Mutual Fund

## Important Instructions:

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

ARN-64917 E434563

$\square$ 1. Personal Details (Please refer instruction $A$ at the end)

$\square$ 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)

 across photo without covering
Address [For other than resident Individual, please mention Overseas Address] the face

Line 1*
Line 2
Line 3
District*


## $\square$ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

$\square$ 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 LetterF-Proof of Possession of Aadhaar

No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
IIE-KYC Authentication

No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

IIIOffline verification of Aadhaar

IV $\qquad$ Deemed Proof of Address - Document Type code $\square$

Address
Line 1*
Line 2
Line 3
District*


City/Town/Village*
e $^{*} \square$



## 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 and to download the information from CKYCR
- I am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data / applicable Aadhaar XML data with KRA and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.


KYC documents verification carried out by

| Date: | $D$ D M $\mathrm{M}-\mathrm{Y} \mathrm{Y} \mathrm{Y}$ Y |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emp. Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Designation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Branch |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



In-Person Verification (IPV) carried out by

| Date: | D\| D - $\mid$ M $\mid$ M - $\mathrm{Y}\|\mathrm{Y}\| \mathrm{Y} \mid \mathrm{Y}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emp. Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Designation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Branch |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

$\square$

$\square$

## SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA \& CRS SELF CERTIFICATION FORM FOR INDIVIDUALS

(Please consult your professional tax advisor for further guidance on your tax residency and related FATCA and CRS guidelines)
This form is to be filled by each unit holder separately
A. APPLICANT / GUARDIAN


Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA \& notify the changes


Are you a tax resident of any country other than India?
 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 <br> (TIN or Other, please specify) |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| \#To also include USA, where the individual is a citizen/ green card holder of The USA <br> \%In case Tax Identification Number is not available, kindly provide its functional equivalent ${ }^{\text {s }}$ |  |  |

## B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick ( $\checkmark$ )]

| $\checkmark$ | Service | $\checkmark$ | Private Sector | $\checkmark$ | Public Sector | $\checkmark$ | Government Service | $\checkmark$ | Student |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\checkmark$ | Professional | $\checkmark$ | Housewife | $\checkmark$ | Business | $\checkmark$ | Retired | $\checkmark$ | Agriculture |
| $\checkmark$ | Proprietorship | $\checkmark$ | Other |  |  |  | (please specify) |  |  |

Gross Annual Income (₹) [Please tick ( $\checkmark$ )]


Net-worth (Mandatory for Non-Individuals)
Rs. $\qquad$ as on DD/MIM/YYYY (Not older than 1 year)

## Politically Exposed Person (PEP) Status*

$\square$ I am PEP $\quad \checkmark$ I am Related to PEP $\quad \checkmark$ 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 Kotak Mahindra Asset Management Company Limited/ Kotak Mahindra 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)'.
Signature


## Applicant/ Guardian

## FATCA \& CRS TERMS \& CONDITIONS

Details under FATCA \& CRS: The Central Board of Direct Taxes has notified Rules 114 F to 114 H , 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 us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.
If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.
\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.
In case investor has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, investor to provide relevant Curing Documents as mentioned below:

| FATCA \& CRS Indicia observed (ticked) | Documentation required for Cure of FATCA/ CRS indicia |
| :---: | :---: |
| U.S. place of birth | 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; <br> 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND <br> 3. Any one of the following documents: <br> Certified Copy of "Certificate of Loss of Nationality" <br> or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; <br> or Reason the customer did not obtain U.S. citizenship at birth |
| Residence/mailing address in a country other than India | 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and <br> 2. Documentary evidence (refer list below) |
| Telephone number in a country other than India | If no Indian telephone number is provided <br> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and <br> 2. Documentary evidence (refer list below) <br> If Indian telephone number is provided along with a foreign country telephone number <br> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR <br> 2. Documentary evidence (refer list below) |
| Standing instructions to transfer funds to an account maintained in a country other than India (other than depository account) | 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and <br> 2. Documentary evidence (refer list below) |

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident


## AMC CONTACT ADDRESS \& CALL CENTER DETAILS

Kotak Mahindra Asset Management Company Ltd.
6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Off Western Exp Highway, Goregaon-Mulund Link Road, Malad (E), Mumbai - 400097.
To know more about mutual funds, Visit: www.kotakmf.com • Toll Free Number: 18003091490/ 044-40229101 • mutual@kotak.com
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