

ARN-64917 E434563

CKYC & KRA KYC Form

To be filled in capital letters and in blue / black ink only.

Know Your Client (KYC)

Application Form (For Individuals only)

Fields marked with "*" are mandatory fields

Application Type* New Update KYC Number*

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

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

PAN Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Photo</p> <p style="text-align: center; margin: 0; font-size: small;">Thumb Impression/ Signature</p> </div>
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		
Occupation Type*	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector <input type="checkbox"/> Professional	
	<input type="checkbox"/> X- Not Categorised	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	

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)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (A) [any document notified by the central government]	<input type="text"/>	Identification Number	<input type="text"/>
Others (B) [Refer instruction C (3)]	<input type="text"/>	Identification Number	<input type="text"/>

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/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country Country Code as per ISO 3166

Address Type* Residential / Business Residential Business Registered Office Unspecified

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

Proof of Address*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (A) [any document notified by the central government]	<input type="text"/>	Identification Number	<input type="text"/>
Others (B) [Refer instruction D (3)]	<input type="text"/>	Identification Number	<input type="text"/>

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* [Grid]
Line 2 [Grid]
Line 3 [Grid] City / Town / Village* [Grid]
District [Grid] Zip / Post Code* [Grid] State/UT Code [Grid] as per Indian Motor Vehicle Act , 1988
State/UT* [Grid] Country [Grid] Country Code [Grid] as*per ISO 3166

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

Email ID [Grid]
Mobile [Grid] Tel. (Off) [Grid] Tel. (Res) [Grid]

5.FATCA/CRS Information (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* [Grid] Country Code of Jurisdiction of Residence [Grid] as per ISO 3166
Tax Identification Number or equivalent (If issued by jurisdiction)* [Grid]
Place / City of Birth* [Grid] Country of Birth* [Grid] Country Code [Grid] as per ISO 3166
Address
Line 1* [Grid]
Line 2 [Grid]
Line 3 [Grid] City / Town / Village* [Grid]
State/UT* [Grid] Zip / Post Code* [Grid] State/UT Code [Grid] as per Indian Motor Vehicle Act , 1988
Country [Grid] Country Code [Grid] 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*) [Grid]
Related Person Type* Guardian of Minor Assignee Authorized Representative
Name* Prefix [Grid] First Name [Grid] Middle Name [Grid] Last Name [Grid]
(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)
 A- Passport Number [Grid] Passport Expiry Date [DD-MM-YYYY]
 B- Voter ID Card [Grid]
 C- PAN Card [Grid]
 D- Driving Licence [Grid] Driving Licence Expiry Date [DD-MM-YYYY]
 E- Aadhaar Card [Grid]
 F- NREGA Job Card [Grid]
 Z- Others (any document notified by the central government) [Grid] Identification Number [Grid]

7.Remarks (If any)

[Grid]

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: [DD-MM-YYYY] Place: [Grid]
[Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

9.Attestation / For Office Use Only

Documents Received Certified Copies
KYC In-Person Verification (IPV) Carried Out by (Refer Instruction J)
Date [Grid]
Emp. Name [Grid]
Emp. Code [Grid]
Emp. Designation [Grid]
[Employee Signature]
Institution Details
Name [Grid]
Code [Grid]
Emp. Branch [Grid]
[Institution Stamp]



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quant Mutual Fund

(Formerly known as Escorts Mutual Fund)

Corporate Office: 6th Floor, Sea Breeze Building, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025.

Tel: +91 9920 21 22 23 | E-mail: help@quant.in | www.quant-mutual.com

Annexure A1 – Addition/Modification/Change of Address – Correspondence/Local Address

Fields marked with "*" are mandatory fields.

To be filled in capital letters and in blue / black ink only.

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For office use only
(To be filled by financial institution)

Application Type* New Update/Change

KYC Number (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* Zip / Post Code* State/UT 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 ID

Mobile Tel. (Off) Tel. (Res)

Fax

3. 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



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quant Mutual Fund

(Formerly known as Escorts Mutual Fund)

Corporate Office: 6th Floor, Sea Breeze Building, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025.

Tel: +91 9920 21 22 23 | E-mail: help@quant.in | www.quant-mutual.com

Annexure B1 – Addition of Related Persons

Fields marked with '*' are mandatory fields.

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For office use only
(To be filled by financial institution)

Application Type* New Update/Change

KYC Number (Mandatory for KYC update request)

1.Details of Related Person (In case of additional related persons, please fill 'Annexure B1') (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 [PoI] of Related Person* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date - -

B- Voter ID Card

C- PAN 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

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

Emp. Branch

[Employee Signature]

Institution Details

Name

Code

[Institution Stamp]

FATCA - CRS DECLARATION AND SUPPLEMENTARY INFORMATION

Declaration Form for Individuals

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Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

To be filled in capital letters and in blue / black ink only.

APP No.:

NAME:	
PAN:	_____ or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address) <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? —> Yes No

If 'No', please proceed for the signature of declaration

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

Sr. No.	Country of Tax Residency	Tax Identification Number 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 Tax Identification Numbers to its residents.
- >> Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- >> Reason C - Others; please state the reason thereof

DECLARATION

I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.

Date: | D | D | M | M | Y | Y | Y | Y |

Signature:

Place: