

APPLICATION FORM | FOR INDIVIDUALS ONLY

(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields. ARN-64917 E434563

Application Type* New Update
 KYC Type* Normal (PAN is mandatory)
 PAN Exempt Investors (Refer instruction K)

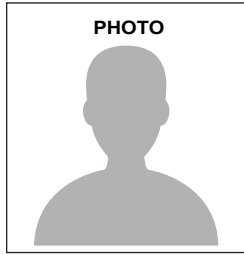
KYC Number**
 **Mandatory for KYC update only; KYC Number issued by Central KYC Registry

1. IDENTITY DETAILS (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name				
Date of Birth*	<input type="text"/>			
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> 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		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorized			

PHOTO



2. PROOF OF IDENTITY (POI)* ((for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A-Passport Number Passport Expiry Date

B-Voter ID Card

D-Driving Licence Driving Licence Expiry Date

E-Aadhaar Card

F-NREGA Job Card

Z - Others (any document notified by the central government) Identification Number

3. PROOF OF ADDRESS (POA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* ZIP/Post Code* State/U.T Code* as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* Residential / Business Residential Residential Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

Passport Number Passport Expiry Date

Voter ID Card

Driving Licence Driving Licence Expiry Date

Aadhaar Card

NREGA Job Card

Others (any document notified by the central government) Identification Number

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent/Overseas Address details (In case of multiple correspondence/local addresses, please fill 'Annexure A1'. Submit relevant documentary proof)

Line 1*

Line 2

Line 3 City/Town/Village*

District* ZIP/Post Code* State/U.T Code* as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | FOR INDIVIDUALS ONLY



4. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile Tel. (Off) Tel. (Res)

Fax

5. ADDITIONAL INFORMATION FOR TAX PURPOSE (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 (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 Code as per ISO 3166

Address Same as Current / Permanent / Overseas Address Details; Same as Correspondence / Local Address Details

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. DETAILS OF RELATED PERSON (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Addition of Related Person Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name
(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)
Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

Passport Number Expiry Date

Voter ID Card PAN

Driving Licence Expiry Date

Aadhaar Card

NREGA Job Card

Z - Others (any document notified by the central government) Identification Number

7. REMARKS (If any)

8. 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 declare that I am not making this application for the purpose of 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.

Date: Place:

Signature/Thumb Impression of Authorised Person(s)

CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | FOR INDIVIDUALS ONLY



9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Emp. Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Emp. Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Emp. Designation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[Employee Signature]

Institution details

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Emp. Branch

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Emp. Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Emp. Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Emp. Designation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[Employee Signature]

Institution details

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Emp. Branch

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[Institution Stamp]

ADDITION/MODIFICATION/CHANGE OF ADDRESS--CORRESPONDENCE/LOCAL ADDRESS

(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 institution)	Application Type*	<input type="checkbox"/> New <input type="checkbox"/> Update
	KYC Number	<input type="text"/> (Mandatory for KYC update request)

1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end) Enclose relevant documentary proof

Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

2. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email

Mobile Tel. (Off) Tel. (Res)

Fax

8. 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 declare that I am not making this application for the purpose of 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.

Date: Place:

[Signature/Thumb Impression]

Signature / Thumb Impression of Applicant

ADDITION/DELETION OF RELATED PERSONS

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

FOR OFFICE USE ONLY	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update
(To be filled by financial institution)	KYC Number <input type="text"/> (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(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 Expiry Date

Voter ID Card PAN

Driving Licence Expiry Date

Aadhaar Card

NREGA Job Card

Z - Others (any document notified by the central government) Identification Number

2. 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 declare that I am not making this application for the purpose of 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.

[Signature/Thumb Impression]

Date: Place:

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC Verification Carried Out by

Date:

Emp. Name

Emp. Code

Emp. Designation

Institution details

Name

Code

Emp. Branch

[Employee Signature]

[Institution Stamp]



FATCA-CRS Declaration - *Individuals*

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

ARN-64917 E434563

SOLE/FIRST HOLDER DETAILS

PAN*

Name

Type of address given at KYC KRA Residential Residential or Business Business Registered Office

State

Phone No (with ISD Code)

Place of Birth

Country of Birth

Nationality

Are you a tax resident of any country other than India? Yes No

If yes, Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN, GIIN, CIN, EIN, others, etc.

Country [#]	Tax Identification Number	Identification Type (TIN or Other, please specify)

SECOND HOLDER DETAILS

PAN*

Name

Type of address given at KYC KRA Residential Residential or Business Business Registered Office

State

Phone No (with ISD Code)

Place of Birth

Country of Birth

Nationality

Are you a tax resident of any country other than India? Yes No

If yes, Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN, GIIN, CIN, EIN, others, etc.

Country [#]	Tax Identification Number	Identification Type (TIN or Other, please specify)

THIRD HOLDER DETAILSPAN* Name Type of address given at KYC KRA Residential Residential or Business Business Registered Office State Phone No (with ISD Code) Place of Birth Country of Birth Nationality Are you a tax resident of any country other than India? Yes No

If yes, Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN, GIIN, CIN, EIN, others, etc.

Country [#]	Tax Identification Number	Identification Type (TIN or Other, please specify)

DECLARATION & SIGNATURES

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I/We have read and understood the information provided by me/us in this Form is true, correct and complete. I/We hereby authorize you [NJ AMC/NJ Fund/NJ India/Other group entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to the Mutual Fund, its Sponsor, Asset Management Company, trustees, their group companies, any service provider including RTA or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same.

Sole/First Holder

Second Holder

Third Holder

Place: Date: **FATCA & CRS Terms & Conditions**

Details under FATCA & CRS : The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of Income tax Rules, 1962 which Rules require Indian financial institutions such as the Investment Entity/Custodial Institution 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 NJ India Invest Private Limited 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.



Head Office: NJ group, NJ center, Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210, Gujarat.
Phone: 91 261 4025500.