CKYC & KRA KYC FORM

ARN-64917 E434563



KNOW YOUR CLIENT APPLICATION FORM (For Individuals only)

(Please fill the form in English and Fields marked with * are mandato	71	ds 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 d	luly 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*		РНОТО														
Gender*	M- Male	F- Female T-Transgender														
Marital Status*	Married	☐ Unmarried ☐ Others														
Citizenship*	☐ IN- Indian	Others - CountryCountry Code														
Residential Status*	Resident Individual Foreign National	□ Non Resident Indian□ Person of Indian Origin														
Occupation Type*	S-Service (Private Sector	☐ Public Sector ☐ Government Sector)														
		□ Self Employed □ Retired □ Housewife □ Student) Signature / Thumb Impression														
☐ B-Business ☐ X- Not Categorised																
2. PROOF OF IDENTITY (Pol)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)																
_	g Proof of Identity[Pol] needs to be submitted)															
A- Passport Number		Passport Expiry Date DDDMMMYYYYY														
B- Voter ID Card																
C- PAN Card																
D- Driving Licence		Driving Licence Expiry Date D D M M Y Y Y Y														
E- Aadhaar Card																
☐ F- NREGA Job Card																
Z- Others (any document notified by	y the central government)	Identification Number														
3. PROOF OF ADDRESS (POA)*															
3.1 Current / Permanent / C	Overseas Address Details (Please see instructio	n D at the end)														
Address																
Line 1*																
Line 2		City / Town / Village*														
Line 3 District*	7:	ip / Post Code* State / U.T Code* as per Indian Motor Vehicle Act, 1988														
State/UT*		Country * Country Code as per indian word venicle Act, 1300														
	Residential / Business Resid															
(Certified copy of any one of the follow	ving Proof of Address [PoA] needs to be submitted)															
Passport Number		Passport Expiry Date D D M M Y Y Y Y														
☐ Voter ID Card																
Driving Licence		Driving Licence Expiry Date D D M M Y Y Y Y														
Aadhaar Card																
☐ NREGA Job Card																
Others (any document notified by th	ne central government)	Identification Number														
	ICAL ADDRESS DETAILS * (Please see instruction															
Same as Current / Permanent / Ov	verseas Address details (In case of multiple corre	spondence / local addresses, please fill 'Additional Form', Submit relevant documentary proof)														
Line 1*																
Line 2		City / Town / Wiless*														
Line 3 District*		ip / Post Code* State / UT Code* as per Indian Motor Vehicle Act, 1988														
State/UT*	<u> </u>	ip / Post Code* State / UT Code* as per Indian Motor Vehicle Act, 1988 Country Code as per ISO 3166														
Otat6/01		as per 150 5100														

4. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email ID) (Please refer instructions F at the end) Email ID															
Email ID															
Mobile Tel. (Off)	Tel. (Res)														
5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside															
Additional Details Required* (Mandatory only if above option (5) is ticked)															
	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	City / Town / Village*														
District* Zip / Post Code*	State / UT Code* as per Indian Motor Vehicle Act, 1988														
State/UT* Count															
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															
Related Person Type*	uthorized Representative Middle Name Last 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)															
A-Passport Number Passport Expiry Date D M M Y Y Y Y Y Y Y Y Y Y Y															
	rassport expiry Date D D M M T T T T														
	r ID Card Card Card														
PAN Card															
-Driving Licence Expiry Date D D M M Y Y Y Y															
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. 															
Date D D M M Y Y Y Place	Signature / Thumb Impression of Applicant														
9. ATTESTATION / FOR OFFICE USE ONLY															
Documents Received Certified Copies															
KYC Verification Carried Out by (Refer Instruction I) Institution	Institution Details														
Date D M M Y Y	Name														
Emp. Name	Code														
Emp. Code	Emp. Branch														
Emp. Designation															
[Employee Signature]	[Institution Stamp]														
In-Person Verification (IPV) Carried Out by (Refer Instruction J)	Institution Details														
Date Dommay Y	Institution Details Name														
Emp. Name															
Emp. Code	Code Emp. Branch														
Emp. Designation															
[Employee Signature]	[Institution Stamp]														

SUPPLEMENTARY CKYC FORM
(To be additionally filled by customers using old KYC form) ARN-64917 E434563



KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY)

(Please fill the form in English Fields marked with * are man			KYC Type:	☐ Normal (PAN is manda	tory) PAN Exempt Investors
	S (Please refer instruction A at the end)				
PAN		enclose a duly attested copy	of your DAN Cord		
ran		i Name	Middle Nar	me	Last Name
Name* (same as ID proof)					
Maiden Name (If any*)					
Mother Name*					
Residential Status*		Resident Indian on of Indian Origin			
Occupation Type*	S-Service (Private Sector [O-Others (Professional] B-Business X-Not Categorised	•	ment Sector) Housewife	Student)	
	RMATION (Tick if Applicable)		ce for Tax Purposes in	Jurisdiction(s) Outside I	ndia (Please refer instruction B at the end)
·	* (Mandatory only if above option is	ticked)			
Country of Jurisdiction of R	desidence*		Coun	try Code of Jurisdiction	of Residence as per ISO 3166
Tax Identification Number o	or equivalent (If issued by jurisdiction)*				
Place / City of Birth*		Country of Birth*		(Country Code as per ISO 3166
Addres					
Line 1*					
Line 2					
Line 3			City / Town / Villa	ge*	
District*		Zip/Post Code*	State/l	JT Code as per	Indian Motor Vehicle Act, 1988
State/UT*		Country*			ountry Code as per ISO 3166
3 DETAILS OF RELA	TED PERSON (OPTIONAL) (plea	se refer instruction G at the end) (in case of additional rel	ated persons, please fill 'An	nexure B1')
Related Person	Deletion of Related Person	KYC Number of Related	l Person (if available*)		
Related Person Type*	Guardian of Minor Assig	nee Authorized Rep	resentative Middle Name		Last Name
Name*					
(If KYC number and name	are provided, below details of section 6 are op	tional)			
	of Related Person* (Please see instru				
(Certified copy of any one of A- Passport Number	f the following Proof of Identity[PoI] needs to b		Passport Expiry Date	D D M M Y	v I v I v I
B- Voter ID Card			газэрин схриу пане	D D IVI IVI I	
C- PAN Card			D	D	
D- Driving Licence			Driving Licence Expiry	Date D D M M	Y Y Y Y
E- Aadhaar Card					
F- NREGA Job Card					
	notified by the central government)		Identification Number		
4 REMARKS (If any)					
5 APPLICANT DECL	ARATION				
	tails furnished above are true and co	rect to the best of mv knowl	edge and belief and I ur	ndertake to inform vou of	
any changes therein, immed	diately. In case any of the above info	rmation is found to be false o	or untrue or misleading	or misrepresenting, I am	
Regulations or any statute o	ble for it. I hereby declare that I am n If legislation or any notifications/direc g information from Central KYC Regis	tions issued by any governme	ntal or statutory author	rity from time to time.	[Signature / Thumb Impression]
Date D D M M Y	Y Y Y Place				Signature / Thumb Impression of Applicant

EXISTING INDIVIDUAL INVESTORS - SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM (Including Sole Proprietor)



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

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Name													I		_																																									
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Father'	's	na	me											I												(man	dat	troy	if	PAN	l no	t pi	ovi	ided)																					
Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others specify														_																																										
Identification number of the document provided																																																								
Are	Are you a tax resident of any country 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	ax Payer Identification Number*											lent	ntification Type [TIN or other, please specify]																														
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*To also	in	ıclı	de U	SA,	wh	ere t	he in	divid	ual i	s a ci	izer	n/ gr	een c	ard	hold	er o	f US	Α.																																						
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*PEP ar senior e																				fun	ction	ns in	a fo	reig	n co	oun	try, e	.g.,	Hea	ıds o	of S	tate	s or	of	Gove	rnm	ents	sei	nior	polit	icia	1S, S	enio	r G	over	nme	ent/ji	ıdici	al/ m	nilita	ry o	ffice	rs,			
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TERMS & CONDITIONS

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Axis Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.