Know Your Customer (KYC) Application Form | Individual

Important Instructions:



A. Fields marked with '*' are m B. Tick " wherever applicable.	•	fields.										d guid lian Ma		/ehir	rle Act	108	ıs is	avai	ilahi	le at t	he c	and					
B. Tick "wherever applicable. G. List of St. C. Please fill the form in English and BLOCK letters. H. List of tw.														,				ic at t	116 6	ilu.							
D. Please fill the date in DD-MM-YY format. I. KYC number of applicant is mandatory for update application.																											
 E. For particular section updates section number and strike of 				box								oox is to face			cked f	or ac	cou	nts o	per		-		C 4	047	, _	40 45	20
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Maiden Name							Ť		Ť	Ī							T				I	$\overline{\Box}$	T	$\overline{\Box}$	\top		
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Mother Name																					\perp						
Date of Birth*	D D	- N	Л M	- Y	YY	Υ																					
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B-Voter ID Card					Т	П		1																P	'HO	TO*	
C-Driving Licence						$\overline{\Box}$	\pm		Driv	vina I	Licen	ce Exp	oirv [Date	D	D -	M	M	_ [YY	/ Y	Y					
D-NREGA Job Card							\pm		_				, T	T	1												
E-National Population R	Pagistar I	ottor					\pm		\pm				\pm	 													
F-Proof of Possession of	-		No	need to a	ttach. Aa	dhaar	card. If	submitte	ed, A	adhaar	Numbei	to be ma	asked b	y the	custome	ır											
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3. CURRENT ADD	RESS	DET	ΔII S	(Ple	ase r	efe!	r inet	truct	ion	Ra	t the	end)															
Same as above mentione																											
I. Certified copy of OVD or equ		•									-			eeds	s to be	subi	mitte	ed (a	nyc	ne of	the	follo	wing	OVD	s)		
A-Passport Number									Ü	Ü		•						,	,				Ū		,		
B-Voter ID Card				T				1																			
C-Driving Licence																											
D-NREGA Job Card									Т					Т	1												
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IV Deemed Proof of Addre	ss – Docu	ument	Туре	code																							
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☐ 4. Contact	Details (All communication	tions will be sent to Mobile number/E	mail-ID provided including for validation purpose) (Please refer instruction C at the end)
Tel. (Off)	-	Tel. (Res)	
Email ID			
*mandatory and subject	to validation, hence provide th	e valid information in legible manner	
5. Remarks	s (If any)		
6. Applicant De	eclaration		
inform you of any of or misrepresenting I hereby declare the of legislation or any I hereby consent to address I hereby consent to address. I also prodownload the info Act/Rules/SEBI gui Date:	changes therein, immediately I am aware that I may be heat I am not making this applier or notifications/directions issue to receiving information from the preceiving information from the pr	/. In case any of the above information eld liable for it. ication for the purpose contravention of ed by any governmental or statutory a Central KYC Registry through SMS/Er Central KYC Registry through SMS/Er C/KRA to share this KYC data / app share the data to other participatin Place:	nail on the above registered number/email nail on the above registered number/email licable Aadhaar XML data with CKYCR, g intermediaries as mandated by PMLA Signature/Thumb Impression of Applicant
	Equivalent e-d		
KY	C documents verificati	ion carried out by	Institution details
Date:	D D - M M - Y	YYY	Name
Emp. Name			Code
Emp. Code			
Emp. Designation			
Emp. Branch			
	[Employee Signa	ture]	[Institution Stamp]
In-	Person Verification (IP	V) carried out by	Institution details
Date:	D D - M M - Y	YYY	
Emp. Name			
Emp. Code			
Emp. Designation			
Emp. Branch			Unatitudian Channal
	[Employee Signat	ture]	[Institution Stamp]

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)

 $\ \square$ PAN Exempt Investors

LOGO

Name' (same as ID proof) Maiden Name (if any') Maiden Name (if Applicable) Maiden Name (if Applicabl		·	ARN-64917 E434563					
Name* (same as ID proof) Marken Name (stary) Mother Name* Residential Status* Resident Individual Non Resident Indian Origin Occupation Type* Residential Status* Residential Origin Country ellipse (status) Residential Misseston Government Sector Country Status St	1. Identity Details (Please	efer instruction A at the end)						
Name' (same as ID proof) Maidon Name (if any') Mother Name' Resident la Status'	PAN							
Maiden Name (if any") Mother Name* Resident Individual		Prefix First Name Middle Name	Last Name					
Residential Status* Resident Individual Non Resident Indian Persign National Pe	, ,							
Residential Status* Resident Individual Non Resident Indian Person of Indian Origin Occupation Type* S-Service Private Sector Public Sector Government Sector D-Others Professional S-Employee Retired Housewife Student S-Service Professional S-Employee S-	Maiden Name (II any)							
Greigh National Person of Indian Origin Person of Indian Origin Scatter Private Sector Public Sector Government Sector Southern Public Sector Retired Housewife Student Public Sector Retired Retired Housewife Student Retired Retired Retired Housewife Student Retired Retired Housewife Student Retired Retired Retired Housewife Student Retired	Mother Name*							
Occupation Type* S-Service Private Sector Public Sector Government Sector O-Others Professional Self Employed Retired Housewife Student	Residential Status*							
Additional Details Required* (Mandatory only if above option is ticked) Country of Jurisdiction of Residence State Country Code of Jurisdiction of Residence sa per ISO 3166	Occupation Type*	pation Type*						
Country of Jurisdiction of Residence as per ISO 3166 Tax Identification Number or equivalent (if issued by jurisdiction)*	2. FATCA/CRS Information	(Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside Ind	lia (Please refer instruction B at the end)					
Tax Identification Number or equivalent (If issued by jurisdiction)* Place / City of Birth*	Additional Details Require	ed* (Mandatory only if above option is ticked)						
Place / City of Birth*	Country of Jurisdiction of	Residence* Country Code of Jurisdiction of R	esidence as per ISO 3166					
Address Line 2 Line 2 Line 3 District* Zip / Post Code* State/UT* Country*	Tax Identification Numbe	or equivalent (If issued by jurisdiction)*						
Line 1 Line 2 Line 3 District* Zip / Post Code* State/UT Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country* Country* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* State/UT* Country* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* State/UT* Country* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code ss per Indian Motor Vehicle Act, 1988 State/UT* Country Code	_	Country of Birth*	Country Code as per ISO 3166					
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District* Zip / Post Code* State/UT* State/UT*	Line 2							
State/UT* Country* Country Code as per ISO 3168 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') Authorized Representative Middle Name Last 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 B- Voter ID Card C- PAN Card D- Driving Licence E- Addhaar Card F- NREGA Job Card Z- Others (any document notified by the central government) Identification Number 4. Remarks (If any) 5. Applicant Declaration - Thereby 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 misseading or misrepresenting, I am aware that I may be feld into the plant of the above information is found to be false or untrue or misrepresenting. I am aware that I may be feld into the plant of the above information is found to be false or untrue or misrepresenting. I am aware that I may be feld into the purpose of contravention of any Act Alkes. Regulations or any statute of light and the plant of the above information from Central KYC Registry through SMS/Email on the above registered number/lemal address.	Line 3	City / Tov	wn / Village*					
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' (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 Deletion B - Voter ID Card Deletion Deletion Deletion D - Driving Licence Driving Licence Driving Licence Expiry Date Deletion C - PAN Card Deletion Driving Licence D	District*	Zip / Post Code* State/UT Code	as per Indian Motor Vehicle Act, 1988					
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* Middle Name Last Name Name* Middle Name Last Name	State/UT*	Country*	Country Code as per ISO 3166					
Related Person Type* Guardian of Minor Assignee Authorized Representative Authorized Representative Authorized Representative Authorized Representative Representa	3. Details of Related Perso	n (Optional) (please refer instruction G at the end) (in case of additional related persons, plea	ase fill 'Annexure B1')					
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(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)	,,	·						
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			Signature / Thumb Impression of Applicant					



FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency, if required)

	First / Sole Applicant / Gu	ardian	ARN-64917 E434563					
Name								
Gender M F O	PAN	Occupation Type	Service Business Others					
Father's Name								
Cust ID / Folio No.								
Address of tax residence would be taken as availa	able in KRA database. In case of any cha	nge please approach KRA & no	tify the changes					
Type of address given at KYC ✓	Residential or Business 🗸 Re	sidential Business	Registered Office					
Permissible documents are O Passport C	Election ID Card O PAN Card O Govt. ID Ca	ard ○ Driving License ○ UIDAI Car	d O NREGA Job Card O Others					
Date of Birth	Place of Birth							
Country of Birth								
Nationality								
Are you a tax resident of any country of	ner than India? Yes 🗸	No √						
If yes, please indicate all countries in	n which you are resident for tax purpo	oses and the associated Tax	ID Numbers below.					
Country*	Tax Identification Numb		ntification Type Other, please specify)					
*To also include USA, where the individual is								
in case tax identification Number is not available	*In case Tax Identification Number is not available, kindly provide its functional equivalent \$							
Name	Second applicant							
Gender M F O PAN Occupation Type Service Business Others								
	PAN	Occupation Type	Service Business Others					
Father's Name								
Cust ID / Folio No. Address of tax residence would be taken as available.	phle in KPA database. In case of any cha	nge please approach KPA & no	tify the changes					
Type of address given at KYC		sidential Susiness	Registered Office					
,,	Election ID Card O PAN Card O Govt. ID Ca							
	Place of Birth							
Country of Birth	I I I I I I I I I I I I I I I I I I I							
Nationality								
Are you a tax resident of any country other than India? Yes No No								
If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.								
Country [#]	Tax Identification Numb		ntification Type Other, please specify)					
*To also include LISA, where the individual is	a sitizon / aroon soud holder of The	LICA						

*In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Third applicant										
Name										
Gender M F O	PAN	Occupation Type Service Business Others								
Father's Name										
Cust ID / Folio No.										
Address of tax residence would be taken as avail	lable in KRA database. In case of any change pl	ease approach KRA & notify the changes								
Type of address given at KYC Residential or Business Residential Business Registered Office										
Permissible documents are Passport O Election ID Card O PAN Card O Govt. ID Card O Driving License O UIDAI Card O NREGA Job Card O Others										
Date of Birth	Place of Birth									
Country of Birth										
Nationality										
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.										
Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)								
*To also include USA, where the individual i										
*In case Tax Identification Number is not available, kindly provide its functional equivalent \$										
Certification										
I / We have understood the information requirements of this Form (read along with the FATCA & 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. Signatures										
First / Sole Applicant / Guardian Second Applicant Third Applicant										
Date d d m m y y y y Place										
	FATCA & CRS Terms & Conditi	ons								
Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the										

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions 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 Franklin Templeton Asset Management (India) Pvt. Limited 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.