

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. CKYC 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

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

Application Type* New Update

CKYC Number (KIN) Number (Mandatory for KYC update request)

Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

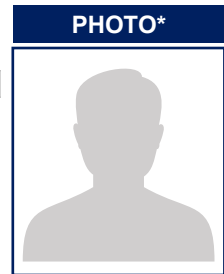
1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<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	
PAN*	<input type="text"/>			
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 PERMANENT ADDRESS* (Please refer instruction B at the end)

I Certified copy of Officially valid document (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*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3. CURRENT/CORRESPONDENCE 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*
- 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*

IV Deemed Proof of Address – Document Type code

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

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

Tel. (Off) - Tel. (Res) - Mobile -
 Email ID

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 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 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]
 Signature/Thumb Impression of Applicant

Date: - -
 Place:

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 (Refer instruction E)

Date: - -
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch
 [Employee Signature]

Institution details

Name
 Code
 [Institution Stamp]

In-Person Verification (IPV) carried out by (Refer instruction F)

Date: - -
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch
 [Employee Signature]

Institution details

[Institution Stamp]

Supplementary CKYC Form

Know Your Client (KYC) Application Form For Individuals Only

(To be additionally filled by customers using old KYC form)



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

KYC Type: Normal (PAN is mandatory)
 PAN Exempt Investors

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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 style="width: 15px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Maiden Name (If any*)	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Mother Name*	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type* S-Service Private Sector Public Sector Government Sector
 O-Others Professional Self Employed Retired Housewife Student
 B-Business X-Not Categorised

2. 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 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

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

3. Details of Related Person (Optional) (please refer instruction **G** at the end) (in case of additional related persons, please provide the same in a separate annexure)

Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

	Prefix	First Name	Middle Name	Last Name
Name*	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

(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)

<input type="checkbox"/> A- Passport Number <input style="width: 150px; height: 20px;" type="text"/>	Passport Expiry Date <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/>
<input type="checkbox"/> B- Voter ID Card <input style="width: 150px; height: 20px;" type="text"/>	
<input type="checkbox"/> C- PAN Card <input style="width: 150px; height: 20px;" type="text"/>	
<input type="checkbox"/> D- Driving Licence <input style="width: 150px; height: 20px;" type="text"/>	Driving Licence Expiry Date <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/>
<input type="checkbox"/> E- Aadhaar Card <input style="width: 150px; height: 20px;" type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input style="width: 150px; height: 20px;" type="text"/>	
<input type="checkbox"/> Z- Others <input style="width: 150px; height: 20px;" type="text"/>	Identification Number <input style="width: 150px; height: 20px;" type="text"/>

(any document notified by the central government)

4. Remarks (If any)

5. 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

ANNEXURE II - Additional KYC-FATCA & CRS Form for Individuals

 (To be enclosed with purchase application which do not have provision for additional KYC/FATCA/CRS information)
 (Please fill in BLOCK Letters)

1. APPLICANT DETAILS

	First Applicant / Guardian				Second Applicant				Third Applicant			
Applicant's Name												
Applicant's PAN												
Gender												
Date of Birth												
Father's Name												
Spouse's Name												
Nationality												
Place of Birth												
Country of Birth												
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office			<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office			<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office		
Type of Identification Document given at KRA												
Identification Document No.												
Document Issuing Country												

Address of tax residences would be taken as available in KRA database. In case of any change please approach KRA & notify the changes.

2. ADDITIONAL KYC INFORMATION

Category	First Applicant / Guardian				Second Applicant				Third Applicant															
Gross Annual Income in Rs. OR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 10-25 Lacs			<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 10-25 Lacs			<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 10-25 Lacs														
	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 25 Lacs - 1 Cr			<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 25 Lacs - 1 Cr			<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 25 Lacs - 1 Cr														
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> > 1 Crore			<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> > 1 Crore			<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> > 1 Crore														
Net Worth in Rs.																								
Net Worth as of	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
Occupation [Please tick any one (✓)]	<input type="checkbox"/> Professional		<input type="checkbox"/> Retired		<input type="checkbox"/> Professional		<input type="checkbox"/> Retired		<input type="checkbox"/> Professional		<input type="checkbox"/> Retired													
	<input type="checkbox"/> Business		<input type="checkbox"/> Housewife		<input type="checkbox"/> Business		<input type="checkbox"/> Housewife		<input type="checkbox"/> Business		<input type="checkbox"/> Housewife													
	<input type="checkbox"/> Government Service		<input type="checkbox"/> Student		<input type="checkbox"/> Government Service		<input type="checkbox"/> Student		<input type="checkbox"/> Government Service		<input type="checkbox"/> Student													
	<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Forex Dealer													
	<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Doctor		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Doctor		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Doctor													
	<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Others [Please specify]		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Others [Please specify]		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Others [Please specify]													
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Related to PEP		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Related to PEP		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Related to PEP													
Any other information relating to KYC if applicable	[Please specify]				[Please specify]				[Please specify]															

3. FATCA INFORMATION

 Is your Country of Birth / Citizenship / Nationality / Tax Residency other than India? – Yes No

If Yes, please provide the following information [mandatory]

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			
Country of Tax Residency 2*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			
Country of Tax Residency 3*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			

(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

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

* To also included USA, where the individual is a citizen/green card holder of the USA

4. DECLARATION

I/We confirm that the information provided in this form is true & accurate. In the event any of the above information is / are found to be false / incorrect and /or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and / or reverse the allotment of units and the AMC / Trustee / Mutual Fund shall not be liable for the same / I/We will be liable for the consequences arising therefrom. I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am/are aware that the Fund 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; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency.

SIGNATURE(S) (ALL Applicants must sign)	1st Applicant/Guardian	2nd Applicant	3rd Applicant
⊗	⊗	⊗	

Date	Place