

# CKYC & KRA KYC FORM APPLICATION FORM (FOR INDIVIDUALS ONLY)

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

**Sponsors:** The Investment Trust of India Limited and Fortune Credit Capital Limited  
**Trustee Company:** ITI Mutual Fund Trustee Private Limited

**Investment Manager:** ITI Asset Management Limited  
ITI House, Building no. 36, Dr. R. K. Shirodkar Marg,  
Parel, Mumbai 400 012. CIN: U67100MH2008PLC177677

ARN-64917 E434563


Application Type\*  New  Update  
 KYC Number\*  (Mandatory for KYC update request)  
 Account Type\*  Normal (PAN is mandatory)  PAN Exempt Investor (Refer Instruction I)

**1. PERSONAL DETAILS\*** (Please refer instruction A at the end)

PAN  Please enclose a duly attested copy of your PAN Card  Form 60 furnished

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				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others - Country _____	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin
<small>(Passport is mandatory for NRIs and Foreign Nationals. POI selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on nationality of individual)</small>				
Occupation Type*	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	<input type="checkbox"/> Professional <input type="checkbox"/> Business
	<input type="checkbox"/> X-Not Categorised	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student

**Photo**



Thumb Impression/  
Signature

**2. PROOF OF IDENTITY (POI) & ADDRESS (POA)\*** (For PAN exempt investors, please refer instruction C, D, E & I at the end)

**I. Certified copy of the PoI and PoA need to be submitted. (Any one of the following OVDs)**

A-Aadhaar Card

B-Passport Number  Expiry Date:

C-Voter ID Card

D-Driving Licence  Expiry Date:

E-NREGA Job Card

F-NPR Letter

G-Others : \_\_\_\_\_ (Any document notified by Central Government) Identification No.

**II. Current/Permanent/Overseas Address Details:**

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
State/UT*	<input type="text"/>
City / Town / Village*	<input type="text"/>
Zip / Post Code*	<input type="text"/>
State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
Country*	<input type="text"/>
Country Code	<input type="text"/> as per ISO 3166*

**III. Correspondence/Local Address Details:**

Same as above mentioned address (In such cases address details as below need not be provided)  
 Certified copy of the PoA need to be submitted. (Any one of the following OVDs)

A-Aadhaar Card

B-Passport Number  Expiry Date:

C-Voter ID Card

D-Driving Licence  Expiry Date:

E-NREGA Job Card

F-NPR Letter

G-Others : \_\_\_\_\_ (Any document notified by Central Government) Identification No.

**Address**

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
State/UT*	<input type="text"/>
City / Town / Village*	<input type="text"/>
Zip / Post Code*	<input type="text"/>
State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
Country*	<input type="text"/>
Country Code	<input type="text"/> as per ISO 3166*

**3. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction C at the end)

Email ID

Mobile  -  Tel. (O)  -  Tel. (R)  -

**4. 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 (4) 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\*

**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 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 consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/ Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date:  -  -  Place:

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

**Documents Received**  Self Certified Documents copies received (OVD)  True copies of documents received (Attested)

**KYC In-Person Verification (IPV) Carried Out by**

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

# FATCA, CRS & SUPPLEMENTARY KYC SELF CERTIFICATION FORM FOR INDIVIDUAL (Including Sole Proprietor)

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

ITI Mutual Fund, ITI House, Building no. 36, Dr. R. K. Shirodkar Marg, Parel, Mumbai 400 012.



Long-term wealth creators

ARN-64917 E434563

## A. FATCA & CRS INFORMATION (SELF CERTIFICATION)

PAN/PEKRN											Folio No.													
Name																								
Type of Address given at KRA	<input type="radio"/> Residential		<input type="radio"/> Business		<input type="radio"/> Registered Office																			
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA and notify the changes.																								
Nationality	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others _____ (Please specify)										Date of Birth	D	D	M	M	Y	Y	Y	Y					
Place of Birth											Country of Birth											Gender	<input type="radio"/> Male <input type="radio"/> Female	
Father's Name	(Mandatory if PAN not provided)																							
Permissible Documents	<input type="radio"/> PAN Card		<input type="radio"/> Passport		<input type="radio"/> Election ID Card		<input type="radio"/> Govt. ID Card		<input type="radio"/> Driving License		<input type="radio"/> UIDAI Card		<input type="radio"/> NREGA Card		<input type="radio"/> Others _____									
Identification number of the document provided																								

Are you a tax resident of any country other than India?  Yes  No (If "No", please sign declaration below)

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

S No	Country of Tax Residency#	Tax Payer Identification Number <sup>A</sup>	Identification Type [TIN or other, please specify]	If TIN is not available, please tick (✓) the reason A, B or C (as defined below)
1				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
3				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

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 reason thereof: \_\_\_\_\_

#To also include USA, where the individual is a citizen/green card holder of USA.

<sup>A</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

## B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick (✓)]	<input type="radio"/> Private Sector Service		<input type="radio"/> Public Sector Service		<input type="radio"/> Government Service		<input type="radio"/> Student		<input type="radio"/> Professional		<input type="radio"/> Housewife		<input type="radio"/> Business		<input type="radio"/> Retired		<input type="radio"/> Agriculture		<input type="radio"/> Proprietorship		<input type="radio"/> Others _____ (please specify)		
Gross Annual Income (Rs.) [Please tick (✓)]	<input type="radio"/> Below 1 Lac		<input type="radio"/> 1 - 5 Lacs		<input type="radio"/> 5 - 10 Lacs		<input type="radio"/> 10 - 25 Lacs		<input type="radio"/> >25 Lacs - 1 Crore		<input type="radio"/> >1 Crore												
<b>OR</b>																							
Net-worth (Mandatory for Non-Individuals)	Rs. _____ as on										D	D	M	M	Y	Y	Y	Y	(Not older than 1 year)				
Politically Exposed Person (PEP) Status*	<input type="radio"/> I am PEP		<input type="radio"/> I am Related to PEP		<input type="radio"/> 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. 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 ITI Asset Management Limited/ITI 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)'.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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First Applicant / Guardian
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Toll Free Number: 1800-266-9603

Non Toll Free Number: 022-69153500

Email: mfasst@itiorg.com

Website: www.itiamc.com