

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

South Gujarat ARN: 54854

CKYC & KRA KYC Form

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

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>Photo</div> <div>Signature/ Thumb Impression</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"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector		
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised		

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 (any document notified by the central government)	<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*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	City / Town / Village*
State/UT*	Country*	Country Code	
Address Type* <input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			
(Certified copy of <u>any one</u> 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 (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

<input type="checkbox"/> 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*																																																																																																			
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 F at the end)																																																																																																			
Email ID																																																																																																			
Mobile																																																																																																			
Tel. (Off)																																																																																																			
Tel. (Res)																																																																																																			
5. FATCA/CRS Information (Tick if Applicable)																																																																																																			
<input type="checkbox"/> 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*																																																																																																			
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																																																																																																			
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Line 2																																																																																																			
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City / Town / Village*																																																																																																			
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State/UT Code																																																																																																			
as per Indian Motor Vehicle Act, 1988																																																																																																			
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Country*																																																																																																			
Country Code																																																																																																			
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')																																																																																																			
<input type="checkbox"/> Related Person																																																																																																			
<input type="checkbox"/> Deletion of Related Person																																																																																																			
KYC Number of Related Person (if available*)																																																																																																			
Related Person Type*																																																																																																			
<input type="checkbox"/> Guardian of Minor																																																																																																			
<input type="checkbox"/> Assignee																																																																																																			
<input type="checkbox"/> Authorized Representative																																																																																																			
Prefix																																																																																																			
First Name																																																																																																			
Middle Name																																																																																																			
Last Name																																																																																																			
Name*																																																																																																			
(If KYC number and name are provided, below details of section 6 are optional)																																																																																																			
<input type="checkbox"/> Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)																																																																																																			
(Certified copy of <u>any one</u> of the following Proof of Identity [PoI] needs to be submitted)																																																																																																			
<input type="checkbox"/> A- Passport Number																																																																																																			
Passport Expiry Date																																																																																																			
<input type="checkbox"/> B- Voter ID Card																																																																																																			
<input type="checkbox"/> C- PAN card																																																																																																			
<input type="checkbox"/> D- Driving Licence																																																																																																			
Driving Licence Expiry Date																																																																																																			
<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																																																																																																			
7. Remarks (If any)																																																																																																			
8. Applicant Declaration																																																																																																			
<input type="checkbox"/> 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.																																																																																																			
<input type="checkbox"/> 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																																																																																																			
9. Attestation / For Office Use Only																																																																																																			
<input type="checkbox"/> Documents Received																																																																																																			
<input type="checkbox"/> Certified Copies																																																																																																			
KYC Verification Carried Out by (Refer Instruction I)																																																																																																			
Date																																																																																																			
Emp. Name																																																																																																			
Emp. Code																																																																																																			
Emp. Designation																																																																																																			
[Employee Signature]																																																																																																			
In-Person Verification (IPV) Carried Out by (Refer Instruction J)																																																																																																			
Date																																																																																																			
Emp. Name																																																																																																			
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Name																																																																																																			
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SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUALS

Mandatory for all Applicant(s) including Joint-holder(s), Guardian (if applicable) and Power of Attorney (if any).
[Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]



Birla Sun Life
Mutual Fund

South Gujarat ARN: 54854

A. FATCA & CRS INFORMATION (SELF CERTIFICATION)

PAN	<input type="text"/>	Folio No.	<input type="text"/>
Name	<input type="text"/>		
Type of Address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> Registered Office		
Nationality	<input type="text"/>	Gender	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	Place of Birth	<input type="text"/>
Country of Birth	<input type="text"/>		
Father's name	<input type="text"/>		
(mandatory if PAN not provided)			
Spouse's name	<input type="text"/>		
Documents required (if PAN not provided)	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others		
Identification number of the document provided	<input type="text"/>		

Is the applicant/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

S No	Country of Tax Residency#	Tax Payer Identification Number ^	Identification Type [TIN or other, please specify]
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

#To also include USA, where the individual is a citizen/ green card holder of USA.

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick (✓)]	<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife
	<input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify)
Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore

OR

Net-worth (Mandatory for Non-Individuals)	Rs. _____ as on <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY (Not older than 1 year)
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Politically Exposed Person (PEP) Status*	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable
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*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.

C. Declaration:

I have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Birla Sun Life Asset Management Company Limited/ Birla Sun Life Mutual Fund/ Trustees for any modification to this information promptly. I further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Date:

Place:

First Applicant / Guardian

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

South Gujarat ARN: 54854

FATCA & CRS Annexure for Individual Accounts (Including Sole Proprietor) (Refer to instructions)

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

Applicant / Guardian

Name																															
Gender	M	F	O		PAN																							Occupation Type	Service	Business	Others
Father's Name																															
Cust ID / Folio No.																															
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																															
Type of address given at KRA						✓	Residential or Business					✓	Residential					✓	Business					✓	Registered Office						
Permissible documents are	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> PAN Card <input type="radio"/> Govt. ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA Job Card <input type="radio"/> Others																														
Date of Birth						Place of Birth																									
Country of Birth																															
Nationality																															
Are you a tax resident of any country other than India?																															
Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>																															

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [*]	Tax Identification Number ^{**}	Identification Type (TIN or Other, please specify)

^{*}To also include USA, where the individual is a citizen / green card holder of The USA

^{**}In case Tax Identification Number is not available, kindly provide its functional equivalent ^s

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & 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.

Signatures

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Applicant / Guardian

Date d d m m y y y y

Place

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we 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.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

A. Identity Details (please see guidelines overleaf)

[illegible]

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence									
City / Town / Village						Country		Postal Code	
State									
2. Contact Details									
Tel. (Off.)		(ISD)	(STD)	Tel. (Res.)		(ISD)	(STD)		
Mobile		(ISD)	(STD)	Fax		(ISD)	(STD)		
E-Mail Id.									
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.									
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises <input type="checkbox"/> Any other proof of address document (as listed overleaf). (Please specify) _____									
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y									
4. Registered Address (If different from above)									
City / Town / Village						Country		Postal Code	
State									
5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.									
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises <input type="checkbox"/> Any other proof of address document (as listed overleaf). (Please specify) _____									
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y									

C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors
(Please use the Annexure to fill in the details)

2. Any other information:

DECLARATION

Date: _____

**NAME & SIGNATURE(S)
OF AUTHORISED
PERSON(S)**

FOR OFFICE USE ONLY

☐ (Attested) True copies of documents received

Date _____

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Form for Aadhar Updation (Individuals)

South Gujarat ARN: 54854

To
Aditya Birla Sun Life Mutual Fund

1. PAN	<input type="text"/>	Refer instructions# 1
2. NAME	<input type="text"/>	
AADHAAR NO.	<input type="text"/>	
ENCLOSED	<input type="checkbox"/> Self attested copy of Aadhaar Card	OR <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Enrolment No. (wherever physical Aadhaar card not received / official Aadhaar card number is issued)

Consent & Signature

I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I hereby provide my consent for sharing/disclosing of my Aadhaar number including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my folios.

I have read, understood and agree to abide by the Instructions/guidelines.

Signature

Place	<input type="text"/>
Date	<input type="text"/>

Instructions & Guidelines

1. This form should be submitted separately for each PAN.
2. Not applicable for NRIs, Non-Individuals, HUFs
3. The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws / rules / regulations and provision of the said data is mandatory as per applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.
4. While providing Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios", sign on the copy with date.
5. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.
6. Submit duly filled and signed form to your nearest AMC / CAMS branches.
7. Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. In case of mismatch, request is liable to be rejected.

Acknowledgement of Form for Updation of Aadhar (To be filled in by Investor)

Received from Mr. / Ms.

PAN

Aadhaar linking request form received for the above referred PAN. Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities

ABSLAMC Stamp & Signature, Date

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Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)
(Formerly known as Birla Sun Life Asset Management Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
+91 22 4356 7000 | connect@adityabirlacapital.com | www.adityabirlasunlifeamc.com | CIN: U99999MH2000PLC128110

Contact Us:
1800-270-7000

adityabirlacapital.com



ADITYA BIRLA
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