Know Your Client (KYC)		Intermediary										
Application Form (For I	ndividuals Only)	ARN-6491	7 E4345			MIRAE ASSET						
Please fill the form in ENGLISH and in BLOCK Fields marked * are mandatory	< letters	Application N	umber:									
Fields marked ⁺ are pertaining to CKYC and r also	mandatory only if processing CKYC	Application T		□ New KYC	□ Mc	dification KYC						
KYC Mode*: Please Tick (✓)			Online KY(
Normal EKYC (Unine Kr		line EKYC	Digilocker						
1. Identity Details (pleas	se refer guidelines over	rleaf)										
PAN*	Ple	ase enclose a duly atte	ested copy of y	our PAN Card								
Name* (same as ID proof)												
Maiden Name ⁺ (if any)												
Fathers/Spouse's Name*												
Date of Birth*												
Gender*	Male	E Female		Transgender								
Marital Status*	Single	Married				Recent passport size						
Nationality*	Indian	Other				Applicant Photo						
Residential Status*	Resident Individua	al	Non Resid	lent Indian								
Please Tick (✓)	Foreign National		Person of	Indian Origir	1+	Cross Signature across photograph						
	(Passport mandatory for NRIs Select NRI or Foreign National				id not for KRA K	/C.						
Proof of Identity (POI) sub	mitted for PAN exemp	ted cases (Please t	ick)									
A — Aadhaar Card	XXXX XXXX											
B — Passport Number				(E)	piry Date)							
C — Voter ID Card				(5)	(nin (Data)							
D — Driving License				(E)	(piry Date)							
E —NREGA Job Card												
F — NPR												
Z —Others			(any o	locument notified	by Central Gove	rnment)						
Identification Nu	imber											
2. Address Details* (plea	ase refer guidelines ov	erleaf)										
A. Correspondence/ Local	Address*											
Line 1*												
Line 2												
Line3												
City/Town/Village*		Distric	t ⁺		Pir	n Code*						
State*		Counti	ry*									
Address Type* 🗌 Reside	ntial/Business 🗌 R	esidential	Busine	ss Re	gistered Of	fice Unspecified						
				F		Applicant e-SIGN						

B. Permanent residence address of applicant, if different fro	m above A / Overs	seas Address* (Mandato	ory for NRI Applicant)					
Line 1*								
Line 2								
Line3								
City/ Town/Village* Dist	rict*	Pin Code						
State* Cou	ntry*		-					
Address Type* 🗌 Residential/Business 🗌 Residential	Business	Registered Office	Unspecified					
Proof of Address* (attested copy of any 1 POA for correspondence and permar	ent address each to be sul	bmitted)						
A — Aadhaar Card XXXX XXXX								
B — Passport Number		(Expiry Date)						
C — Voter ID Card								
D — Driving License		(Expiry Date)						
E — NREGA Job Card								
F — NPR Letter								
Z—Others	(any document	t notified by Central Government)						
Identification Number								
3. Contact Details (in CAPITAL)								
Email ID*								
Mobile No. *								
Tel (off)	Tel (Res)							
4. Applicant Declaration								
I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any	Applicant e	e-SIGN App	licant Wet Signature					
changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We								
may be held liable for it. I/We hereby consent to receiving information from CVL KRA 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.								
DATE:(DD-MM-YYYY)								
5. For Office Use Only								
In-Person Verification (IPV) carried out by*	1	Intermediary Details	*					
IPV Date		d document copies receiv						
Emp. Name	AMC / Intermediary Name :							
Emp. Code	AIVIC / Intermed	ulary warne :]					
Emp. Designation								
Employee Signature and Stamp		Institution Name and Stamp						

FATCA & CRS ANNEXURE FOR INDIVIDUAL ACCOUNTS

(Including Sole Proprietor) (Refer to instructions)



Please consult your p	orofe	ssional	tax a	dvisor for	furthe	r guid	ance	on	your tax	reside	ency,	if requ	uired.								A	RN-	649 [°]	17 E	434	4563
1. APPLICANT(S)	NA	ME AN	ID INF	ORMATI	ON (I	f the 1	l st / S	ole	Applica	ant is N	lino	r, ther	n ple	ase p	orov	vide o	details	of natural	/ legal g	gua	rdia	in)				
1 st SOLE APPLICAN			-																							
	() F	emale	00	Other	P/	AN Det	ails											Occupat	tion Typ	be	0	Service	0	Business	; () Other
Father's Name:																										
Cust ID / Folio No.1																		Folio No.2								
Cust ID / Folio No.3																Cu	ust ID /	Folio No.4								
Type of address give	en a	t KRA		○ Reside	ential o	r Busin	ess		⊖ Res	idential		ОВ	lusines	SS	(⊖ Re	egistered	d Office	In case of	f any	change	nce would b e please app	e taken a roach KF	RA & notify	the cha	nges
Permissible docum	ents	are	OF	Passport	0	Electio	n ID (Card	01	PAN Car	rd	⊖ G	ovt. ID) Card		OD	Driving L	icense C) UIDAI (Carc	ł		GA Jol	o Card	0	Others
Country of Birth:	Country of Birth: Nationality: Are you a tax resident of any country other than India? O Yes O No																									
If yes, please indica	te a	l coun	tries	in which	you a	are res	sider	nt fo	or tax p	urpose	es an	d the	asso	ociate	ed 1	Tax II	D Num	bers below	v.							
	0	Country	y [#]						Т	ax Ider	ntific	ation	Num	1ber [%]								cation [*] r, pleas		cify)		
																						/		,		
#To also include USA, wh	here	he indiv	idual is	s a citizen /	areen	card h	older	of Th	ne USA																	
%In case Tax Identification					-					ent \$																
2. JOINT APPLIC	ANT	S, IF /	ANY A	ND THE	IR DE	TAILS	5																			
2 nd SOLE APPLICA																										
Gender O Male	() F	emale	\bigcirc	Other	P	AN Det	ails											Occupat	tion Typ	эе	0	Service	0	Business	s (Other
Father's Name:																										
Cust ID / Folio No.1																Cu	ust ID /	Folio No.2								
Cust ID / Folio No.3																Cu	ust ID /	Folio No.4								
Type of address give	ype of address given at KRA O Residential or Business O Residential O Business O Registered Office Address of taxe of any change please approach KRA & notify the changes																									
Permissible docum	Permissible documents are O Passport O Election ID Card O PAN Card O Govt. ID Card O Driving License O UIDAI Card O NREGA Job Card O Others																									
Country of Birth:																										
If yes, please indica	te a	l coun	tries	in which	you a	are res	sider	nt fo	or tax p	urpose	es an	d the	asso	ociate	ed 1	Tax II	D Num	bers below	v.							
	0	Country	y [#]						Т	ax Ider	ntific	ation	Num	1ber [%]	,							cation [·]				
																			(TIN o	or C	Othe	r, pleas	e spe	cify)		
#To also include USA, whe %In case Tax Identification					-					ent \$																
_								lionia	roquiruit	, in Ç																
3. JOINT APPLIC					IR DE	TAILS	\$																			
3rd SOLE APPLICAN Gender O Male		emale	-	s. Other	D	AN Det	aile											Occupat	tion Tur		\cap	Service		Business	; (Other
Father's Name:		emale	00		F/	AN Dei	ans											Occupat		Je	0	Service		Jusines	, (
																•		Falls No. 0								_
Cust ID / Folio No.1			_		_													Folio No.2		+	-				_	
Cust ID / Folio No.3									0.5			0.5						Folio No.4	Address	ofter	reside	nce would b	e taken r	s available	in KRA	database
	ype of address given at KRA O Residential or Business Residential Business Registered Office Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																									
Permissible docum	ents	are	() F	Passport	-	Electio		Card	01	PAN Car	rd	() G	ovt. ID) Card		-	Driving L		UIDAI							Others
Country of Birth: Nationality: Are you a tax resident of any country other than India? Ores ONo																										
If yes, please indica				in which	you a	are res	sider	nt fo								Tax II	D Num	bers below	v.							
Country [*]							Т	ax Ider	ntific	ation	Num	1ber [%]					Identification Type (TIN or Other, please specify)									
																			•					.,		

#To also include USA, where the individual is a citizen / green card holder of The USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

4. Certification		
I / We have understood the information requirements of this Form (read alc We also confirm that I / We have read and understood the FATCA & CRS T	ong with the FATCA & CRS Instructions) and hereby confirm that the infor erms and Conditions below and hereby accept the same.	rmation provided by me/us on this Form is true, correct, and complete. I
Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 rd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
Date DDMMYYYY Place:		

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, 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 (Insert FI's name) 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.

FATCA & CRS Instructions

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 customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer 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	 Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth 							
Residence/mailing address in a country other than India	 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 Documentary evidence (refer list below) 							
Telephone number in a country other than India	 If no Indian telephone number is provided 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 Documentary evidence (refer list below) 							
	 If Indian telephone number is provided along with a foreign country telephone number 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 Documentary evidence (refer list below) 							
Telephone number in a country other than India	 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 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.