CKYC & KRA KYC FORM



			KNO	DW	YO	UR	CLI	EN	T AF	PL		ATI	ION FORM (For Individuals only) South Gujarat ARN: 548	54
(Please fill the form in En Fields marked with * are	-			tters)	E.E.	licatio Type	on Type *	*	New Norm				EXYC Number* A start of the sta	
1. IDENTITY DET	FAILS	(Please r	efer in	struc	tion A	at the	end)							
PAN		Pre	fix					e en rst Na		duly	atte	estec	ed copy of your PAN Card Middle Name Last Name	
Name* (Same as ID proof)														
Maiden Name (If any*)														
Father / Spouse Name*											_			
Mother Name*														
Date of Birth* Gender*			- Male	M e	Y Y	Y	Y				F. F	emal	ale T-Transgender	
Marital Status*		M	arried	1							Unr	narri	ried 🗌 Others	
Citizenship*			- India	an							Oth	ers -	- CountryCountry Code	
Residential Status*		_	esider oreign		ividua onal	1							of Indian Origin	
Occupation Type*		S-	Servi	се	(Priva	ate Se	ctor			Pub	lic Se	Sector Government Sector)	
			Other		(🗆	Prof	ession	al			Self	Emp	ployed Retired Housewife Student Signature / Thumb Impr	ession
		□ B- □ X-	Busin Not (orised	d							<u> </u>	
2 PROOF OF IDEM	ITITY (F						vesto	r or	if PAN	l car	n n	nv i	not provided) (Please refer instruction C & K at the end)	
(Certified copy of <u>any one</u> of th										1 6 61	u cu	ihài		
A- Passport Number													Passport Expiry Date D D M M Y Y Y Y	
B- Voter ID Card														
C- PAN Card														
D- Driving Licence						+				-			Driving Licence Expiry Date D D M M Y Y Y Y	
E- Aadhaar Card						-							3 1 1 1 1 1 1 1 1 1 1	
F- NREGA Job Card						-								
Z- Others (any document	notified by	the cent	ral gov	ernme	nt)								Identification Number	
3. PROOF OF ADD	RFSS (I	ΡΠΔ *												
3.1 Current / Perma			bh A s	rocc	Notail	ls (Pl	0 0 0 0 0	oo ir	etructi	ion D) of f	ho o	and	
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Line 1*														
Line 2														
Line 3													City / Town / Village*	
District*										Zip /	Post	Cod	de* State / U.T Code* as per Indian Motor Vehicle Act,	1988
State/UT*													Country* Country Code as per ISC	3166
Address Type* (Certified copy of <u>any one</u> of		esident <i>ving Proo</i>				needs	s to be	[subm		ident	ial		Business Registered Office Unspecified	
Passport Number													Passport Expiry Date D M M Y Y Y	
Voter ID Card														
Driving Licence													Driving Licence Expiry Date D D M M Y Y Y Y	
Aadhaar Card														
NREGA Job Card														
Others (any document no	tified by the	e central (governi	ment)									Identification Number	
3.2 CORRESPONDE	NCE / LO	CAL AD	DRES	SS DE	TAILS	S * (P	Please s	ee in	structio	n E at	the e	end)		
													/ local addresses, please fill 'Additional Form', Submit relevant documentary proof)	
Line 1*														
Line 2														
Line 3													City / Town / Village*	
District*										Zip /	Post	Cod	de* State / UT Code* as per Indian Motor Vehicle Act,	1988
State/UT*													Country* Country Code as per ISC	3166 (

4. CONTACT	T DETAILS (All communications will be sent on provided Mobile No. / Ema	ail ID) (Please refer instructions F at the end)
Email ID		
Mobile	Tel. (Off)	Tel. (Res)
5. FATCA/C	RS Information (Tick if Applicable) Residence for Tax Purposes i	n Jurisdiction(s) Outside India (Please refer instruction B at the end)
Additional Details Req	uired* (Mandatory only if above option (5) is ticked)	
Country of Jurisdiction	n of Residence*	Country Code of Jurisdiction of Residence as per ISO 3166
Tax Identification Num	nber or equivalent (If issued by jurisdiction)*	
Place / City of Birth*	Country	y of Birth* Country Code as per ISO 3166
Address Line 1*		
Line 2		
Line 3		City / Town / Village*
District*	Z	Lip / Post Code* State / UT Code* as per Indian Motor Vehicle Act, 1988
State/UT*		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')
Related Perso		KYC Number of Related Person (if available*)
Related Person Typ	De* Guardian of Minor Assigned Prefix First Name	Authorized Representative Middle Name Last Name
Name*		
-	(If KYC number and name are provided, below details of section	6 are optional)
	ty [Pol] of Related Person* (Please see instruction (H) at the end) <u>one</u> of the following Proof of Identity(Pol) needs to be submitted)	
A-Passport Nu		Decement Every Data
B-Voter ID Ca	rd IIIIIIIIIIIIIIIII	Passport Expiry Date D D M M Y Y Y Y
C-PAN Card		
D-Driving Lice		Driving Licence Expiry Date D D M M Y Y Y Y
🗌 Aadhaar Card		
F-NREGA Job	Card	
Z-Others(any d	document notified by the central government)	Identification Number
7. REMARK	<mark>S</mark> (If any)	
8. APPLICAN	NT DECLARATION	
	re that the details furnished above are true and correct to the best	
	in, immediately. In case any of the above information is found to held liable for it. I hereby declare that I am not making this ap	
Regulations or	any statute of legislation or any notifications/directions issued by	any governmental or statutory authority from time to time. [Signature / Thumb Impression]
	ent to receiving information from Central KYC Registry through S	
Date D D M		Signature / Thumb Impression of Applicant
	ATION / FOR OFFICE USE ONLY ved Cortified Copies	
	erification Carried Out by (Refer Instruction I) Institution	Institution Details
Date	D D M M Y Y	Name
Emp. Name		Code
Emp. Code		Emp. Branch
Emp. Designation		
	[Employee Signature]	[Institution Stamp]
In-Pers	on Verification (IPV) Carried Out by (Refer Instruction J)	Institution Details
Date	D D M M Y Y	Name
Emp. Name		Code
Emp. Code		Emp. Branch
Emp. Designation		
	[Employee Signature]	[Institution Stamp]

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A. Identit				•			-	λ														
Name Name Of A	Applicant	(As a ppeari	ing m su	pportin).														
																				PHO	rogra	PH
Father's/Spo	uco Nom																					
		-								4										Plea	ase affi	x
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2. Gender	Male	Female	B.	Marita	l status 🗌] Singl	e∟M	arried	C. D	ate o	f Birth	d (d /	m n		у у	у	y		•	across	
3. Nationalit	y 🗌 Ind	ian 🗌 Otl	her <u>(Plea</u>	<u>se specif</u>	y)						_											
4. Status Ple	ase tick (✓) □ Resid	dent Ind	ividual	Non	Resider	nt 🗌	Foreign N	lational	(Pass	port Cop	y Ma	ndator	y for N	RIs & Fo	oreign I	Vatior	als)				
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5. PAN					Plea	se encl	ose a di	uly atteste	a cobà	of yo	our pan (.ard										
		if any:						. /		7												
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B. Addres				guide	lines ov	erlea	f)															
1. Address f	or Corres	pondence											1		1 1		1					
				_						-							-					
City / Town	/ Village																	Pin C	ode			
State											Count	y										
2. Contac	t Detail	<																			1	
Tel. (Off.)		(STD)									Tel. (Re	s.) (I	ISD)	(STD)								
Mobile	(ISD)	(STD)									Fá	ax (ISD)	(STD)								
E-Mail Id.																						
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SUPPLEMENTARY CKYC FORM



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

KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY) South Gujarat ARN: 54854

(Please fill the form in Engl		KYC Type:	Normal (PAN is manda	tory)
Fields marked with * are m	andatory fields ILS (Please refer instruction A at the end)	KTO Type.		
		DANG		
PAN	Prefix First Name	our PAN Card Middle Nam	e	Last Name
Name* (same as ID proof)				200110110
Maiden Name (If any*)				
Mother Name*				
Residential Status*	Resident Individual Non Resident Indian Foreign National Person of Indian Origin			
Occupation Type*	S-Service (Private Sector Public Sector Governmer		Student)	
		for Tax Purposes in ,	Jurisdiction(s) Outside	India (Please refer instruction B at the end)
	d* (Mandatory only if above option is ticked)			
Country of Jurisdiction o	Residence*	Count	ry Code of Jurisdiction	of Residence as per ISO 3166
	r or equivalent (If issued by jurisdiction)*			
Place / City of Birth*	Country of Birth*			Country Code as per ISO 3166
Addres				
Line 1*				
Line 2		0: IT IN!	*	
Line 3		City / Town / Villag		
District*	Zip/Post Code*	State/U		r Indian Motor Vehicle Act, 1988
State/UT*	Country*			ountry Code as per ISO 3166
3 DETAILS OF RE	ATED PERSON (OPTIONAL) (please refer instruction G at the end) (in	case of additional rela	ted persons, please fill 'A	nnexure B1')
Related Person	Deletion of Related Person KYC Number of Related Pe	rson (if available*)		
Related Person Type*	🗌 Guardian of Minor 🗌 Assignee 🗌 Authorized Represe			
Name*	First Name	Middle Name		Last Name
(If KYC number and na	ne are provided, below details of section 6 are optional)			
Proof of Identity [P	I] of Related Person* (Please see instruction (H) at the end)			
(Certified copy of any on	of the following Proof of Identity[Pol] needs to be submitted)			
A- Passport Numbe	Pas	sport Expiry Date	D D M M Y	YYYY
B- Voter ID Card				
C- PAN Card				
D- Driving Licence	Driv	ving Licence Expiry [Date D D M M	Y Y Y Y
E- Aadhaar Card				
F- NREGA Job Card				
Z- Others (any docume	nt notified by the central government)	ntification Number		
4 REMARKS (If an	y)			
5 APPLICANT DE				•
any changes therein, imm aware that I may be held Regulations or any statut	details furnished above are true and correct to the best of my knowledgue adiately. In case any of the above information is found to be false or un liable for it. I hereby declare that I am not making this application for the e of legislation or any notifications/directions issued by any governmental ing information from Central KYC Registry through SMS/Email on the abo	ntrue or misleading o purpose of contrave l or statutory authori	or misrepresenting, I an ention of any Act, Rules ty from time to time.	1
Date D D M M	(Y Y Y Place			Signature / Thumb Impression of Applicant

FATCA-CRS Declaration & Supplementary Information Declaration Form for Individuals



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

South Gujarat ARN: 54854

Name																													
PAN											OR F	PAN E	xemp	ot KY(C Ref	f No.	PEKF	N)	Place	e of E	Birth								
Nationality		India	n	U.;	S.		Othe	rs				Please	spec	cify)				Co	ountry	/ of E	Birth								
Tax Residence	ο Addre	oss (fn	r KYſ	hhe :	ress)		Re	siden	tial		Reni	stere	ed Off	lice		Busi	ness											

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 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 (\checkmark) the reason A, B, & C (as defired below)
1.				Reason A B C
2.				Reason A B 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.

Declaration:

I hereby confirm that the information provided hereinabove 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 and 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							
Place						Signature	

FATCA & CRS TERMS & CONDITIONS

Note : The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax 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.

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 Axis Mutual Fund 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.

FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

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.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS Indicia
U.S. place of birth	 Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); and Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	 Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)
Telephone number in a country other than India	 If no Indian telephone number is provided: Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number: Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*

2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

*Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

FORM FOR UPDATION OF AADHAAR

(For Individual / Sole Proprietors)



South Gujarat ARN: 54854

Date	D	D	\mathbb{M}	M	Y	Y	Y	Y
------	---	---	--------------	---	---	---	---	---

(Please fill in block capital letters)

Io, Axis Mutual Fund
FOLIO NUMBER

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Folio No.							

I/We request Axis Mutual Fund to update my/our following details for the above Folio. I/we authorize Axis Mutual Fund, Axis Asset Management Company Limited / Registrar of Axis Mutual Fund to refer these details to any of the appropriate authorities including Unique Identification Authority of India (UIDAI) /Authentication Agencies etc. and also authorize such agencies / service providers including UIDAI to share the data as per their records, for verification purpose.

FIRST HO	DER	Gender M F Oth
Name	Aadhar No.	
Enclosed	Self attested copy of Aadhaar Card 🗌 Letter issued by UIDAI containing proof of KIN No.	
PAN / PEKRN	Date of Birth D D M Y Y Y Pin Code	
Email ID	Mobile No	
SECOND I	OLDER	Gender 🗌 M 🗌 F 🗌 Oth
Name	Aadhar No.	
Enclosed	Self attested copy of Aadhaar Card Letter issued by UIDAI containing proof of Aadhaar Card Aadhaar Enrolment KIN No.	
PAN / PEKRN	Date of Birth D M Y Y Y Pin Code	
Email ID	Mobile No	
THIRD HO	LDER	Gender 🗌 M 🗌 F 🗌 Oth
Name	Aadhar No.	
Enclosed	Self attested copy of Aadhaar Card Letter issued by UIDAI containing proof of KIN No.	
PAN / PEKRN	Date of Birth D M M Y Y Y Pin Code	
Email ID	Mobile No.	
GUARDIA		Gender M F Oth
Name	Aadhar No.	
Enclosed	Self attested copy of Aadhaar Card Letter issued by UIDAI containing proof of KIN No.	
PAN / PEKRN	Date of Birth D M Y Y Y Pin Code	
Email ID	Mobile No	
POA HOL	ER	Gender 🗌 M 🗌 F 🗌 Oth
Name	Aadhar No.	-
Enclosed	Self attested copy of Aadhaar Card Letter issued by UIDAI containing proof of KIN No.	
PAN / PEKRN	Date of Birth D D M M Y Y Y Pin Code	
Email ID		
I/ We hereby (iii) updating sharing/discl Transfer Ager	The Authentication and Sharing of Aadhaar Data rovide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing my/ our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PML/ sing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI regis (RTA) for the purpose of updating the same in my/our folios with my PAN.	A. I/ We hereby provide my/our conser stered mutual fund (s)and their Registrar
Sign	ture of 1st Holder/ Guardian / POA Signature of 2nd Holder	Signature of 3rd Holder
Axis Mutu	al Fund - Acknowledgement of Form for Updation of AADHAAR (To be filled in by the inve	estor)
Received, s	bject to verification of Form for Updation of AADHAAR	
from Mr/ N	rs/ Ms	
		1

GUIDELINES

- 1. By filling up this Form, the investor authorizes Axis Asset Management Company Limited/Axis Mutual Fund/UIDAl/various KYC Registration Agencies/ Authentication agencies etc. to receive and share the information physically or electronically related to Aadhaar and other related matters.
- In case of any correction/change in name/address/mobile number/date of birth etc. recorded with UIDAI, please update the change with UIDAI's Aadhaar Self Service Update Portal, currently, https://ssup.uidai.gov.in/web/guest/update.
- 3. In case of any assistance, please contact the nearest Investor Service Centre of Axis Mutual Fund.
- 4. 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.
- 5. Ensure all the details are as per PAN Card / KYC / Aadhaar Card.
- If the name given in the application does not match with the name as appearing on the PAN Card / Aadhaar Card, authentication application may be liable to get rejected or further transaction may be liable to get rejected.
- 7. Aadhar No. is optional for minor & mandatory for guardian.

CHECK LIST

Form has been completed and signed by all the holders.

The copy of Self attested AADHAR card

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- Letter issued by UIDAI containing Aadhaar Number.
-] If Aadhaar number is applied for, please enclose letter issued by UIDAI containing proof of Aadhaar Enrolment.

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