

**Know Your Customer (KYC) Application Form | Individual**

Important Instructions:

ARN-64917

E434563



- A. Fields marked with "\*" are mandatory fields.
- B. Tick " " wherever applicable.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- E. For particular section update, please tick ( ) in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

**For office use only** (To be filled by financial institution)

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

Account Type\*  Normal  Minor  Aadhaar OTP based E-KYC (in non-face to face mode)

**1. Personal Details (Please refer instruction A at the end)**

Name\* (Same as ID proof) Prefix  First Name  Middle Name  Last Name

Maiden Name

Father / Spouse Name\*

Mother Name

Date of Birth\*  DD -  MM -  YY  YY

Gender\*  M- Male  F- Female  T- Transgender

PAN\*

Marital Status\*  Married  Unmarried  Others

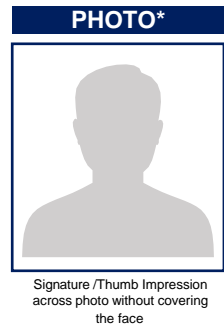
Citizenship\*  IN- Indian  Others – Country  Country Code

Residential Status\*  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

**2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B at the end)**

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number  Passport Expiry Date  DD -  MM -  YY  YY
- B-Voter ID Card
- C-Driving Licence  Driving Licence Expiry Date  DD -  MM -  YY  YY
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- II  E-KYC Authentication No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- III  Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer



**Address** [For other than resident Individual, please mention Overseas Address]

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  SO 3166 Country Code\*

**3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)**

- Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
  - A-Passport Number
  - B-Voter ID Card
  - C-Driving Licence
  - D-NREGA Job Card
  - E-National Population Register Letter
  - F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- II  E-KYC Authentication No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- III  Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- IV  Deemed Proof of Address – Document Type code

**Address**

Line 1\*

Line 2

Line 3  Pin/Post Code\*  State code  City/Town/Village\*  ISO 3166 Country Code\*

**4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided including for validation purpose) (Please refer instruction C at the end)

Tel. (Off)  -  Tel. (Res)  -  Mobile  -   
Email ID

\*mandatory and subject to validation, hence provide the valid information in legible manner

**5. Remarks (If any)**

**6. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge/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 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..
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data / applicable Aadhaar XML data with CKYCR, download the information from CKYCR and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

[Signature/Thumb Impression]

Date:   -   -

Place:

Signature/Thumb Impression of Applicant

**7. Attestation / For Office Use only**

- Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification  Digital KYC Process  
 Equivalent e-document  Video Based KYC

**KYC documents verification carried out by**

Date:   -   -      
Emp. Name   
Emp. Code   
Emp. Designation   
Emp. Branch

[Employee Signature]

**Institution details**

Name   
Code

[Institution Stamp]

**In-Person Verification (IPV) carried out by**

Date:   -   -      
Emp. Name   
Emp. Code   
Emp. Designation   
Emp. Branch

[Employee Signature]

**Institution details**

[Institution Stamp]

## Know Your Client (KYC) Application Form

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

### For Individuals Only

(Please fill the form in English and in BLOCK Letters)

KYC Type: Normal (PAN is mandatory)

PAN Exempt Investors

Fields marked with \* are mandatory fields

### 1. Identity Details (Please refer instruction A at the end)

PAN  Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Status\*  Resident Individual  Non Resident Indian  
 Foreign National  Person of Indian Origin

Occupation Type\*  S-Service  Private Sector  Public Sector  Government Sector  
 O-Others  Professional  Self Employed  Retired  Housewife  Student  
 B-Business  X-Not 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 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 6 additional related persons, please II '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
<input type="text"/>	<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"/>
<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)

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Signature / Thumb Impression of Applicant

# Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts (Form 1A)



(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency)

(Fields marked with \* are mandatory for all and ® are mandatory for PAN exempt cases)

## FIRST / SOLE APPLICANT

Name

PAN  or PAN Exempt KYC Ref No. (PERN)

Place of Birth  Country of Birth

Nationality  Indian  U.S.  Others  Tax Residence Address (for KYC address)  Residential  Registered Office  Business

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

**If 'NO' please proceed for the signature of declaration**

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

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

## SECOND APPLICANT

Name

PAN  or PAN Exempt KYC Ref No. (PERN)

Place of Birth  Country of Birth

Nationality  Indian  U.S.  Others  Tax Residence Address (for KYC address)  Residential  Registered Office  Business

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

**If 'NO' please proceed for the signature of declaration**

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

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

## THIRD APPLICANT

Name

PAN  or PAN Exempt KYC Ref No. (PERN)

Place of Birth  Country of Birth

Nationality  Indian  U.S.  Others  Tax Residence Address (for KYC address)  Residential  Registered Office  Business

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

**If 'NO' please proceed for the signature of declaration**

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

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

# GUARDIAN / POA / PROPRIETOR

Name

PAN  or PAN Exempt KYC Ref No. (PERN)

Place of Birth  Country of Birth

Nationality  Indian  U.S.  Others Tax Residence Address (for KYC address)  Residential  Registered Office  Business

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

**If 'NO' please proceed for the signature of declaration**

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

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3.				→ 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 Number to its residents.
- Reason B → No TIN required. (select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C → others, please state the reason thereof

Additional KYC Information*	First Applicant (Including Minor)	Second Applicant	Third Applicant	Guardian/POA/Proprietor
<b>Gross Annual Income (Rs.) - Categories *</b> Below 1 Lac, 1 - 5 Lac, 5 Lac - 10 Lac, 10 Lac - 25 Lac, 25 Lac - 1 Cr, 1 Cr - 5 Cr, 5 Cr - 10 Cr, above 10 Cr	Gross annual Income (Rs.) <input type="text"/> Please write from options given	Gross annual Income (Rs.) <input type="text"/> Please write from options given	Gross annual Income (Rs.) <input type="text"/> Please write from options given	Gross annual Income (Rs.) <input type="text"/> Please write from options given
<b>Net-worth</b> (Mandatory for Non-Individuals) (Rs.)	Rs. <input type="text"/> as on D D M M Y Y Y Y (Not older than 1 year)	Rs. <input type="text"/> as on D D M M Y Y Y Y (Not older than 1 year)	Rs. <input type="text"/> as on D D M M Y Y Y Y (Not older than 1 year)	Rs. <input type="text"/> as on D D M M Y Y Y Y (Not older than 1 year)
<b>Source of Wealth</b>				
<b>Occupation - Categories*</b> Private Sector Service, Public Sector Service, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student, Forex Dealer & Others	<input type="text"/> Please write from options given	<input type="text"/> Please write from options given	<input type="text"/> Please write from options given	<input type="text"/> Please write from options given
<b>In case of business / profession, indicate the details</b> (Including nature of goods/ services dealt in)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Politically Exposed Person (PEP) Status*</b> (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these
<b>Any other KYC related information which you wish to provide</b>				

**Note :** Politically Exposed Persons (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.

\*Under Rule 9 of PMLA Rules, 2005, investments in MF schemes of upto Rs. 50,000/- per investor per Mutual Fund per Financial year shall be exempted from requirement of Additional KYC information.

## DECLARATION

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

## CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA, Additional KYC & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date

Place