ARN-64917 E434563



Know Your Customer (KYC) Application Form (For Individual Investors Only)

(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields.

For office use only (To be filled by financial instit	ution)		KY	′C Nu	ion Ty imber t Type				Ne No	ew I ormal			Jpda /lino		·	Aa	dhaa	r (DTP	ba	sed									-	uest) e)			
1. PERSONAL DETAI	LS (F	Pleas	se re	efer	instr	ucti	on	A at	the	e en	nd))																						
		Prefix						Name									Middl	e	Nam	е									Last	i Na	ame			
Name* (Same as ID proof)																																		
Maiden Name]																															
Father / Spouse Name*													[
Mother Name																																		
Date of Birth*	D	D -	Μ	M -	ΥY	ΥY																												
Gender*		M-M	ale					F-Fe	ema	le] T-	Trans	ge	ender																	
PAN*														F	ORM	60	furnis	sh	ed															
Marital Status*		Marı	ried					Unm	narr	ied				0	thers																			
Citizenship*		IN-Ir	ndia	n				Othe	ers	- Co	oun	try _											C	oui	ntry	Co	de [
Residential Status*		Resi	dent	t Indiv	vidual			Non	Re	sider	nt Ir	ndian		Fc	oreign	Ν	ationa	al			Pe	ersc	on of	Inc	lian	Ori	gin							
	T \/				0.0*							- 45		ملير			-1)																	
2. PROOF OF IDENTI						•											<i>.</i>																	
I. Certified copy of OVD or e	quivale	ent e-d	Jocu	ment	t of OV	D or	· 0\					-	-			ce	ss ne	ee	is to	be	sub	omit	tted	(an	yone	i of	the	follo	owing	gО	VDs)		
A-Passport Number			<u> </u>					Pass	spo	rt Ex	pir	у Da	ite	D	D	-	MIN	/1	- [Y	Y	Y	Y								PH	ОТ	0*	
B-Voter ID Card			_				_																	_										
C-Driving Licence											Dr	iving	Lic	cenc	e Exp	oir	y Da	te	D	D	- /	N	M	- []	YY	Y	/ Y	/						
D-NREGA Job Card																																		
E-National Population	Regist	ter Lett	ter																															
F-Proof of Possession	of Aad	dhaar		No	o need to	attacł	n. Aad	dhaar ca	rd. If	submi	tted,	Aadha	iar Ni	umber	to be m	ask	ed by t	he	custor	ner														
II E-KYC Authentication				No	o need to	attaci	n. Aad	dhaar ca	rd. If	submi	tted,	Aadha	ar Ni	umber	to be m	ask	ed by ti	he	custor	ner														
III Offline verification of A	\adhaa	ar		No	o need to	attacł	n. Aad	dhaar ca	rd. If	submi	tted,	Aadha	iar Ni	umber	to be m	ask	ed by th	he	custor	ner											ure /Th			
Address [For other than resident	Individu	ual, plea	ase m	nentior	1 Overs	eas A	ddre	ss]																					a	cross	s photo th	o witho ne face		vering
Line 1*																																		
Line 2																																		
Line 3																					City	/Tc	wn/	Villa	age*									
District*						Pi	n/Po	ost Co	de*	*							Sta	ate	/U.T	C	ode*					ļ	ISO	316	6 Co	วนท	ntry C	ode	*	
3. CURRENT ADDRE	SS D	FTA	II S	(Pl	ease	ref	er i	nstri	ıcti	ion l	R a	at th	e e	end)																				
Same as above menti															e pro	vic	led																	
I. Certified copy of OVD or equ																		to	be si	ubr	nitteo	d (a	anvo	ne (of the	e fo'	llowii	na (s)				
A-Passport Number			_								0	5		- 1								`	,					5		,				
B-Voter ID Card			+																															
C-Driving Licence			+																															
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D-NREGA Job Card							1		-												_													
E-National Population	-																																	
F-Proof of Possession	۱ of Aa	Idhaar		Ν	lo need t	o attac	:h. Aa	adhaar c	ard. I	f subm	ittea	l, Aadh	aar N	lumbe	r to be n	nas	ked by i	the	custoi	mer														
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III Offline verification of A	\adhaa	ar		N	lo need t	o attac	:h. Aa	adhaar c	ard. I	f subm	ittea	l, Aadh	aar N	lumbe	r to be n	nas	ked by i	the	custoi	mer														
IV Deemed Proof of Add	ress - I	Docum	nent	Туре	e code																													
Address																																		
Line 1*																										Ι								
Line 2																																		
Line 3																					Cit	ty/T	own	/Vil	lage	*								
District*						Pi	n/Po	ost Co	de*	· 🗌							Sta	ite	/U.T	С	ode*						ISO	316	36 C	oun	ntry C	ode	* [

4. CONTACT DETAILS (All communications will be sent to Mobile number	er/Email-ID provided including for validation purpose) (Please refer instruction C at the end)
Tel. (Off)	Mobile
Email ID	
*mandatory and subject to validation, hence provide the valid information in legible manner	
5. REMARKS (if any)	
6. APPLICATION DECLARATION	
 I hereby declare that the details furnished above are true and correct to the best to inform you of any changes therein, immediately. In case any of the above im 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 contraver statute of legislation or any notifications/directions issued by any governmenta I hereby consent to receiving information from Central KYC Registry throu number/email address 	formation is found to be false or untrue or ition of any Act, Rules, Regulations or any I or statutory authority from time to time
 I hereby consent to receiving information from Central KYC Registry throu number/email address. I also providing consent to MF/AMC/KRA to share this with CKYCR, download the information from CKYCR and share the data mandated by PMLA Act/Rules/SEBI guidelines. Date: DD - MM - YYYY Place: 	KYC data / applicable Aadhaar XML data
7. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received Certified Copies E-KYC data rece	ived from UIDAI Data received from Offline verification Digital KYC Process
Equivalent e-document Video Based KY0	
KYC documents verification carried out by	Institution details
Date: DD - MM - YYYY	Name
Emp. Name	Code
Emp. Code	
Emp. Designation	
Emp. Branch	[Institution Stamp]
[Employee Signature]	[monganon organib]
In-Person Verification (IPV) carried out by	Institution details
Date: DD - MM - YYYY	Name
Emp. Name	Code
Emp. Code	
Emp. Designation	
Emp. Branch	[Institution Stamp]
[Employee Signature]	

IMPORTANT INSTRUCTIONS

- A. Fields marked with '*' are mandatory fields.B. Tick " wherever applicable.
- С. D. Please fill the form in English and BLOCK letters..
- Please fill the date in DD-MM-YY format.
- For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
- E. F. G.

- F. Please read section update, please lack () if the box section infinite and since on 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.



FATCA-CRS & Supplementary KYC Information **Declaration Form for Individuals**

Har term ke liye....

Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance

PAN / PEKRN*							tax residency, related frit of ta ente gala								
Address Type [lor KYC address] Residential Registered Office Business Nationality Indian US Others (please specify) Place of Birth Business Country of Birth Gross Annual Income Details in INR Below 1 Lakh 1-5 Lacs Occupation Business Professional Net Worth in INR. Below 1 Lakh 1-5 Lacs Occupation Business Professional Date (phonal) 25 Lacs - 1 Cr > 1 Crore Student Business Professional Date (phonal) Ves Related to PEP Any other information (if applicable) Others (Please specify) Politically Ves Related to PEP Any other information (if applicable) Please specify Sr. Country of Tax Tax desident in the respective countries Str. Country of Tax Sr. Country of Tax Tax desidentification (if I'N or other please specify) If TN is not available, please tok * Reason A → The country where the Account Holder is liable to pay tax does not issue TiN to its residents. Reason A → B © C * Reason B → No TiN required [Select this reason only if the authorities of the respective country of tax residente do not requir the TiN to be collected]	Pan /	PEKRN*													
[for KYC] Registered Office address] Business Place of Bith Country of Birth Gross Annual Below 1 Lakh 1-5 Lacs Income Details in 5-10 Lacs D-25 Lacs INR 25 Lacs - 1 Cr - 1 Crore Net Worth in Student Retired INR 25 Lacs - 1 Cr - 1 Crore Date (Dptonel) Yes Related to PEP Any other Information (fr Please specify) Politically Yes Related to PEP Arry other Information (fr Please specify) Person Park (i.e. are you assessed for Tax) in any other country other than India? Yes No Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a 2tizen / Resident / Green Card Holder / Tax Resident in the respective countries Yes asson A - B © C Sr. Country of Tax Tax Identification [fit Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a 2tizen / Resident / Green Card Holder / Tax Resident in the respective countries Sr. Country of Tax Tax Identification [fit Yes', please fill for all countries (its residents)	Name														
Gross Annual Income Details in INR Below 1 Lakh 1-5 Lacs Occupation Details [Please Public Sector Professional Public Sector NR In Lacs 10-25 Lacs Public Sector Private Sector NR In Lacs & 25 Lacs - 1 Cr > 1 Crore Government Service Agriculturist NR In Lacs & Date [Optional] Magriculturist Housewife Student Agriculturist Politically Exposed Person [PEP] Yes Related to PEP Any other information [if applicable] [Please specify] Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes No = keisdent for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries If TIN is not available, please tick ✓ in the reason A, B or C Sr. Country of Tax Residency Tax Identification Functional Equivalent If the reason A are B or C Image a set ident is is set ident is residents. * Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residence do not requir the TIN to be collected] * Reason C + Others - Please specify the reasons * Reason C + Others - Please specify the reasons Tax identification if the authorized parties in oral y of the Multure filt in redow and the information is found to be false or untrue or misleading or misrepresent	[for K	YC	🗌 Regist	tered Office	Nationality	🗌 Indian	US Others (please specify)								
Income Details in 5-10 Lacs 10-25 Lacs Details [Please Public Sector Private Sector NR 25 Lacs - 1 Cr > 1 Crore Government Service Agriculturist Housewife NR. In Lacs & dd-mm-vvvv Dteals [Please Government Service Agriculturist Housewife Student Retired Forex Dealer Others [Please specify] Student Retired Politically Prove the second of the se	Place	of Birth			Cou	ntry of Birth									
Date (Optional)	Incom INR Net W	ne Details in /orth in	🗌 5-10 L	Lacs □ 10-25 cs - 1 Cr □ > 1 Cr	Lacs Deta ore tick	ails [Please	 Public Sector Private Sector Government Service Agriculturist Housewife Student Retired 								
Exposed Person □ Not Applicable information [if applicable] [Please specify] Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes □ No □ f f Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Tax Resident / Green Card Holder / Tax Resident in the respective countries Sr. Country of Tax Tax Identification Identification Type If TIN is not available, please tick ✓ the reason A, B or C 1	Date	[Optional]		<u></u>	-		Others [Please specify]								
Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes No No If Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries If TIN is not available, please tick ✓ the reason A, B or C Sr. Country of Tax Tax Identification Identification Type (TIN or other, please specify) If TIN is not available, please tick ✓ the reason A, B or C 1 - Please specify) Reason A = B = C = 2 2 - Please specify) Reason A = B = C = 2 - Please specify) Reason A = B = C = 2 - Please specify) Reason A = B = C = 2 - Please specify) Reason A = B = C = 2 - Please specify) Reason A = B = C = 2 - Please specify) Reason A = B = C = 2 - Please specify) Reason A = B = C = 2 - Please specify) Reason A = B = C = 2 - Please specify) Reason A = B = C = 2 - Please splease specify Reason A = B = C =	Expos	ed Person			info	mation [if	[Please specify]								
Citizen / Resident / Green Card Holder / Tax Resident in the respective countries Sr. Country of Tax Residency Tax Identification Number (TIN) or Functional Equivalent Identification Type [<i>Tills or other;</i> <i>please specify</i>] If TIN is not available, please tick ✓ the reason A, B or C [as defined below] 1 Reason A → The country where the Account Holder is liable to pay tax does not issue TIN 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 specify the reasons Reason C → Others – Please specify the reasons I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In ca any of the above specified information is found to be false or untrue or misleading or misrepresenting, II am aware that I may lial for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the inform tion provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fur its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or forei governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-Inn (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agenci without any obligation of advising me of the same. Further, I authorize to share the given information to other SEB Register Fund's end or by domestic or overease regulated information the ubmorision / upda & fo	Are y	ou a tax reside	nt (i.e. are y	ou assessed for Tax) in			an India? Yes No								
No. Residency Number (TIN) or Functional Equivalent [TIN or other, please specify] the reason A, B or C [as defined below] 1 → Reason A → B □ C □ → Reason A □ B □ C □ 2 → Reason A → The country where the Account Holder is liable to pay tax does not issue TIN 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 specify the reasons							or tax purpose i.e. where you are a								
2 → Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents. > Reason A → The country where the Account Holder is liable to pay tax does not issue TIN 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 specify the reasons		-		Number (TIN) or	[TIN	or other,	the reason A, B or C								
 Reason A → The country where the Account Holder is liable to pay tax does not issue TIN 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 specify the reasons Declaration: I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In call any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liat for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the inform tion provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fur its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or forei governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-Inc (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agenci without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Register Intermediaries/or any regulated intermediaries registered with SEBI / RBI / RBA / PFRDA to facilitate single submission / upda & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the abou information in future within 30 days and also undertake to provide any other additional information as may be required at you. Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant informati to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account without any obligat	1						→ Reason A 🗌 B 🗌 C 🗌								
 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 specify the reasons	2						→ Reason A 🗌 B 🗌 C 🗌								
I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In call any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the inform tion provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fur its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreig governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-Inc (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agenci without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Register Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / upda & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the about information in future within 30 days and also undertake to provide any other additional information as may be required at you. Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms a Conditions given below and hereby accept the same	> Rease the the > Rease	son B → No TII TIN to be collectson C → Others	N required [S ted]	Select this reason only i	f the authoritie	s of the resp	ective country of tax residence do not required								
	I ackn any of for it. I tion pl its Sp gover (FIU-I withou Interm & for inform Fund's to ups withou	owledge and c the above spe hereby authori rovided by me, onsor, Asset M nmental or sta ND), the tax / r ut any obligatio rediaries/or any other relevant nation in future s end or by dor stream payors ut any obligatio	cified inform ze you [CAI including al lanagement tutory or ju revenue aut n of advisin v regulated i purposes. I within 30 da nestic or ov to enable w n of advisin	nation is found to be false MS/Fund/AMC] to disclo I changes, updates to set t Company, trustees, the idicial authorities / age thorities in India or outsing me of the same. Furt intermediaries registere also undertake to keep ays and also undertake reseas regulators/ tax a ithholding to occur and g me of the same. I also	e or untrue or r se, share, rely uch information eir employees encies includin ide India when ther, I authoriz d with SEBI / F o you informed to provide any uthorities. I/We pay out any s	nisleading or remit in any as and whe / RTAs ('the g but not lir ever it is lega to share the RBI / IRDA / F in writing al / other additi e authorize F ums from m	misrepresenting, I/ am aware that I may liable form, mode or manner, all / any of the informa- en provided by me to / any of the Mutual Fund, Authorized Parties') or any Indian or foreign mited to the Financial Intelligence Unit-India ally required and other investigation agencies e given information to other SEBI Registered PFRDA to facilitate single submission / update bout any changes / modification to the above onal information as may be required at your / fund/AMC/RTA to provide relevant information y account or close or suspend my account(s)								
Place:	Date:						Signature:								
	Place:														

Acknowledgement

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed ___ on dd-mm-yyyy PAN from Mr. / Ms. / M/s.