Systematix ARN: 64917 EUIN: E-029678					
Know Your Client (KYC) Application Form (For Ind (Please fill the form in English and in Bl Fields marked with "*' are mandatory file		Application Type* [ KYC Type* [	New       MUTUAL         Update       KYC Number*         Normal (PAN is mandatory)       PAN Exempt Investors (Refer instruction K)		
1. Identity Details (Please refer in	nstruction <b>A</b> at the e	nd)			
PAN*			e a duly attested copy of your PAN Card		
Name* (same as ID proof)	refix	FirstName	Middle Name Last Name		
Maiden Name (If any*)					
Father / Spouse Name*					
Mother Name*					
Date of Birth*		YY	Photo		
Gender*	M- Male		F- Female T-Transgender		
Marital Status*	Married		Unmarried Others		
Citizenship*	IN- Indian		Country Code		
Residential Status*	Resident Individual		Non Resident Indian		
	Foreign National		Person of Indian Origin		
		ate Sector	Public Sector Government Sector		
	O-Others Profe B-Business	essional	Self Employed Retired Housewife Student	on	
		or if PAN card o	copy not provided) (Please refer instruction C & K at the end)		
(Certified copy of <u>any one</u> of the fol					
A- Passport Number			Passport Expiry Date		
B- Voter ID Card				_	
D- Driving Licence			Driving Licence Expiry Date D D - M M - Y Y Y		
E- Aadhaar Card					
F- NREGA Job Card	atified by the control		t)		
3. Proof of Address (PoA)*	Stilled by the centra	a governmen			
3.1 Current / Permanent / Ove	erseas Address Deta	ils (Please see	e instruction D at the end)		
Address					
Line 1*					
Line 2					
Line 3			City / Town / Village*		
District*	Zip	o / Post Code	* State/UT Code as per Indian Motor Vehicle Act, 1	988	
State/UT*			Country* Country Code as per ISO	3166	
	ential / Business		idential Business Registered Office Unspecifie	ed	
(Certified copy of <u>any one</u> of the Proof of Address*	e tollowing Proof of	Aaaress [Po	ing needs to be submitted)		
Passport Number		7	Passport Expiry Date	1 I	
Voter ID Card		+		-	
Driving Licence			Driving Licence Expiry Date D D - M M - Y Y Y	]	
Aadhaar Card				-	
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)				
Line 1*					
Line 2			City / Town / Village*		
District*	714	o / Post Code	City / Town / Village*		
State/UT*			State/UT Code     as per Indian Motor Vehicle Act, 1     Country*     Country*		
				5100	

4. Contact Details (All com	nmunications will be sent on provided Mobile no. / Email-ID) (Please refer instruction <b>F</b> at the end)			
Email ID				
Mobile	Tel. (Off)         —         Tel. (Res)         —         —			
5. FATCA/CRS Informatio	n (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end)			
	red* (Mandatory only if above option (5) is ticked)			
Country of Jurisdiction o	f Residence* Country Code of Jurisdiction of Residence as per ISO 3166			
Tax Identification Numbe	er or equivalent (If issued by jurisdiction)*			
Place / City of Birth*	Country 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 Pers	on (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')			
Related Person	Deletion of Related Person KYC Number of Related Person (if available*)			
Related Person Type*	Guardian of Minor Assignee Authorized Representative			
Name*	Prefix First Name Middle Name Last Name Last Name			
_	(If KYC number and name are provided, below details of section 6 are optional)			
	of Related Person* (Please see instruction (H) at the end)			
A- Passport Number	the following Proof of Identity[Pol] needs to be submitted)         Passport Expiry Date			
B- Voter ID Card				
C- PAN Card				
D- Driving Licence				
E- Aadhaar Card				
F- NREGA Job Card				
Z- Others (any docume	ent notified by the central government)			
7. Remarks (If any)				
8. Applicant Declaration	urnished 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 untive or misleading or misrepresenting. I am aware that I may be held liable for it. I bereby declare that I am pot making this application for the purpose of contraventing of any Act. Bulke, Revulations or any statute of				
legislation or any notifications/dire	It has not making und application for the purpose of contraction of any Act, reads, regulatoris of any statute of [Signature / ThumbImpression] tration from Central KYC Registry through SMS/Email on the above registered number/email address.			
Date: DD-MM-				
9. Attestation / For Office				
Documents Received	Certified Copies			
KYC Verific	ation Carried Out by (Refer Instruction I) Institution Details			
Date	D         M         M         Y         Y         Y         Name         Image: Comparison of the second			
Emp. Name				
Emp. Code	Emp. Branch			
Emp. Designation				
	[Employee Signature] [Institution Stamp]			
In-Person Verifica	Institution Details       Image: Construction of the second s			
Emp. Name				
Emp. Code	Emp. Branch			
Emp. Designation				
Emp. Beergnation				
	Version 1.6 Page 2			

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.				
For office use only (To be filled by financial institution)       Application Type*       New       Update/Change         KYC Number       Image: Comparison of the second seco				
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 / Village*				
State/UT Country Code as per ISO 3166				
2. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)				
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.  [Signature / Thumb Impression]				
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.      Date: Diage: Signature / Thumb Impression of Applicant				
Date:     D     M     -     Y     Y     Y       Place:     Signature / Thumb Impression of Applicant				

,				ΤΛΤΛ
Annexure B1 – Addition/Deletion of Related Persons MUTUAL FUND				
Fields marked with '*' are manda Please fill the form in English an				
For office use only (To be filled by financial institution)	Application Type* KYC Number	New Up	odate/Change (Mandatory for	KYC update request)
1. Details of Related Pe	erson (In case of additional	related persons, please	fill 'Annexure B1') (please refer instruction	<b>G</b> at the end)
Addition of Related Perso	on Deletion of Related I	Person KYC Numl	per of Related Person (if available*)	
Related Person Type*	Guardian of Minor	Assignee	Authorized Representative	
Name*	Prefix Fi (If KYC number and name are	e provided, below details of	Middle Name	Last Name
Proof of Identity [Pol] of Rel	ated Person* (Please see ir	nstruction ( <b>H</b> ) at the end	)	
A- Passport Number		1	Passport Expiry Date	
B- Voter ID Card				
C- PAN Card				
D- Driving Licence			Driving Licence Expiry Da	$ate \Box \Box - MM - YYYY$
E- Aadhaar Card				
F- NREGA Job Card				
Z- Others (any docume	nt notified by the central g	government)	Identification Numb	er
2. Applicant Declaration				
therein, immediately. In case any c liable for it. I hereby declare that legislation or any notifications/direc	of the above information is found to b	be false or untrue or misleading r the purpose of contraventior statutory authority from time to		[Signature / ThumbImpression]
Date: DD-MM-Y	Y Y Y Plac			Signature / Thumb Impression of Applicant
		0.		oignature / manip impression of / pproduc
3. Attestation / For Office	7			
Documents Received	Certified Copies			
KYC	Verification Carried Out by	,	Institution	Details
Date		]	Name	
Emp.Name Emp.			Code	
Code				
Emp. Designation				
Emp.Branch			[Institution	Stamp]
[Employee Signature]				

# Supplementary CKYC Form

Know Your Client (KYC) Application Form For Individuals Only

(Please fill the form in English and in BLOCK Letters) Fields marked with \* are mandatory fields (To be additionally filled by customers using old KYC form)

KYC Type: 🗌 Normal (PAN is mandatory)



PAN Exempt Investors

1. Identity Details (Please refer instruction A at the end) PAN Please enclose a duly attested copy of your PAN Card Prefix **First Name** Middle Name Last Name Name\* (same as ID proof) Maiden Name (If any\*) Mother Name\* **Residential Status\*** Resident Individual Non Resident Indian 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 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 Code of Jurisdiction of Residence as per ISO 3166 Country of Jurisdiction of Residence\* 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\* Zip / Post Code\* District\* 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 First Nam lastNam Prefix Middle Name 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 М М — Ү Ү B- Voter ID Card C- PAN Card D- Driving Licence Driving Licence Expiry Date E- Aadhaar Card F- NREGA Job Card Z- Others (any document notified by the central government) Identification Number 4. Remarks (If any) 5. Applicant Declaration I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes enting, I am aware that I may be held therein, immediately. In case any of the above information is found to be false or untrue or misleading or misreprese liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time. [Signature / Thumb Impression] · I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Place: Signature / Thumb Impression of Applicant

# **SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM** The Application Form should be completed in English and in BLOCK LETTERS only.

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Annexure to Application Form No.	Date : D D / M M / Y Y
I. UNITHOLDER INFORMATION	
a. Name of First / Sole applicant 🗌 Mr. 🔹 Ms. 🔹 N	l/s.
b. PAN / PEKRN Mandator y	
2. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruct	cion 1)
Individual Non - Individual Is the company a Listed Company or Subsidiary of Listed Company or or	Controlled by a Listed Company: (if No, please attach mandatory UBO declaration): 🗌 Yes 🗌 No
a. Status of First/ Sole Applicant [Please tick ( $\checkmark$ ) ]	
Resident Indian NRI PIO HUF Minor RI Minor NRI Trust Pro	prietorship 🛛 LLP 🔄 Partnership 💭 Public Ltd. Co. 🗌 Pvt. Ltd. Co. 🗌 Non Profit Organisation
Societies FOF Body Corporate Others (please specify)	
b. Occupation Details [Please tick ( $\checkmark$ )]	
	nent Sector 🗌 Agriculturist 🗌 Professional 📄 Forex Dealer 🗌 Housewife 🔅 Student
Others (please specify)	
c. Gross Annual Income (Rs.) [Please tick ( $\checkmark$ )]	
Below I Lac         I-5 Lacs         5-10 Lacs         I0-25 Lacs         >25 Lacs	
Networth in (Mandatory for Non-individual) ₹	as on D D / M M / Y Y (not older than I year)
d. Politically Exposed Person (PEP) Status:	
(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Dire	ctors): 🗌 I am PEP 🔲 I am Related to PEP 🗌 Not Applicable
e. For Non-Individual Investors involved/providing any of the mentioned service	25:
Foreign Exchange/Money Changer Services 🗌 Gaming / Gambling / Lottery / Casing	
3. DETAILS OF SECOND APPLICANT, IF ANY (Refer Instruction 1)	
a. Name of Second applicant $\square$ Mr. $\square$ Ms. $\square$ M/s.	
b. PAN / PEKRN Mandard	
c. Occupation Details [Please tick (√)] □ Private Sector Service □ Public Sector Service □ Business □ Retired □ Government	nent Sector 🗌 Agriculturist 🗌 Professional 🗌 Forex Dealer 📄 Housewife 👘 Student
Others (please specify)	
d. Gross Annual Income (Rs.) [Please tick (√)]	
□ Below   Lac □ 1-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ >25 Lacs	-I crore >I crore OR
Networth in (Mandatory for Non-individual) ₹	as on DDD/MMM//YYY (not older than I year)
e. Politically Exposed Person (PEP) Status : I am PEP I am Related to PEP	Not Applicable
4. DETAILS OF THIRD APPLICANT, IF ANY (Refer Instruction 1)	
a. Name of Third applicant Mr. Ms. M/s.	
b. PAN / PEKRN Mandator y	
c. Occupation Details [Please tick (√)]	
Private Sector Service Public Sector Service Business Retired Governme	nent Sector 🗌 Agriculturist 🗌 Professional 🗌 Forex Dealer 🗌 Housewife 👘 Student
Others (please specify)	
d. Gross Annual Income (Rs.) [Please tick ( $\checkmark$ )]	
□ Below I Lac □ I-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ >25 Lacs	
Networth in (Mandatory for Non-individual) ₹	as on D D / M M / Y Y (not older than I year)
e. Politically Exposed Person (PEP) Status : I am PEP I am Related to PEP No	t Applicable
5. DECLARATION	
	and complete. I/We agree to notify Tata Mutual Fund/ Tata Asset Management. Ltd. immediately in the event
of any change in the information. In case any of the above information is found to be false or unt	rue or misieauing or misrepresenting, i/we anyare aware that i/we may be held liable for it.
Ist Unitholder Signature / Thumb Impression 2nd Unitholder	Signature / Thumb Impression 3rd Unitholder Signature / Thumb Impression



# TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021



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

Mandatory for all Applicant(s) including Joint-holder(s), Guardian (if applicable) and Power of Attorney (if any). Systematix ARN: 64917 EUIN: E-029678

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

A. FATCA & CRS Information (Self Certification)					
PAN / PEKRN	Folio No.				
Name					
Type of Address given at KRA 🗌 Residential 🗌 Bu	usiness 🗌 Residential / Business 🗌 Registe	red Office			
Nationality	Gender	Date of Birth         D         D         M         M         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         <			
Mobile	Place of Birth	Country of Birth			
Father's name	Father's name				
Spouse's name					
Documents required (if PAN not provided)	ssport 🗌 Election ID Card 🗌 Govt. ID Card 🗌 Drivi	ng License 🗌 UIDAI Card 🗌 NREGA Card 🗌 Others			
Identification number of the document provided					

Is the applicant/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  $\Box$  Yes  $\Box$  No If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

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

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

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

### **B. ADDITIONAL KYC INFORMATION**

Occupation Details [Please tick ( )]	Service	Private Sector	Public Sector	Government Servi	ice 🗌 Student	Professional	Housewife
	Business	Retired	Agriculture	Proprietorship	Others		(please specify)
Gross Annual Income (Rs.) [Please tick ( )]	Below 1 La	c 🗌 1 - 5 Lacs	5 - 10 Lacs	10 - 25 Lacs	>25 Lacs - 1 Crore	>1 Crore	

Net-worth (Mandatory for Non-Individuals)			
	Rs	as on DD/MM/YYY	Y (Not older than 1 year)
Politically Exposed Person (PEP) Status*	🗌 I am PEP	I am Related to PEP	Not Applicable

OR

\*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

#### C. AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) Not mandatory for NRIs

Aadhaar No. (Please enclose copy of front & back side)	Date of Birth	PIN Code	Mobile No.	Enrolment Proof#

# If Aadhaar number is applied for, please enclose proof of enrolment.

#### D. DECLARATION:

I have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Tata Asset Management Limited /Tata Mutual Fund/ Trustees for any modification to this information promptly. I further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

I hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me. Consent for authentication and sharing of Aadhaar data:

I/We 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/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/ disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/ our folios with my PAN.

# Date: D D / M M / Y Y Y Y

Place:

Signatur

	•
T	FATCA and Additional KYC Form - Individuals
	(Form to be used for Investors using OLD application forms which do not contain the new requirements for FATCA and KYC details.)
ΤΛΤΛ	



## 1. Investor(s) Details

First Holder Name »	PAN\PEKRN
Second Holder Name $\gg$	PAN\PEKRN
Third Holder Name $>$	PAN\PEKRN

## 2. Know Your Customer (KYC) Details

CATEGORIES	FIRST APPLICANT / GUARDIAN		SECOND APPLICANT		THIRD APPLICANT	
Occupation »	Private Sector Service	Retired	Private Sector Service	Retired	Private Sector Service	Retired
	Public Sector Service	🔲 Business	Public Sector Service	Business	Public Sector Service	Business
	Government Sector	Agriculturist	Government Sector	Government Sector		Agriculturist
	Professional	Forex Dealer	Professional	Forex Dealer	Professional	Forex Dealer
Gross Annual Income »	Housewife	Student	Housewife	Student	Housewife	Student
	Conternation Others (please specify)		Others (please specify)		Conternation Others (please specify)	
	Below 1 Lac	🗖 1-5 Lacs	Below 1 Lac	🗖 1-5 Lacs	Below 1 Lac	🗆 1-5 Lacs
	5-10 Lacs	🗖 10-25 Lacs	5-10 Lacs	🗖 10-25 Lacs	5-10 Lacs	🗖 10-25 Lacs
	>25 Lacs-1 crore	>1 crore	>25 Lacs-1 crore	>1 crore	>25 Lacs-1 crore	>1 crore
	Networth in		Networth in		Networth in	
	₹	as on	₹	as on	₹	as on
Others »						
	(not older than 1 year)		(not older than 1 year)		(not older than 1 year)	
	Not Applicable		Not Applicable		Not Applicable	
	Politically Exposed Person		Politically Exposed Person		Politically Exposed Person	
	Related to Politically Exposed Person		Related to Politically Exposed Person		Related to Politically Exposed Person	

## 3. Foreign Account Tax Compliance Act (FATCA) Details

CATEGORIES	FIRST APPLICANT / GUARDIAN		SECOND APPLICANT		THIRD APPLICANT	
Country of Birth »						
Place of Birth »						
Nationality »	<ul> <li>Indian</li> <li>Others (Please specify)</li> </ul>	U. S.	<ul><li>Indian</li><li>Others (Please speci</li></ul>	U. S.	<ul> <li>Indian</li> <li>Others (Please specify)</li> </ul>	U. S.
Type of address given ≫ at KRA		Residential	Residential or Busine Registered Office		Residential or Business	Residential
Are you also a resident in $\gg$	□ No	Yes	🗖 No	Yes	🗖 No	Yes
any other country(ies) for tax purposes?	If yes, complete section below	ow.				
Country of Tax Residency $1 \gg$						
Tax Identification Number 1 $\gg$						
Identification Type 1 $\gg$						
If TIN is not available please $\gg$ tick the reason A, B or C $^{\star}$	Reason 🗌 A 🔲 B 🚺	С	Reason 🗌 A 🔲 E	3 🔲 C	Reason 🗌 A 🔲 B	С
Country of Tax Residency $2 \gg$						
Tax Identification Number 2 $\gg$						
Identification Type 2 $\gg$						
If TIN is not available please » tick the reason A. B or C *	Reason 🔲 A 🔲 B	С	Reason 🗖 A 🗖 E	3 🗖 C	Reason 🗖 A 🗖 B	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 reasons thereof

## 4. Declaration and Signatures

Data

I hereby confirm that the information provided hereinabove 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 understand to provide any other additional information as may be required any intermediary or by domestic or overseas regulator / tax authorities.

Diago:

1ª Applicant Signature / Thumb Impression	3 <sup>er</sup> Applicant Signature / Thumb Impression

ΤΛΤΛ

MUTUAL FUND

ΤΑΤΑ	MUTUAL F	UND
Mafatlal Centre 9th F	loor Nariman Point	: Mumbai - 400

AADHAAR NUMBER UPDATION FORM FOR INDIVIDUALS

021

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

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

We, at TATA Mutual Funds have enabled several easy modes of Aadhaar number linking across all TATA Mutual Funds investments.

## PLEASE FILL IN YOUR DETAILS BELOW FOR ALL HOLDERS

Folio No.					Application No.			
		OR						
Sole/First Holder's Details								
Name								
PAN/PEKRN	Aadhaar No.				Gender <sup>Please</sup> (✓) M F O			
Second Holder's Details								
Name								
PAN/PEKRN	Aadhaar No.				Gender			
					Please (🗸 ) M F O			
Third Holder's Details								
Name								
PAN/PEKRN	Aadhaar No.				Gender			
					Please (🗸 ) M F O			
Power of Attorney Details								
Name								
PAN/PEKRN	Aadhaar No.				Gender			
					Please (🗸) M F O			
Guardian Details								
Name								
PAN/PEKRN	Aadhaar No.				Gender			
					Please (🗸 ) M F O			
Consent by unit holders for collection, storage,	using/sharing of Aad	haar data						
I submit my above Aadhaar number and voluntarily	give my consent to c	collection, stora	.ge, using/shar	ing of Aadhaar data Sig	gnature:			
$\cdot$ $% \left( {{\left( {{\left( {{{\left( {{{\left( {{{\left( {{{c}}} \right.} \right)}}} \right)}_{0}}} \right)}_{0}}} \right)} \right)$ Use my Aadhaar details to authenticate from	JIDAI							
· Use my mobile number mentioned in my acco	unt for sending SMS a	alerts to me						
<ul> <li>Consent for Authentication: I, the holder of t Aadhaar number, Name and Fingerprint/Iris for</li> </ul>			ereby give my	consent to Tata Mutua	ll Fund(TMF), to obtain my			
I/We hereby provide my consent in accordance with authenticating and (ii) updating my/our Aadhaar nu	mber(s) in accordance	with the Aadh	aar Act, 2016	(and regulations made	thereunder) and PMLA.			
I/We hereby provide my/our consent for sharing/ companies of SEBI registered mutual fund and their	disclose of the Aadha Registrar and Transfer	aar number(s) i Agent (RTA) for	ncluding demo the purpose o	ographic information w f updating the same in	ith the asset management my/our folios with my PAN.			
Sole / 14 Applicant Signature /     2nd Applicant Signature /       Thumb Impression     Thumb Impression				3 <sup>rd</sup> Applicant Signature / Thumb Impression				
%					> ~			
ACKNOWLEDGEMENT SLIP - AADHAAR UPDATION MUTTAL (To be filled by Applicant)			Date					
Folio Number								
Investor's Name				Official Accep	otance Point Stamp & Sign			