

## Know Your Customer (KYC) Application Form | Individual



**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**

<b>For office use only</b> (To be filled by financial institution)	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
	KYC Number	<input style="width: 100%;" type="text"/> (Mandatory for KYC update request)
	Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

### 1. Personal Details (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input style="width: 100%;" type="text"/>		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T- Transgender		
PAN*	<input style="width: 100%;" type="text"/> <input type="checkbox"/> FORM 60 furnished		
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		

### 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)

- A-Passport Number     Passport Expiry Date
- B-Voter ID Card
- C-Driving Licence     Driving Licence Expiry Date
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- II  E-KYC Authentication No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- III  Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer



Signature /Thumb Impression across photo without covering the face

**Address** [For other than resident Individual, please mention Overseas Address]

Line 1*	<input style="width: 100%;" type="text"/>		
Line 2	<input style="width: 100%;" type="text"/>		
Line 3	<input style="width: 100%;" type="text"/>		
District*	Pin/Post Code* <input style="width: 50px;" type="text"/>	State/U.T Code* <input style="width: 30px;" type="text"/>	City/Town/Village* <input style="width: 100px;" type="text"/>
			ISO 3166 Country Code* <input style="width: 30px;" type="text"/>

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

- 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 Letter
- F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
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- IV  Deemed Proof of Address – Document Type code

**Address**

Line 1*	<input style="width: 100%;" type="text"/>		
Line 2	<input style="width: 100%;" type="text"/>		
Line 3	<input style="width: 100%;" type="text"/>		
District*	Pin/Post Code* <input style="width: 50px;" type="text"/>	State/U.T Code* <input style="width: 30px;" type="text"/>	City/Town/Village* <input style="width: 100px;" type="text"/>
			ISO 3166 Country Code* <input style="width: 30px;" type="text"/>

**4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided including for validation purpose) (Please refer instruction C at the end)

Tel. (Off)  -  Tel. (Res)  -  Mobile\*  -

Email ID\*

*\*mandatory and subject to validation, hence provide the valid information in legible manner*

**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/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.

[Signature/Thumb Impression]

Date:    -    -

Place:

Signature/Thumb Impression of Applicant

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

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification  Digital KYC Process  
 Equivalent e-document  Video Based KYC

KYC documents verification carried out by

Date:    -    -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date:    -    -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

[Institution Stamp]

Folio No*	PAN / PEKRN*		(* Mandatory Fields)	
Name*				
Address Type* [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>	
Place of Birth*	Country of Birth*			
Gross Annual Income Details in INR*	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore	Occupation Details* [Please tick any one (✓)]	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____	
Net Worth in INR. In Lacs & Date [Optional]	_____ dd-mmm-yyyy			
Politically Exposed Person [PEP]*	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable	Any other information [if applicable]	[Please specify]	

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India?\* Yes  No

**If 'Yes', please fill for all countries** (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	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"/>

Reason A The country where the Account Holder is liable to pay tax does not issue TIN to its residents.

Reason B No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]

Reason C Others – Please specify the reasons \_\_\_\_\_

**Declaration:**

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [PPFAS/Fund/AMC] 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 / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') 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 of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

✍ Sign Here

Acknowledgement

We [PPFAS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. \_\_\_\_\_ PAN \_\_\_\_\_ on dd-mmm-yyyy

Date: \_\_\_\_\_ Signature with Name, Emp. ID & Seal