

		Fields marked with "are mandatory fields							
Application Type*	☐ New ☐ Update	KYC Number*							
KYC Type*	YYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors								
1.Identity Details (Please	refer instruction A at the end)								
PAN	Please encl	ose a duly attested copy of your PAN Card							
	Prefix First Name	Middle Name Last Name							
Name* (same as ID proof)									
Maiden Name (If any*)									
Father / Spouse Name*									
Mother Name*									
Date of Birth*	DD-MM-YYYY	Photo							
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*	☐ Private Sector	☐ Public Sector ☐ Government Sector ☐ Professional							
		☐ Self Employed ☐ Retired ☐ Housewife ☐ Student Thumb Impression Signature/							
		ard copy not provided) (Please refer instruction C & K at the end)							
	e following Proof of Identity [Pol] needs to I								
A - Passport Number		Passport Expiry Date DDD - MM - YYYYY							
B - Voter ID Card									
☐ D - Driving Licence		Driving Licence Expiry Date DD - MM - YYYY							
☐ E - Aadhaar Card									
F - NREGA Job Card		Identification Number							
, ,	ent notified by the central government]	Identification Number							
Others (B) [Refer instru									
3.Proof of Address (PoA)									
3.1 Current / Permanen	t / Overseas Address Details (Please	e see instruction D at the end)							
Line 1*									
Line 2									
Line 3		City / Town / Village*							
District	Zip / Post Co								
State/UT*		Country Code at per ISO 3166							
Address Type*	Residential / Business	esidential Business Registered Office Unspecified							
(Certified copy of any one of	of the following Proof of Address [PoA								
Proof of Address*									
☐ Passport Number		Passport Expiry Date DD - MM - YYYY							
☐ Voter ID Card									
☐ Driving Licence		Driving Licence Expiry Date DD - MM - YYYY							
Aadhaar Card									
NREGA Job Card									
, ,	notified by the central government]								
Others (B) [Refer instruction									
	ocal Address Details* (Please see ins								
-	anent / Overseas Address details	In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)							
Line 1*									
Line 2									
Line 3	7:n / Da-4 O	City / Town / Village*							
District State/UT*	Zip / Post Co	Country							
		Country Code at per ISO 3166							

4.Contact Details (All communications will be sent on provided Mobile no. / En	mail- 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*
State/UT* Zip / Post Co	
Country Code Country Code	s [‡] 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')
Addition of Related Person Deletion of Related Person KYC Number	per of Related Person (if available*)
Related Person Type*	Authorized Representative
Prefix First Name Name*	Middle Name Last 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 <u>any one</u> of the following Proof of Identity [Pol] needs to be submitted)	
A - Passport Number	Passport Expiry Date
B - Voter ID Card	
C - PAN Card	
D - Driving Licence	Driving Licence Expiry Date
E - Aadhaar Card	
F - NREGA Job Card	
Z - Others (any document notified by the central government)	
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 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 co statute of legislation or any notifications/directions issued by any governmental or statutory authority fi	rom time to time. [Signature / Thumb Impression]
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above	registered number/email address.
Date DD - MM - Y Y Y Y Place:	Signature / Thumb Impression of Applicant
9.Attestation / For Office Use Only	
Documents Received ☐ Certified Copies	
KYC In-Person Verification (IPV) Carried Out by (Refer Instruction J)	Institution Details
Date DD - MM - Y Y Y Y	Name Code
Emp. Name	Code 6
Emp. Code	Emp. Branch
Emp. Designation	
	[Institution Stamp]
[Employee Signature]	in the state of th
	Emp. Branch [Institution Stamp]

General Instructions:

- 1. Self-Certification of documents is mandatory.
- 2. KYC number of applicant is mandatory for update/change of KYC details.
- 3. For particular section update, please tick (\sim) in the box available before the section number and strike off the sections not required to be updated.
- 4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
- 5. If any proof of identity or address is in a foreign language, then translation into English is required.
- 6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- 8. Sole proprietor must make the application in his individual name & capacity.
- 9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- 10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.

. Clarification / Guidelines on filling 'Identity Details' section

- 1. Name: Please state the name with Prefix (Mr/Mrs/Ms). The name should match the name as mentioned in the Proof of identity submitted failing which the application is liable to be rejected.
- 2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

3. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/ insurance number, citizen/personal identification/services code/number, and resident registration number)

Clarification / Guidelines on filling 'Proof of Identity [Pol]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

- 1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2. Mention identification / reference number if 'Z Others (any document notified by the central government)' is ticked.
- 3. Others (B) Identity card with applicant's photograph issued by any of the following: Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Statutory/Regulatory Authorities.

Clarification / Guidelines on filling 'Proof of Address [PoA] section

- 1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- Others (B) Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bankaccount or Post Office savings bank account statement not more than three months old; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: State Government Departments, Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Property or Municipal Tax receipt, Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address, Letter of allotment of accommodation from employer issued by State or statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.

Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2. In case of multiple correspondence / local addresses, Please fill 'Annexure A1'
- 3. Others includes Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions.

F. Clarification / Guidelines on filling 'Contact details' section

- 1. Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
- 2. Do not add '0' in the beginning of Mobile number.

G. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available.

H. Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

I. List of people authorized to attest the documents after verification with the originals:

- Authorised officials of Asset Management Companies (AMC).
- $2. \qquad \text{Authorised officials of Registrar \& Transfer Agent (R\&T) acting on behalf of the AMC}. \\$
- 3. KYD compliant mutual fund distributors.
- 4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy)
- 5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassyl Consulate General in the country where the client resides are permitted to attest the documents.
- 6. Government authorised officials who are empowered to issue Apostille Certificates

J. List of people authorized to perform In Person Verification (IPV):

- Authorised officials of Asset Management Companies (AMC).
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- 4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
- 5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

K. PAN Exempt Investor Category

- 1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
- 2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
- Investors residing in the state of Sikkim.
- 4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

List of Two- Digit state / U.T Codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code
Andaman & Nicobar	AN
Andhra Pradesh	AP
Arunachal Pradesh	AR
Assam	AS
Bihar	BR
Chandigarh	CH
Chattisgarh	CG
Dadra and Nagar Haveli	DN
Daman & Diu	DD
Delhi	DL
Goa	GA
Gujarat	GJ
Haryana	HR

State / U.T	Code
Himachal Pradesh	HP
Jammu & Kashmir	JK
Jharkhand	JH
Karnataka	KA
Kerala	KL
Lakshadweep	LD
Madhya Pradesh	MP
Maharashtra	MH
Manipur	MN
Meghalaya	ML
Mizoram	MZ
Nagaland	NL
Orissa	OR

State / U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
Telangana	TS
Tripura	TR
Uttar Pradesh	UP
Uttarakhand	UA
West Bengal	WB
Other	XX

List of ISO 3166 Two-Digit Country Code

	Country
Country	Code
Afghanistan	AF
Aland Islands	AX
Albania	AL
Algeria	DZ
American Samoa	AS
Andorra	AD AO
Angola Anguilla	AU
Antarctica	AQ
Antigua and Barbuda	AG
Argentina	AR
Armenia	AM
Aruba	AW
Australia	AU
Austria	AT
Azerbaijan	AZ
Bahamas	BS
Bahrain	ВН
Bangladesh	BD
Barbados	BB
Belarus	BY
Belgium	BE
Belize	BZ
Benin	BJ
Bermuda	BM
Bhutan	BT
Bolivia, Plurinational State of	ВО
Bonaire, Sint Eustatius and Saba	BQ
Bosnia and Herzegovina	BA
Botswana	BW
Bouvet Island	BV
Brazil	BR
British Indian Ocean Territory	10
Brunei Darussalam	BN
Bulgaria	BG
Burkina Faso Burundi	BF BI
Cabo Verde	CV
Cambodia	KH
Cameroon	CM
Canada	CA
Cayman Islands	KY
Central African Republic	CF
Chad	TD
Chile	CL
China	CN
Christmas Island	CX
Cocos (Keeling) Islands	СС
Colombia	CO
Comoros	KM
Congo	CG
Congo, the Democratic Republic of the	CD
Cook Islands	CK
Costa Rica	CR
Cote d'Ivoire !Côte d'Ivoire	CI
Croatia	HR
Cuba	CU
Curaçao !Curaçao	CW
Cyprus	CY
Czech Republic	CZ
Denmark	DK
Djibouti	DJ
Dominica	DM

		_
Country	Country Code	d
Dominican Republic	DO	L
Ecuador	EC	L
Egypt	EG	L
El Salvador	SV	L
Equatorial Guinea	GQ	N
Eritrea	ER	Λ
Estonia	EE	Λ
Ethiopia	ET	Λ
Falkland Islands (Malvinas)	FK	N
Faroe Islands	FO	Λ
Fiji	FJ	N
Finland	FI	Λ
France	FR	Λ
French Guiana	GF	Λ
French Polynesia	PF	N
French Southern Territories	TF	Λ
Gabon	GA	N
Gambia	GM	Λ
Georgia	GE	N
Germany	DE	٨
Ghana	GH	V
Gibraltar	GI	V
Greece	GR	V
Greenland	GL	٨
Grenada	GD	V
Guadeloupe	GP GU	V
Guam	GT	V
Guatemala Guernsey	GG	N
Guinea	GN	N
Guinea-Bissau	GW	N
Guyana	GY	N
Haiti	HT	١
Heard Island and McDonald Islands	HM	
Holy See (Vatican City State)	VA	١
Honduras	HN	Ν
Hong Kong	HK	N
Hungary	HU	١
Iceland	IS	N
India	IN	١
Indonesia	ID	C
Iran, Islamic Republic of	IR	F
Iraq	IQ	F
Ireland	IE	F
Isle of Man	IM	F
Israel	IL	F
Italy	IT	F
Jamaica	JM	F
Japan	JP	F
Jersey	JE	F
Jordan	JO	F
Kazakhstan	KZ	F
Kenya	KE	F
Kiribati	KI	
Korea, Democratic People's Republic of Korea, Republic of	KP KR	F
		F
Kurayzatan	KW	F
Kyrgyzstan Lao People's Democratic Republic	LA	5
Latvia	LV	5
Lebanon	LB	S
Lesotho	LS	S

Country	Country Code
Libya	LY
Liechtenstein	LI
Lithuania	LT
Luxembourg	LU
Macao	MO
Macedonia, the former Yugoslav Republic of	MK
Madagascar Malawi	MG MW
Malaysia	MY
Maldives	MV
Mali	ML
Malta	MT
Marshall Islands	MH
Martinique	MQ
Mauritania	MR
Mauritius	MU
Mayotte	YT
Mexico	MX
Micronesia, Federated States of	FM
Moldova, Republic of	MD
Monaco	MC
Mongolia	MN
Montenegro	ME
Montserrat	MS
Morocco	MA
Mozambique	MZ
Myanmar	MM
Namibia Nauru	NA NR
Nepal	NP
Netherlands	NL
New Caledonia	NC
New Zealand	NZ
Nicaragua	NI
Niger	NE
Nigeria	NG
Niue	NU
Norfolk Island	NF
Northern Mariana Islands	MP
Norway	NO
Oman	OM
Pakistan	PK
Palau Palautina Chata af	PW
Palestine, State of	PS
Panama Panua Now Guinea	PA PG
Papua New Guinea Paraguay	PG
Peru	PE
Philippines	PH
Pitcairn	PN
Poland	PL
Portugal	PT
Puerto Rico	PR
Qatar	QA
Reunion !Réunion	RE
Romania	RO
Russian Federation	RU
Rwanda	RW
Saint Barthelemy !Saint Barthélemy	BL
Saint Helena, Ascension and Tristan da Cunha	SH
Saint Kitts and Nevis	KN
Saint Lucia	LC

	0
Country	Country Code
Saint Pierre and Miquelon	PM
Saint Vincent and the Grenadines	VC
Samoa	WS
San Marino	SM
Sao Tome and Principe	ST
Saudi Arabia	SA
Senegal	SN
Serbia	RS
Seychelles	SC SL
Sierra Leone	SG
Singapore Sint Maarten (Dutch part)	SX
Slovakia	SK
Slovenia	SI
Solomon Islands	SB
Somalia	SO
South Africa	ZA
South Georgia and the SouthSandwich Islands	GS
South Sudan	SS
Spain	ES
Sri Lanka	LK
Sudan	SD
Suriname	SR
Svalbard and Jan Mayen	SJ
Swaziland	SZ
Sweden	SE
Switzerland	CH
Syrian Arab Republic	SY
Taiwan, Province of China	TW
Tajikistan	TJ TZ
Tanzania, United Republic of Thailand	TH
Timor-Leste	TL
Togo	TG
Tokelau	TK
Tonga	TO
Trinidad and Tobago	TT
Tunisia	TN
Turkey	TR
Turkmenistan	TM
Turks and Caicos Islands	TC
Tuvalu	TV
Uganda	UG
Ukraine	UA
United Arab Emirates	AE
United Kingdom	GB
United States	US
United States Minor Outlying Islands	UM UY
Uruguay Uzbekistan	UZ
Vanuatu	VU
Venezuela, Bolivarian Republic of	VE
Viet Nam	VN
Virgin Islands, British	VG
Virgin Islands, U.S.	VI
Wallis and Futuna	WF
Western Sahara	EH
Yemen	YE
Zambia	ZM
Zimbabwe	ZW



Annexure A1 - Addition/Modification/Change of Address- Correspondence/Local Address

Fields marked with '*' are mandatory fields. Please fill the form in English and in BLOCK letters. ☐ Update/Change Application Type* ■ New For office use only (To be filled by financial institution) (Mandatory for KYC update request) **KYC Number** 1.Correspondence / Local Address Details (Please see instruction E at the end) Enclose relevant documentary proof ☐ Same as Current / Permanent / Overseas Address details Line 1* Line 2 Line 3 City / Town / Village³ District Zip / Post Code³ State/UT Code as per Indian Motor Vehicle Act, 1988 State/UT* Country Country Code a*s per ISO 3166 2.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) Fax 3.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.

Date :	D	D	_[M	M	_	Υ	Υ	Υ	Υ	Place:						
		_		_	_					_							



Annoviiro	D 4	- Addition	of	Dolated	Dorcono

Annexure BT - Addition o	r Relateu Persons
Fields marked with '*' are mandator Please fill the form in English and	
For office use only (To be filled by financial institution)	Application Type* New Update/Change KYC Number (Mandatory for KYC update request)
1.Details of Related Pe	erson (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)
Addition of Related Pers	son 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 [PoI] of Re	lated Person* (Please see instruction (H) at the end)
☐ A - Passport Number ☐ B - Voter ID Card	Passport Expiry Date DD - MM - Y Y Y Y
C - PAN Card	
☐ D - Driving Licence	Driving Licence Expiry Date
☐ E - Aadhaar Card	
☐ F - NREGA Job Card	
Z - Others (any documer	nt notified by the central government) Identification Number
2.Applicant Declaration	
changes therein, immediately. In may be held liable for it. I hereby statute of legislation or any notific	furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any cations/directions issued by any governmental or statutory authority from time to time. [Signature / Thumb Impression]
Date : DD - MM - Y	Place : Signature / Thumb Impression of Applicant
3.Attestation / For Office	Use Only
Documents Received 🗌	Certified Copies
KYC	C Verification Carried Out by Institution Details
Date Emp. Name Emp.	D - M M - Y Y Y Y Y
Code	
Emp. Designation	
Emp. Branch	

CKYC-Individual Form / 07th Nov 2019 / Ver 1. 5



ARN-64917 EUIN-E029678 Supplementary CKYC Form

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

2019 / Ver 1.5

Know Your Client (KYC) Application Form

_					_	_
For	Ind	ivid	lii2	le	On	l۷

(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) Please enclose a duly attested copy of your PAN Card Prefix First Name Middle Name Last Name to AMFI BP Cir no 68 -Supplementary CKYC Form / 07th Nov Name* (same as ID proof) Maiden Name (If any*) Mother Name* Residential Status* Resident Individual ■ Non Resident Indian Person of Indian Origin Foreign National Occupation Type* S-Service Private Sector Public Sector ☐ Government Sector O-Others Professional Self Employed Retired ☐ Housewife ☐ Student **B-Business** X-Not Categorised 2. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end) Additional Details Required* (Mandatory only if above option is ticked) Country of Jurisdiction of Residence* Country Code of Jurisdicti on of Residence as per ISO 3166 Tax I dentification Number or equivalent (If issued by jurisdiction)* Place / City of Birth* Count ry of Birth* Country Code as per ISO 3166 Address Line 1 Line 2 City / Town / Village* Line 3 District* Zip / Post Code State/UT Code as per Indian Motor Vehicle Act, 1988 Country Code State/UT* Country* as per ISO 3166 3. Details of Related Person (Optional) (please refer instruction G at the end) (in case ofadditional related persons, please I I 'Annexure B1') Related Person Deletion of Related Person KYC Number of Related Person (if available*) Related Person Type' Guardian of Minor Assignee ☐ Authorized Representative Prefix First Name Middle Name Last Name Name* (If KYC number and name are provided, below details of section 6 are optional) Proof (Certified copy of any one of the following Proof of I dentity[PoI] needs to be submitted) DD-MM-YYYY A - Passport Number **Pssport Expiry Datea** ☐ B - Voter ID Card C - PAN Card |D|D|-|M|M|-|Y|Y| 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 here by declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to information 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, Regulation or [Signature / Thumb Impression] any statute of legislation or any notifications / directions issued by any government or statutory authority from time to time I hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address Date: Signature / Thumb Impression of Applicant

Place:

Instructions/Guidelines for filling Individual KYC Application Form

General Instructions:

- 1. Self-Certification of documents is mandatory.
- 2. KYC number of applicant is mandatory for update/change of KYC details.
- 3. For particular section update, please tick () in the box available before the section number and strike off the sections not required to be updated.
- 4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for veri cation. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
- 5. If any proof of identity or address is in a foreign language, then translation into English is required.
- 6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- 8. Sole proprietor must make the application in his individual name & capacity.
- 9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- 10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Identity Details' section

- 1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.
- B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India
 - 1. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)



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APP No.:

Please con	sult a tax professional for further guidance re	garding your tax residency for FATCA & CRS co	ompliance		HII(O))HII(O)]HII(IO)HII(IO)HII(IO)		
NAME:							
PAN:		or PAN Exempt KYC Ref No. (PEK	or PAN Exempt KYC Ref No. (PEKRN)				
Place of Birth		Country of Birth	Country of Birth				
Nationality Indian U.S. Others (Please specify)		Tax Residence Address (for KYC address) Residential Registered Office Business					
	u a tax resident (i.e., are you assesse		de India?▶ [Yes No			
If 'Yes'	, please fill for All countries (other nt / Green Card Holder / Tax Residen	than India) in which you are a Resid	ent for a Resident	for tax purpose i	i.e., where you are a Citizen /		
Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identifical (TIN or other, p		If TIN is not available, please tick the reason A, B or C (as defined below)		
1					—▶ Reason A B C		
2					→ Reason A B C		
>> Rea	ison A - The country where the Accoun ison B - No TIN required. (Select this re ison C - Others; please state the reasor	ason Only if the authorities of the res					
I hereby the info informe	RATION confirm that the information provided here rmation submitted above. I also confirm tha d in writing about any changes / modificatio tion as may be required any intermediary or	t I have read understood the FATCA & CRS T n to the above information in future within 3	erms and Conditions 30 days of the same be	below and hereby ac	cept the same. I also undertake to keep you		
Date:	1 1		г				
Place:			Signature:				

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FATCA & CRS TERMS & CONDITIONS

(Note: The Guidance Note / notification issued by the CBDT shall prevall 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 account 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 (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS

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

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

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

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 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:		
	Certified 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		
codinery other chair india	Documentary evidence (refer list below)		
Telephone number in a country	If no Indian telephone number is provided		
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)		
	If Indian telephone number is provided along with a foreign country telephone number		
	 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 		
	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.

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