

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

### Important Instructions:

- |   |  |
|---|--|
| <p>A. Fields marked with "*" are mandatory fields.</p> <p>B. Tick " wherever applicable.</p> <p>C. Please fill the form in English and BLOCK letters.</p> <p>D. Please fill the date in DD-MM-YY format.</p> <p>E. For particular section update, please tick ( ) in the box section number and strike off the sections not required to be updated.</p> | <p>F. Please read section wise detailed guide</p> <p>G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.</p> <p>H. List of two character ISO 3166 country codes is available at the end.</p> <p>I. KYC number of applicant is mandatory for update application.</p> <p>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</p> |
|---|--|

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	(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)

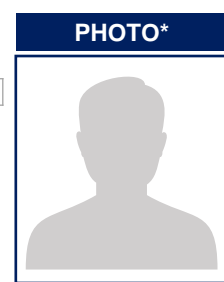
### 1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name*				
Mother Name				
Date of Birth*	DD - MM -	YYYY		
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*			<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	
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)

- |  |   |                             |                |
|--|---|-----------------------------|----------------|
| <input type="checkbox"/> A-Passport Number                     |   | Passport Expiry Date        | DD - MM - YYYY |
| <input type="checkbox"/> B-Voter ID Card                       |   |                             |                |
| <input type="checkbox"/> C-Driving Licence                     |   | Driving Licence Expiry Date | DD - MM - YYYY |
| <input type="checkbox"/> D-NREGA Job Card                      |   |                             |                |
| <input type="checkbox"/> E-National Population Register Letter |   |                             |                |
| <input type="checkbox"/> F-Proof of Possession of Aadhaar      | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |                             |                |
| II <input type="checkbox"/> E-KYC Authentication               | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |                             |                |
| III <input type="checkbox"/> Offline verification of Aadhaar   | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |                             |                |



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 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)

- |  |   |
|--|---|
| <input type="checkbox"/> A-Passport Number                     |   |
| <input type="checkbox"/> B-Voter ID Card                       |   |
| <input type="checkbox"/> C-Driving Licence                     |   |
| <input type="checkbox"/> D-NREGA Job Card                      |   |
| <input type="checkbox"/> E-National Population Register Letter |   |
| <input type="checkbox"/> F-Proof of Possession of Aadhaar      | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |
| II <input type="checkbox"/> E-KYC Authentication               | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |
| III <input type="checkbox"/> Offline verification of Aadhaar   | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |

- 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*



# SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM

ARN-64917 E434563



(Complete the relevant section legibly in black/ dark coloured ink and in BLOCK LETTERS.)

<b>1.</b>	<b>EXISTING UNIT HOLDER INFORMATION</b> <span style="float: right;"><b>*Mandatory</b></span>
<b>Unitholder's Name</b>	<b>Folio No.</b>

<b>2.</b>	<b>FIRST APPLICANT'S INFORMATION*</b> <i>[Please shade (●)]</i>									
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.		<b>PAN</b> <input type="radio"/> KYC								
<b>Status*</b> <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Sole Proprietorship <input type="radio"/> HUF <input type="radio"/> Partnership Firm <input type="radio"/> Limited Partnership (LLP) <input type="radio"/> Listed Company <input type="radio"/> Unlisted Company <input type="radio"/> Body Corporate <input type="radio"/> Bank/FI <input type="radio"/> Insurance Company <input type="radio"/> Government Body <input type="radio"/> AOP/BOI <input type="radio"/> Trust <input type="radio"/> Society <input type="radio"/> Provident Fund <input type="radio"/> Superannuation/Pension Fund <input type="radio"/> Gratuity Fund <input type="radio"/> FII <input type="radio"/> Others <i>(Please Specify)</i>										
<b>Occupation*</b> <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others <i>(Please Specify)</i>										
<b>Gross Annual Income*</b> <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore										
<b>Net-worth in ₹</b> _____ as on <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> (Not older than 1 year)			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Please shade (●)* <input type="radio"/> Politically Exposed Person <input type="radio"/> Related to Politically Exposed Person <input type="radio"/> Not Applicable		<b>For Non - Individual Investors*</b> (Is the entity involved in / providing any of the following services) Foreign Exchange / Money Changer Services <input type="radio"/> Yes <input type="radio"/> No Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] <input type="radio"/> Yes <input type="radio"/> No Money Lending / Pawning <input type="radio"/> Yes <input type="radio"/> No Any other information [Please specify]: _____								

<b>3.</b>	<b>SECOND APPLICANT'S INFORMATION*</b> <i>[Please shade (●)]</i>	
<input type="radio"/> Mr. <input type="radio"/> Ms.		<b>PAN</b> <input type="radio"/> KYC
<b>Status*</b> <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others <i>(Please Specify)</i>		
<b>Occupation*</b> <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others <i>(Please Specify)</i>		
<b>Gross Annual Income*</b> <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore <b>Net-worth in ₹</b> _____		
<b>Other Details*</b> <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable		

<b>4.</b>	<b>THIRD APPLICANT'S/ GUARDIAN/ POWER OF ATTORNEY INFORMATION*</b> <i>[Please shade (●)]</i>	
<input type="radio"/> Mr. <input type="radio"/> Ms.		<b>PAN</b> <input type="radio"/> KYC
<b>Status*</b> <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others <i>(Please Specify)</i>		
<b>Occupation*</b> <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others <i>(Please Specify)</i>		
<b>Gross Annual Income*</b> <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore <b>Net-worth in ₹</b> _____		
<b>Other Details*</b> <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable		

<b>5.</b>	<b>DECLARATION</b>	
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 have read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund (formerly Union KBC Mutual Fund) and the terms and conditions and policies on the website.		
Signature  Sole/ First Applicant/ Guardian	Signature  Second Applicant	Signature  Third Applicant

**NOTE**

In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP) status which were forming a part of uniform KYC form is now captured in the application form of the Fund. Also, the detail regarding nature of services viz. Foreign Exchange/ Gaming/ Money Lending, etc., (applicable for first/sole applicant) is required to be provided as part of Client Due Diligence (CDD) Process of the Fund.

**The said details are mandatory for both Individual and Non Individual applicants.**

# FORM FOR DETAILS UNDER FATCA & CRS/ FOREIGN TAX LAWS

Annexure for Individual Accounts (Including Sole Proprietor)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)



To be filled in BLOCK LETTERS [Please refer instructions overleaf. Please strike off sections that are not applicable].

ARN-64917 E434563

The below information is required for all Applicant(s)/ Investor(s):

Existing Folio No:

Application No:

The below information is required for all applicant(s)/ guardian			
Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential
Country of Tax Residency 1			
Tax Payer Ref. ID No. 1			
Documentation Type 1 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (3)] the reason A, B or C [as defined below]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Documentation Type 2 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (3)] the reason A, B or C [as defined below]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____

- 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.

## Investor(s) Declaration and Signature(s):

- Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund and the terms and conditions and policies on the website and FATCA/ CRS terms and conditions before investing. I/ We, hereby apply to the Trustee of Union Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee(s) acknowledging receipts of my/our credit will constitute full discharge of liabilities of Union Mutual Fund/ AMC/ Trustee/ Sponsor. I/ We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/ We hereby agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SAI/KIM and addenda thereto and this application form and instructions thereto. I/ We hereby confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) has not given any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ we have the express authority to invest in units of the Scheme and the AMC/ Trustee/ Mutual Fund/ Sponsor will not be responsible if such investment is ultravires the relevant constitution.  
**Applicable to Micro Investments only:** I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.  
**Applicable to NRIs only:** I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/ FCNR account(s).
- I/ We acknowledge and confirm that the information provided above is true and correct 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 am/ are aware that I/ we may liable for it. I/ We hereby authorize the Fund/ the AMC/ the Registrar and Transfer Agent (the RTA) 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 Fund, its Sponsor, the AMC, 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/ us of the same. Further, I/ we authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission/ updation & for other relevant purposes. I/ We also undertake to keep you informed in writing 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/ Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/ we authorize the Fund/ the AMC/ the RTA to withhold and pay out any sums from my/ our account(s) or close or suspend my/ our account(s) without any obligation of advising me/ us of the same.

First / Sole Applicant/ Guardian

Second Applicant

Third Applicant

Date:

Place:

Refer overleaf for instructions.