MOTILAL OS Mutual Fund	SWAL (Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields	ARN-64917 E434563
Application Type*	New Update KYC No.	
KYC Type*	Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)	
1 Identity Details (Ple	lease refer instruction A at the end)	
PAN	Please enclose a duly attested copy of your PAN Card Prefix	
Name* (same as ID Proof)	F I R S T M I D L E	L A S T
Maiden Name (If any*)	F     I     R     S     T     I     M     I     D     D     L     E	L A S T
Father / Spouse Name*	F I R S T M I D L E	L A S T
Mother Name*	F I R S T M I D D L E	L A S T
Date of Birth*	D         D         M         Y         Y         Y         Gender*         Male         Female         Transgender         Marital Status*         Married	Unmarried Photo Others
	Citizenship* Indian Others – Country Country Name Country Code	Ullers
	Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin	
	Occupation Type* Service Private Sector Public Sector Government Sector Professional Self En	nployed Retired
	Housewife Student Business Not Categorised Others	Signature/
2 Proof of Identity (P	Pol)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)	Thumb Impression
(Certified copy of any one of the fo	following Proof of Identity [Pol] needs to be submitted)	
Passport Number	Passport Expiry Date         D         M         Y         Y         Y	
Voter ID Card	Aadhaar Card	
Driving Licence	Driving Licence Expiry Date         D         M         M         Y         Y         Y	
NREGA Job Card		
Others (any document notified	d by the central government)	
3 Proof of Address (F Address	(PoA)* 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)	
City / Town / Village*	District*	Pin Code*
State/UT*	State/UT Code Country* as per Indian Motor Vehicle Act, 1988	as per ISO 3166
Address Type*	sidential / Business Residential Business Registered Office Unspecified	as per 150 5100
	the following Proof of Address [PoA] needs to be submitted)	
Proof of Address*		
Passport Number	Passport Expiry Date D M M Y Y Y Y	
Voter ID Card	Aadhaar Card	
Driving Licence	Driving Licence Expiry Date         D         D         M         Y         Y         Y	
NREGA Job Card		
Others (any document notified	d by the central government)	
	nce / Local Address Details* (Please see instruction E at the end) ent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant docume	entary proof)
City / Town / Village*		Pin Code*
State/UT*	State/UT Code     Country*	Country Code
	as per Indian Motor Vehicle Act, 1988	as per ISO 3166
4 Contact Details (Al	All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)	
Email ID	Mobile	
Tel. (off)	Tel. (Resi)	

	diction(s) Outside India (Please refer instruction B at the end)								
Additional Details Required* (Mandatory only if above option (5) 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 of Birth*	Country Code as per ISO 3166								
City / Town / Village*	trict*								
State/UT*									
· · ·	stor Vehicle Act, 1988 as per ISO 3166								
6 Details of Related Person (Optional) (please refer instruction G at the end) (in case of addition									
	ver of Related Person (if available*)								
Related Person Type* Guardian of Minor Assignee Authorized Representativ	e								
Name*	M I D D L E L A S T								
(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)									
Passport Number Passport Expiry Date	D D M M Y Y Y								
Voter ID Card	aar Card								
Pan Card									
Driving Licence	D D M M Y Y Y								
NREGA Job Card									
Others (any document notified by the central government)	Identification No								
7 Remarks (If any)									
<ul> <li>8 Applicant Declaration</li> <li>I hereby declare that the details furnished above are true and correct to the best of my knowledge at therein, immediately. In case any of the above information is found to be false or untrue or mislead liable for it. I hereby declare that I am not making this application for the purpose of contraven legislation or any notifications/directions issued by any governmental or statutory authority from times.</li> </ul>	ng or misrepresenting, I am aware that I may be held tion of any Act, Rules, Regulations or any statute of ne to time. [Signature / Thumb Impression]								
Ihereby consent to receiving information from Central KYC Registry through SMS/Email on the above									
Date         D         M         M         Y         Y         Y         Place	Signature / Thumb Impression of Applicant								
9 Attestation / For Office Use Only									
Documents Received Certified Copies									
KYC Verification Carried Out by (Refer Instruction I)	Institution Details								
Date D D M M Y Y Y Y	Name								
Emp. Name	Code								
Emp. Code	Emp. Branch								
Emp. Designation									
In-Person Verification (IPV) Carried Out by (Refer Instruction J)	Institution Details								
Date         D         M         M         Y         Y         Y	Name								
Emp. Name	Code								
Emp. Code	Emp. Branch								
Emp. Designation									
[Employee Signature]	[Institution Stamp]								

MOTILAL OS Mutual Fund	SWAL		(Please				Clien	t (k	(YC)	) App	e <b>nta</b> plicat K Lett	tion	For	m	(For	Indi					y fie	elds			A	RN	-64	191	7 E	243	45	63
KYC Type*	Normal	(PAN i	s mand	atory)		PAN	I Exen	npt I	nves	tors																						
1 Identity Details (Pl	ease refer instru	ction A	A at the	end)																												
PAN	Prefix		F	Please e	nclose	e a dul	y attes	ted c	ору о	f your	PAN Ca	ard																				
Name* (same as ID Proof)			F	I R	S	Т								M		D	D	L	E									L	A	S	Т	
Maiden Name (If any*)			F	I R	S	Т								M		D	D	L	E									L	A	S	Т	
Mother Name*			F	I R		Т			 					M		D	D	L	E									L	А	S	Т	
	Residential Status*       Resident Individual       Non Resident Indian       Foreign National       Person of Indian Origin         Occupation Type*       Service       Private Sector       Public Sector       Government Sector       Others       Professional       Self Employed       Retired									ed																						
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2 FATCA/CRS informa	ation (Tick if A	pplicat	ole)		Reside	ence t	for Tax	Pur	poses	s in Ju	risdict	ion(s	) Outs	side	India	(Pleas	e refe	er inst	ruct	ion <b>B</b>	at t	he e	nd)									
Additional Details Required*	(Mandatory only	if abo	ve opti	on is ti	cked)																-			_								
Country of Jurisdiction of Re												Со	untry	Co	de of	Juris	dictio	n of F	Resi	dence	e			é	as pe	er ISO	316	6				
Tax Identification Number or	equivalent (If iss	sued b	y jurisd	iction)'	\ `				_													_			1							
Place / City of Birth*					Со	untry	of Bi	th*											Co	ountry	y Co	ode			as	per I	SO 3	166				
Address																																
																					T											
City / Town / Village*											Distric	t*												Pi	in Co	de*						
State/UT*										/UT C					Counti	ry*													try Co			
									as pe	r India	n Motoi	r Veh	icle Ac	ct, 19	988													as pe	er ISO 3	166		
3 Details of Related		, .			uction	ı G at	the en	ii) (bi											ure I	31')			_		_			_	1 1			
Related Person	Guardian of			son Assigr			Author	hozi			lumbe	r ot i	Relati	ea F	ersor	1 (IT a	vallat	ne")														
Prefix			-	Abolgi		'		1200																							-	
Name* (If KYC number and	F I R d name are prov		pelow d	etails (	of sec	tion 6	6 are o	optio	nal)			M		D	D		E												A	2		
Proof of Identity [Pol]	of Related Pers	on* (P	lease s	ee inst	ructio	n (H)	at the	enc	d)																							
(Certified copy of any one of t	he following Proc	of of Id	entity[P	ol] nee	ds to l	be su	bmitte	d)			_																					
Passport Number					_	P	asspo	rt Ex	cpiry	_		D	_	M	Y	Y	Y	Y									7					
Voter ID Card Pan Card											Aadhaa	ar Ca	ard																			
Driving Licence		-			D	riving	j Licei	nce l	Expir	y Date	e D	D	M	M	I Y	Y	Y	Y														
NREGA Job Card		1								-																						
Others (any document notified	l by the central go	overnm	ient)											lder	ntifica	tion I	lo [															
4 Remarks (If any)																																
5 Applicant Declarat	ion																															
<ul> <li>I hereby declare that the d therein, immediately. In c: liable for it. I hereby decl legislation or any notificat</li> <li>I hereby consent to receiv</li> </ul>	ase any of the ab are that I am no ions/directions is	ove in t mak ssued	formati ing this by any g	on is fo applic governi	und to ation menta	o be fa for th al or si	alse or ne pur tatuto	r unt posi ry au	rue o e of o ithori	r misl contra ty fro	leading aventic m time	g or i on of e to ti	misre any me.	pre: Act,	sentir , Rule	ig, I a s, Re	m aw gulati	are th ons o	iat I	may	be h	neld			[Sig	natur	:e / T	humi	) Impr	essio	n]	
Date D D M M Y	Y Y Y	Place																						Signa	ature	e / Thi	umb	Impro	ession	of Ap	plica	int

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)

MOTILAL OSWAL

ARN-64917 E434563

1 First / Sole Applicant / Guardian														
Name F I R S T		M I D I	D L E								L	A S	Т	
Gender Male Female Other									1 1					
Father's Name F I R S T		M I D I	D L E								L	A S	Т	
PAN Custon	ner ID/ Folio NO													٦
Occupation Service Business Others Specify														
Address of tax residence would be taken as available in KRA da		any change ple	ase approach K	CRA & no	otify the	change	S							
Type of address given at KRA 🛛 Residential or Business	Residential	Business	Registered	Office										
Permissible documents are	ard 🗌 PAN Card	Govt. ID Carc	d 🗌 Driving Lie	cense	UIDAI	Card	NREGA	Job Ca	rd 🗌 (	Others _	Spe	ecify		
Date of Birth D D M M Y Y Y Y Place of B	irth		Country	of Birth					Nat	onality				
Are you a tax resident of any country other than India?	No		1											
	all countries in which	you are resident fo	or tax purposes and	I the assoc	iated Tax	ID Numb	ers below.							
Country'	Tax I	dentification I	Number <sup>%</sup>				lde	ntificat	ion Typ	) <b>e</b> (TIN o	or Othe	r, please	specify)	
<sup>4</sup> To also include USA, where the individual is a citizen / green ca	rd holder of The L	ISA   <sup>%</sup> In case	e Tax Identificat	ion Num	ber is r	iot avail	able, kin	dly prov	ide its i	unctio	nal eq	uivalen	t \$	
2 Second Applicant														
Name FIRST		M I D I	D L E								L	A S	Т	
Gender Male Female Other														
Father's Name F I R S T		M I D I	D L E								L	A S	Т	
PAN Custon	ner ID/ Folio NO													۲
Occupation Service Business Others Specify	L													
Address of tax residence would be taken as available in KRA da		any change ple	ase approach k	(RA & no	otify the	change	es.							
Type of address given at KRA 🛛 🗌 Residential or Business	Residential	Business	Registered	Office	2									
Permissible documents are Passport Election ID Ca	ard 🗌 PAN Card	Govt. ID Carc	d 🗌 Driving Lie	cense	UIDAI	Card	NREGA	Job Ca	rd 🗌 (	Others _	Spe	ecify		
Permissible documents are Passport Election ID Ca Date of Birth D D M M Y Y Y Place of B		Govt. ID Card	d 🗌 Driving Lie Country	_	UIDAI	Card	NREGA	Job Ca		Others _ onality	Spe	ecify		
Date of Birth         D         D         M         Y         Y         Y         Place of B	irth	Govt. ID Carc	1	_	UIDAI	Card	NREGA	Job Ca			Spe	ecify		
Date of Birth       D       D       M       M       Y       Y       Y       Place of B         Are you a tax resident of any country other than India?      Yes	irth		Country	of Birth				l Job Ca			Spe	ecify		
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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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
Place			

Date

## 5 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 Motilal Oswal Mutual Fund 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.

## 6 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.

<sup>§</sup>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	<ol> <li>Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;</li> <li>Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND</li> <li>Any one of the following documents: Certifued 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</li> </ol>
Residence/mailing address in a country other than India	<ol> <li>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</li> <li>Documentary evidence (refer list below)</li> </ol>
Telephone number in a country other than India	If no Indian telephone number is provided 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 2. Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number 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 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<ol> <li>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</li> <li>Documentary evidence (refer list below)</li> </ol>

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.

