

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

Application Type* New

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

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YYYY

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others - Country Country Code

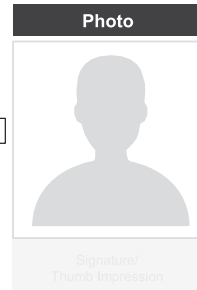
Residential Status* Resident Individual Non Resident Indian

Foreign National Person of Indian Origin

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

O-Others Professional Self Employed Retired Housewife Student

B-Business X-Not Categorized



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

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

- A- Passport Number
- B- Voter ID Card
- D- Driving Licence
- E- Aadhaar Card
- F- NREGA Job Card

Passport Expiry Date DD - MM - YYYY

Driving Licence Expiry Date DD - MM - YYYY

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
- Voter ID Card
- Driving Licence
- Aadhaar Card
- NREGA Job Card

Passport Expiry Date DD - MM - YYYY

Driving Licence Expiry Date DD - MM - YYYY

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

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

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

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

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]

Date: - - Place:

Signature / Thumb Impression of Applicant

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]

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]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]



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 <small>(To be filled by financial institution)</small>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update/Change	
	KYC Number <input type="text"/>	<i>(Mandatory for KYC update request)</i>

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 / Village*

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

State/UT Country* 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)

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.

[Signature / Thumb Impression]

Date: - - Place:

Signature / Thumb Impression of Applicant



Annexure B1 – Addition/Deletion of Related Persons

Fields marked with "*" are mandatory fields.
Please fill the form in English and in BLOCK letters.

For office use only <small>(To be filled by financial institution)</small>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update/Change	
	KYC Number	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/> "/> <small>(Mandatory for KYC update request)</small>

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

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*) <input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>
Related Person Type*	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative	
Name*	Prefix <input style="width: 20%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/> First Name <input style="width: 30%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/> Middle Name <input style="width: 30%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/> Last Name <input style="width: 20%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>	
<small>(If KYC number and name are provided, below details of section 6 are optional)</small>		

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

<input type="checkbox"/> A- Passport Number	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>	Passport Expiry Date <input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>	
<input type="checkbox"/> C- PAN Card	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>	
<input type="checkbox"/> D- Driving Licence	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>	Driving Licence Expiry Date <input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>
<input type="checkbox"/> E- Aadhaar Card	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>	
<input type="checkbox"/> F- NREGA Job Card	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>	Identification Number <input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>

2. 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:

3. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by	
Date	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>
Emp. Name Emp.	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>
Code	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>
Emp. Designation	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>
Emp. Branch	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>

Institution Details	
Name	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>
Code	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 1.2em;" type="text"/>

[Employee Signature]

[Institution Stamp]

Supplementary CKYC Form

(To be additionally filled by customers using old KYC 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

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)	<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

	Prefix	First Name	Middle Name	Last Name
Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)
 (Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

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

4. Remarks (If any)

<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.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant



**SUPPLEMENTARY KNOW YOUR CLIENT (KYC), Aadhaar Update,
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).
[Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]

Systematix ARN: 64917 EUIIN: E-029678

A. FATCA & CRS Information (Self Certification)

PAN / PEKRN <input style="width: 100%;" type="text"/>		Folio No. <input style="width: 100%;" type="text"/>
Name <input style="width: 100%;" type="text"/>		
Type of Address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> Registered Office	
Nationality <input style="width: 100%;" type="text"/>	Gender <input style="width: 100%;" type="text"/>	Date of Birth <input style="width: 100%;" type="text"/>
Mobile <input style="width: 100%;" type="text"/>	Place of Birth <input style="width: 100%;" type="text"/>	Country of Birth <input style="width: 100%;" type="text"/>
Father's name <input style="width: 100%;" type="text"/>		
Spouse's name <input style="width: 100%;" type="text"/>		
Documents required (if PAN not provided)	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others	
Identification number of the document provided	<input style="width: 100%;" type="text"/>	

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

Sr. No.	Country of Tax Residency#	Tax Payer Identification Number^	Identification Type [TIN or other, please specify]
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

#To also include USA, where the individual is a citizen/ green card holder of USA.
^In case Tax Identification Number is not available, kindly provide its functional equivalent.

B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick ()]	<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife	
	<input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify)	
Gross Annual Income (Rs.) [Please tick ()]	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore	

OR

Net-worth (Mandatory for Non-Individuals)	Rs. _____ as on <input style="width: 100%;" type="text"/>	(Not older than 1 year)
Politically Exposed Person (PEP) Status*	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable	

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

C. 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#
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>

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:

Place:

Signature



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.)



1. Investor(s) Details

First Holder Name >>		PAN/PEKRN
Second Holder Name >>		PAN/PEKRN
Third Holder Name >>		PAN/PEKRN

2. Know Your Customer (KYC) Details

CATEGORIES	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore
Networth in	₹ as on D D / M M / Y Y Y Y Y Y (not older than 1 year)	₹ as on D D / M M / Y Y Y Y Y Y (not older than 1 year)	₹ as on D D / M M / Y Y Y Y Y Y (not older than 1 year)
Others >>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> 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 >>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)
Type of address given at KRA >>	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you also a resident in any other country(ies) for tax purposes? >>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Country of Tax Residency 1 >>	If yes, complete section below.		
Tax Identification Number 1 >>			
Identification Type 1 >>			
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Country of Tax Residency 2 >>			
Tax Identification Number 2 >>			
Identification Type 2 >>			
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	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 reasons thereof

4. Declaration and Signatures

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.

Date: _____

Place: _____

1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
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TATA MUTUAL FUND
 Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021
AADHAAR NUMBER UPDATION FORM FOR INDIVIDUALS



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. <input style="width:95%;" type="text"/>	OR	Application No. <input style="width:95%;" type="text"/>
---	----	---

Sole/First Holder's Details

Name <input style="width:98%;" type="text"/>			
PAN/PEKRN <input style="width:95%;" type="text"/>	Aadhaar No. <input style="width:95%;" type="text"/>	Gender Please (✓)	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O

Second Holder's Details

Name <input style="width:98%;" type="text"/>			
PAN/PEKRN <input style="width:95%;" type="text"/>	Aadhaar No. <input style="width:95%;" type="text"/>	Gender Please (✓)	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O

Third Holder's Details

Name <input style="width:98%;" type="text"/>			
PAN/PEKRN <input style="width:95%;" type="text"/>	Aadhaar No. <input style="width:95%;" type="text"/>	Gender Please (✓)	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O

Power of Attorney Details

Name <input style="width:98%;" type="text"/>			
PAN/PEKRN <input style="width:95%;" type="text"/>	Aadhaar No. <input style="width:95%;" type="text"/>	Gender Please (✓)	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O

Guardian Details

Name <input style="width:98%;" type="text"/>			
PAN/PEKRN <input style="width:95%;" type="text"/>	Aadhaar No. <input style="width:95%;" type="text"/>	Gender Please (✓)	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O

Consent by unit holders for collection, storage, using/sharing of Aadhaar data

I submit my above Aadhaar number and voluntarily give my consent to collection, storage, using/sharing of Aadhaar data Signature:

- Use my Aadhaar details to authenticate from UIDAI
- Use my mobile number mentioned in my account for sending SMS alerts to me
- Consent for Authentication: I, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMf), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI.

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.

Sole / 1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
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ACKNOWLEDGEMENT SLIP - AADHAAR UPDATION
(To be filled by Applicant)

Date

Folio Number _____ or Application No. _____

Investor's Name _____

Please retain this Acknowledgement Slip for future reference

Official Acceptance Point Stamp & Sign
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