY

B- Voter ID Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YY YY

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 DD - MM - YY YY

Voter ID Card

Driving Licence Driving Licence Expiry Date DD - MM - YY YY

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 3 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)

| | | | |
|--------------------------------------------------------------------------------------|----------------------|-----------------------------|----------------------|
| <input type="checkbox"/> A- Passport Number | <input type="text"/> | Passport Expiry Date | <input type="text"/> |
| <input type="checkbox"/> B- Voter ID Card | <input type="text"/> | | |
| <input type="checkbox"/> C- PAN Card | <input type="text"/> | | |
| <input type="checkbox"/> D- Driving Licence | <input type="text"/> | Driving Licence Expiry Date | <input type="text"/> |
| <input type="checkbox"/> E- Aadhaar Card | <input type="text"/> | | |
| <input type="checkbox"/> F- NREGA Job Card | <input type="text"/> | | |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | <input type="text"/> | Identification Number | <input type="text"/> |

4. Remarks (If any)

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

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:

FATCA-CRS Declaration & Supplementary Information

Declaration Form for Individuals

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

Name

| | | | |
|-----|-----|------|--|
| Mr. | Ms. | M/s. | |
|-----|-----|------|--|

PAN

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

 OR PAN Exempt KYC Ref No. (PEKRN)

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Place of Birth | Country of Birth | |
| Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify _____) | Tax Residence Address [for KYC address] <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business | |

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? → Yes No

If 'No' please proceed for the signature of declaration

If 'YES'; please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the Respective countries.

| Sr. No. | Country of Tax Residency | Tax Identification Number or Functional Equivalent | Identification Type (TIN or others, please specify) | If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below] |
|---------|--------------------------|----------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 1 | | | | Reason → <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| 2 | | | | Reason → <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents.

Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).

Reason C → Others; please state the reason thereof _____

Declaration:

I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.

Date:

Place:

Signature:

FATCA & CRS Terms & Conditions

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

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 unit holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies.

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 Mahindra AMC or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

| FATCA & CRS Indicia observed (ticked) | Documentation required for Cure of FATCA/ CRS indicia |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| U.S. place of birth | 1. Self-certification that the account holder is neither a citizen of United States of America nor its resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: (1) Certified Copy of "Certificate of Loss of Nationality" OR (2) Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; OR (3) Reason the customer did not obtain U.S. citizenship at birth |
| Residence/ mailing address 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) |
| 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) |

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

(a) Certificate of residence issued by an authorized government body*, (b) 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.

Systematix ARN: 64917 EUIN: E-029678

Name

PAN / PEKRN

Aadhaar No. OR Applied for Aadhaar [^] ^ Proof attached

Consent and Signature: I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I hereby provide my consent for sharing/ disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA)/Service Providers for the purpose of updating the same in all my folios.

Signature

Date:

Place:

Instructions:

- 1.This form should be submitted separately for each PAN.
- 2.The Aadhaar number needs to be updated mandatorily for resident individuals. Further, it shall be updated for all account holders, including that of joint holders, Guardian (in case of minor) and POA. Non-individuals must fill Form for Aadhaar Details (Non-Individuals)
- 3.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, AMC shall authenticate the same in accordance with the Aadhaar Act, 2016. AMC shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.
- 4.Investors can either provide Aadhaar number or Letter issued by UIDAI containing proof of 'Applied for Aadhaar enrolment', as proof of Aadhaar. In case the investor has submitted the proof of enrolment for Aadhaar, the Aadhaar number shall be required to be provided for eventual authentication within 6 months from the date of account opening, failing which the account / folio shall cease to be operational.
5. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations.

Acknowledgement (For Aadhaar updation)

PAN / PEKRN

Name

For office use only

Note: Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities.

Systematix ARN: 64917 EUIN: E-029678

Name

PAN / PEKRN

Aadhaar No. OR Applied for Aadhaar [^] ^ Proof attached

Consent and Signature: I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I hereby provide my consent for sharing/ disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA)/Service Providers for the purpose of updating the same in all my folios.

Signature

Date:

Place:

Instructions:

- 1.This form should be submitted separately for each PAN.
- 2.The Aadhaar number needs to be updated mandatorily for resident individuals. Further, it shall be updated for all account holders, including that of joint holders, Guardian (in case of minor) and POA. Non-individuals must fill Form for Aadhaar Details (Non-Individuals)
- 3.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, AMC shall authenticate the same in accordance with the Aadhaar Act, 2016. AMC shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.
- 4.Investors can either provide Aadhaar number or Letter issued by UIDAI containing proof of 'Applied for Aadhaar enrolment', as proof of Aadhaar. In case the investor has submitted the proof of enrolment for Aadhaar, the Aadhaar number shall be required to be provided for eventual authentication within 6 months from the date of account opening, failing which the account / folio shall cease to be operational.
5. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations.

Acknowledgement (For Aadhaar updation)

PAN / PEKRN

Name

For office use only

Note: Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities.