

KNOW YOUR CLIENT (KYC) 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 New
 Type* 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

Name * (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* DD - MM - YY YY

Gender* M- Male F- Female T-Transgender
 Married Unmarried Others
 Citizenship* IN- Indian Others - Country Country Code
 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

PHOTO

 Signature/
Thumb Impression

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction B & J 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 DD - MM - YY YY

B- Voter ID Card

C- Driving Licence Driving Licence Expiry Date DD - MM - YY YY

D- Aadhaar Card

E- 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 C 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*

A-Passport Number Passport Expiry Date DD - MM - YY YY

B-Voter ID Card

C-Driving Licence Driving Licence Expiry Date DD - MM - YY YY

D-Aadhaar Card

E-NREGA Job Card

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

3.2 Correspondence / Local Address Details* (Please see instruction D 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/UT Code as per Indian Motor Vehicle Act, 1988

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

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

Email ID

ANNEXURE A1 – ADDITION/MODIFICATION/CHANGE OF ADDRESS – CORRESPONDENCE/LOCAL ADDRESS



Fields marked with "*" are mandatory fields.

Please fill the form in English and in BLOCK letters.

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

For office use only (To be filled by financial institution)	Application Type* KYC Number	<input type="checkbox"/> New <input type="checkbox"/> Update/Change	<input type="text"/>	(Mandatory for KYC update request)
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1. Correspondence / Local Address Details (Please see instruction D at the end) Enclose relevant documentary proof

Same as Current / Permanent / Overseas Address details

Line 1*															
Line 2*															
Line 3*															
District	Zip/Post Code*					State/UT Code					City / Town / Village*				
State/UT*	Country*					Country Code					as per Indian Motor Vehicle Act, 1988				
											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	<input type="text"/>	-	<input type="text"/>	Tel.(Off)	<input type="text"/>	-	<input type="text"/>	Tel.(Res)	<input type="text"/>	-	<input type="text"/>									
Fax	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

[Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

Date - - Place

ANNEXURE B1 – ADDITION/DELETION OF RELATED PERSONS

Fields marked with "*" are mandatory fields.
Please fill the form in English and in BLOCK letters.

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Annexure B1 – Addition/Deletion of Related Persons

For office use only (To be filled by financial institution)	Application Type* KYC Number	<input type="checkbox"/> New <input type="checkbox"/> Update/Change	(Mandatory for KYC update request)
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1. Details of Related Person (In case of additional related persons, please fill "Annexure B1") (please refer instruction F 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 (G) 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		Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> B- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> E- Aadhaar Card			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> 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.

Date DD - MM - YYYY Place

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

3. Attestation / For Office Use Only

Documents Received Certified Copies

	KYC Verification Carried Out by
Date	DD - MM - YYYY
Emp. Name Emp.	
Code	
Emp. Designation	
Emp. Branch	

[Employee Signature]

	Institution Details
Name	
Code	

[Institution Stamp]

Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts (Form 1A)



(Including Sole Proprietor.) (Refer to instructions. Please consult your professional tax advisor for further guidance on your tax residency.)
 (Fields marked with * are mandatory for all and @ are mandatory for PAN exempt cases.)

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FIRST / SOLE APPLICANT

Name

PAN or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth Country of Birth

Nationality Indian U.S. Others Please specify Tax Residence Address Residential Registered Office Business
 (for KYC address)

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 Resident for tax purposes 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 overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

SECOND APPLICANT

Name

PAN or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth Country of Birth

Nationality Indian U.S. Others Please specify Tax Residence Address Residential Registered Office Business
 (for KYC address)

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 Resident for tax purposes 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 overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

THIRD APPLICANT

Name

PAN or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth Country of Birth

Nationality Indian U.S. Others Please specify Tax Residence Address Residential Registered Office Business
 (for KYC address)

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 Resident for tax purposes 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 overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

GUARDIAN / POWER OF ATTORNEY / PROPRIETOR

Name

PAN or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth Country of Birth

Nationality Indian U.S. Others Please specify Tax Residence Address Residential Registered Office Business
(for KYC address)

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 Resident for tax purposes 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 overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

- Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number 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

Additional KYC Information*	First Applicant (Including Minor)	Second Applicant	Third Applicant	Guardian/POA/Proprietor
Gross Annual Income (Rs.) - Categories * Below 1 Lac, 1 - 5 Lac, 5 Lac - 10 Lac, 10 Lac - 25 Lac, 25 Lac - 1 Cr, 1 Cr - 5 Cr, 5 Cr - 10 Cr, above 10 Cr	Gross annual Income (Rs.)	Gross annual Income (Rs.)	Gross annual Income (Rs.)	Gross annual Income (Rs.)
Source of Wealth Occupation - Categories* Private Sector Service, Public Sector				
In case of business / profession, indicate the details (Including nature of goods/ services dealt in)				
Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these
Any other KYC related information which you wish to provide				

Note : Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

*Under Rule 9 of PMLA Rules, 2005, investments in MF schemes of upto Rs. 50,000/- per investor per Mutual Fund per Financial year shall be exempted from requirement of Additional KYC information.

DECLARATION

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing within 30 days about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents/service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

CERTIFICATION

I/We have understood the information requirements of this Form (read along with the FATCA, Additional KYC & 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/ Authorised Signatory	Second Applicant	Third Applicant	POA Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Place

TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

Received, subject to realisation, verification and conditions, form for application KYC Details, FATCA and CRS declarations for Individual Accounts

Date



From	<input type="text"/>	Official Acceptance Point Stamp & Sign
Folio No/Application No	<input type="text"/>	
Scheme Name	<input type="text"/>	