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A. Identit		•																	
1. Name of Name	Applicant	(As appearing	ng in supp	oorting id	lentificati	on doc	ument)						1 1			I I			
																		рнотосі	RAPH
Father's/Spo	use Nam	e																	
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2. Gender [Male	🗌 Female	B. M	arital sta	atus 🗌	Single	🗌 Ma	rried	C. Da	te of Birt	h d	d /	m n	1/	y y y	y I	size	e photogr sign acro	•
3. Nationali	:y 🗌 Ind	ian 🗌 Oth	er <u>(Please</u>	specify)															
4. Status Ple	ase tick (•	🗸) 🗌 Resid	ent Indivi	dual []Non R€	esident	F	oreign N	lational	(Passport C	Copy I	Mandato	ry for N	RIs & Fo	oreign Natic	nals)			
5. PAN					Please	enclo	e a du	v atteste	ed conv	of your PA	N Car	d							
Aadhaar	Number,	if any:				cricio.		y ancsu	u copy	or your rA	in Cui	u							
6. Proof of			for PAN	exempt	cases P	lease -	Fick (√)												
		Passport															(Please	see guidel	ne 'D'
B. Addres	s Detai	ls (please	see g	uidelin	es ove	rleaf))												
1. Address	or Corres	pondence		1 1	1 1								1 1	1 1					I.
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City / Towr	/ Village															Pin Co	de		
State										Co	untry								
2. Contac	t Detail	s																	
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Know Your Client			ΠN	0.14/									S	outh	Guia	rat A	RN: 5	4854		
Application Form (Fo	r Individuals only)	Application Type*	_				.								⊂					
(Please fill the form in English an Fields marked with '*' are mandato					KYC Nu															
		KYC Type*		ormal (PAN is ma	ndatory	′) 🗆 I	PANE	Exen	npt li	nves	tors	(Refe	r instr	uction ł	<)				_
1. Identity Details (Please r	efer instruction A at the en	nd)																		
PAN		Please enclos	e a d	uly attes	sted copy	of you	ur PA	N Car	ď											
	Prefix	First Name					Midd	le Na	me						La	ist Na	me			_
Name* (same as ID proof)																				
Maiden Name (If any*)																				
Father / Spouse Name*																		\square		
Mother Name*							\top											\square	+	
Date of Birth*		YY	_				_										Phe			
	M- Male			F F.		_		T		- I							1 11			
Gender*				F- Fer			_	Trans	sgen	der										
Marital Status*	Married			Unma			Ot	hers						Г						
Citizenship*	IN- Indian			Others	s – Cour	ntry					_Co	unti	у Со	de∟						
Residential Status*	Resident Individual				esident I															
• · · · ·	Foreign National				n of India	n Orig				•										
Occupation Type*	S-Service Priva				Sector			vernr				ifa		Church	tank		Signa	turol		
	O-Others Profe B-Business	essional			nployed Categori	∟ sed		tired	l		ouse	wiie		Stud	lent					
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2. Proof of Identity (PoI)* (f (Certified copy of <u>any one of</u> t	•			•	, ,	lease	refer	Instru	uctioi	n C 8	k K at	the	end)							
A- Passport Number			10 00	Submitte	u)		Pas	sport	Exn	irv Γ	Date		D		M	M -	v v	v v	1	
B- Voter ID Card		+					1 45	opon	. – ۸р	niy L	Juio			2					1	
D- Driving Licence			+	1			Driv	ing L	icen	co F	vnirv	/ Da			M	M -		v v	1	
E- Aadhaar Card				1			DIIV	iiig L			лрпу	Da			101				1	
F- NREGA Job Card				1																
Z- Others (any docume	ent notified by the centra		ut)	1				Ide	ntifi	ratio	n Nu	mh								
3. Proof of Address (PoA)*		a govorninon						liuo		Juno										
3.1 Current / Permanent		ils (Please se	e inst	ruction	D at the	end)														
Address		(/														
Line 1*												\square								
Line 2								\square	\top	\square		Π							\uparrow	
Line 3									С	ity /	Tow	n / \	/illag	e*						
District*	Zip	o / Post Code	*					Stat	e/UT	Cod	de		a	s per	Indian	Motor	Vehicle	Act, 1	988	
State/UT*			C	Country'									Cou	ntry	Code		as p	er ISC	3166	6
Address Type*	esidential / Business	🗌 Resi	ident	ial		Bus	ines	S			Reg	iste	red C	Office	•		Unsp	ecifi	ed	
(Certified copy of any one	of the following Proof of	f Address [Po	oA] ne	eds to	be sub	nitted)													
Proof of Address*		-					Dee		F	:									1	
Passport Number			_				Pas	sport	Ехр	ory L	Jate		D	D.	IM	M -	YY	YY		
Voter ID Card		+	_	1						_		_	. –						1	
							Driv	ring L	.icen	ce E	xpiry	/ Da	te	D	M	M -	ΥΥ	ΥΥ		
Aadhaar Card		+		1																
NREGA Job Card] 1 - 1 - 1			_					1								_
Others (any document			-4:	_				Ide	ntific	catio	n Nu	mbe	er [_
3.2 Correspondence / Lo																				
Same as Current / Perma			ase of	muitiple	orrespond	ence / l	ocal a	aaresse	es, ple	ase fill	Anne	xure	AT', Su	i bmit i	elevant	aocun	nentary	proof)		_
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District*	7ir	o / Post Code	*			+		<u>04</u>	_											-
State/UT*				Country				Stat							Indian Code	Motor	Vehicle as p	Act, 1 er ISC		6
										-				-		<u> </u>				

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





1. Identity Details (Please r	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)		
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 □ Government Sector	
	O-Others Professional Self Employed Retired House	ewife 🗌 Student
	B-Business X-Not Categorised	
2. FATCA/CRS Information	(Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside Indi	a (Please refer instruction B at the end)
1000 March 1000 1000 1000 1000	ed* (Mandatory only if above option is ticked)	**
Country of Jurisdiction of		esidence as per ISO 3166
Tax Identification Number	r 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		vn / 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 Perso	n (Optional) (please refer instruction G at the end) (in case of additional related persons, plea	se fill 'Annexure B1')
Related Person	Deletion of Related Person KYC Number of Related Person (if available*)	
Related Person Type*	Guardian of Minor Assignee Authorized Representation	ive
	Prefix First Name Middle Name	LastName
Name*	(If KYC number and name are provided, below details of section 6 are optional)	
Proof of Identity [Pol] of	Related Person* (Please see instruction (H) at the end)	
	the following Proof of Identity[Pol] needs to be submitted)	
A- Passport Number	Passport Expiry Date	
B- Voter ID Card		
C- PAN Card		
D- Driving Licence	Driving Licence Expiry	Date DD - MM - YYYY
E- Aadhaar Card		
F- NREGA Job Card		
Z- Others (any docume	nt notified by the central government)	imber
4. Remarks (If any)		
5. Applicant Declaration		
· I hereby declare that the details fur	nished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes	
liable for it. I hereby declare that	f the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of	[Signature / Thumb Impression]
	tions issued by any governmental or statutory authority from time to time. nation from Central KYC Registry through SMS/Email on the above registered number/email address.	1 ground of a strategy of galaxies (
Date: DD - MM -	Y Y Place :	Signature / Thumb Impression of Applicant



SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM The Application Form should be completed in English and in BLOCK LETTERS only. South Gujarat ARN: 54854

	DATE : / /
1. UNIT HOLDER INFORMATION	
a. EXISTING UNIT HOLDER INFORMATION	
PAN PAN	Any information provided at PAN level, will be updated in all the Folios where the PAN is Registered.
b. NAME OF FIRST / SOLE APPLICANT Mr. Ms.	
Application Form No.	
2. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)	
a. Status of First/ Sole Applicant [Please tick (\checkmark)] \Box Individual \Box Non - Individual	
Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HU Body Corporate LLP Society / Club FPI Sole Proprietorship Non Profit Organisati	
b. Occupation Details [Please tick (Service Private Sector Public Sector Retired Agriculture Proprietorship Others	Government Service Student Professional Housewife Business ecify)
c. Gross Annual Income (Rs.) [Please tick (✓)] □ Below 1 Lakh □ 1 - 5 Lakhs □ OR	5 - 10 Lakhs 10 - 25 Lakhs >25 Lakhs - 1 Crore >1 Crore
c. Net-worth (Mandatory for Non-Individuals) Rs	as onbt MM YYYY (Not older than 1 year)
d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta	/ Trustee/ Whole time Directors) 🗌 I am PEP 🗌 I am Related to PEP 🗌 Not Applicable
e. Investors involved/ providing any of the mentioned services	
Wholesalers OR Retailers in Precious metals (in particular buying-selling gold) and gems Wholesalers OR Retailers in Boats Wholesalers OR Retailers in Retailers in Retailers	
 Money Service Businesses (MSB) & their agents (excluding Banks) Currency deal Money orders / remittance services 	ers or exchanges Sellers or redeemers of traveler's cheques
Pawn shops Street market stall Hotels Restaurants Internet cafés Door-to-o	loor sales companies 🗌 Taxi 🗌 Bars 🗌 Night-clubs
Casinos Lotteries Gaming clubs Slot machines Antiques Art galleries Art	dealers Auctioneer Art expert
3. DETAILS OF SECOND APPLICANT, If any	
a. Occupation Details [Please tick ()] Service Private Sector Public Sector Retired Agriculture Proprietorship Others (please sp	Government Service Student Professional Housewife Business
b. Gross Annual Income (Rs.) Below 1 Lakh 1 - 5 Lakhs 5 - 10 Lakhs 10 - 25 Lakhs	>25 Lakhs - 1 Crore 🗌 >1 Crore OR Net worth Rs
c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta	/ Trustee/ Whole time Directors) 🗌 I am PEP 🔄 I am Related to PEP 🗌 Not Applicable
d. Investors involved/ providing any of the mentioned services	
Wholesalers OR Retailers in Precious metals (in particular buying-selling gold) and gems Wholesalers OR Retailers in Boats Wholesalers OR Retailers in Retailers	
 Money Service Businesses (MSB) & their agents (excluding Banks) Currency deal Money orders / remittance services 	ers or exchanges Sellers or redeemers of traveler's cheques
Pawn shops Street market stall Hotels Restaurants Internet cafés Door-to-o	loor sales companies 🗌 Taxi 📄 Bars 📄 Night-clubs
Casinos Lotteries Gaming clubs Slot machines Antiques Art galleries Art	dealers 🗌 Auctioneer 🔄 Art expert



4. DETAILS OF THIRD APPLICANT, If any					
. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (please specify)					
. Gross Annual Income (Rs.) 🗌 Below 1 Lakh 🗌 1 - 5 Lakhs 📄 5 - 10 Lakhs 📄 10 - 25 Lakhs 📄 >25 Lakhs - 1 Crore 📄 >1 Crore OR Net worth Rs					
c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) 🗌 I am PEP 🔲 I am Related to PEP 🗌 Not Applicable					
. Investors involved/ providing any of the mentioned services					
Wholesalers OR Retailers in Precious metals (in particular buying-selling gold) and gems Wholesalers OR Retailers in Luxury cars Wholesalers OR Retailers in Boats Wholesalers OR Retailers in Jewellery					
 Money Service Businesses (MSB) & their agents (excluding Banks) Currency dealers or exchanges Sellers or redeemers of traveler's cheques 					
Pawn shops Street market stall Hotels Restaurants Internet cafés Door-to-door sales companies Taxi Bars Night-clubs Second-hand goods sales Second-hand vehicle dealers (excluding automobile franchise)					
Casinos Lotteries Gaming clubs Slot machines Antiques Art galleries Art dealers Art dealers Art expert					

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.

 First / Sole Applicant / Guardian
 Second Applicant
 Third Applicant

INSTRUCTIONS

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 mentioned under section 2 & 3 which was forming part of uniform KYC form will now be captured in the application form of the Fund. Also, the detail of nature of services viz. Foreign Exchange/Gaming/Money Lending, etc., (applicable for all applicants) 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.

*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.



1

FATCA & CRS ANNEXURE FOR INDIVIDUAL ACCOUNTS

South Gujarat ARN: 54854 (Including Sole Proprietor) (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency if required)

		(Flease consult your professional tax aut	risor for further guidance on your tax residency, if required,
FIRST / SOLE	APPLICANT / GUARDIAN		
Name	First Name	Middle Name	Last Name
Gender (Please ✓)	M F O PAN	Occupation Ty	De Service Business Others
Father's Name	First Name	Middle Name	Last Name
Cust. ID / Folio No.			
Address of tax resi	idence would be taken as available in	KRA database. In case of any change please approach	KRA & notify the changes
Type of address given a second s	ven at KRA (Please ✓) Resident	al or Business Residential	Business Registered Office
Permissible docum	ents are Passport Election ID	Card PAN Card Govt. ID Card Driving License	JIDAI Card NREGA Job Card Others
Date of Birth	DDMMYYYYY	Place of Birth	
Country of Birth		Nationality	
Are you a tax reside	ent of any country other than India? (Pl	ease ✓) YES NO	
f 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)
u			
* To also include USA,	where the individual is a citizen / green card	holder of The USA The case Tax Identification	n Number is not available, kindly provide its functional equivalent \$
SECOND APPI	LICANT		
Name	First Name	Middle Name	Last Name
Gender (Please ✓)	M F O PAN	Occupation Typ	Service Business Others
Father's Name	First Name	Middle Name	Last Name
Cust. ID / Folio No.			
Address of tax resi	idence would be taken as available in	KRA database. In case of any change please approach	KRA & notify the changes
Type of address giv	ven at KRA (Please ✓) Resident	al or Business Residential	Business Registered Office
Permissible docum	ents are Passport Election ID	Card PAN Card Govt. ID Card Driving License	UIDAI Card NREGA Job Card Others
Date of Birth	D D M M Y Y Y Y	Place of Birth	
Country of Birth		Nationality	
Are you a tax reside	ent of any country other than India? (Pl	ease ✓) YES NO	
f yes, please indicate	all countries in which you are resident for tax	purposes and the associated Tax ID Numbers below:	
	Country #	Tax Identification Number ^A	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 Identificatio	n Number is not available, kindly provide its functional equivalent \$
THIRD APPLIC	ANT		
Name	First Name	Middle Name	Last Name
Gender (Please ✓)	M F O PAN	Occupation Ty	
Father's Name	First Name	Middle Name	Last Name
Cust. ID / Folio No.			
	idence would be taken as available in	KRA database. In case of any change please approach	KRA & notify the changes
		al or Business Residential	Business Registered Office
Permissible docum			UIDAI Card NREGA Job Card Others
Date of Birth		Place of Birth	
Country of Birth		Nationality	
Are vou a tax residu	ent of any country other than India? (Pl		
-		purposes and the associated Tax ID Numbers below:	
, .,,	Country #	Tax Identification Number [^]	Identification Type (TIN or Other, please specify)
	•	· · · · · · · · · · · · · · · · · · ·	

^A In case Tax Identification Number is not available, kindly provide its functional equivalent \$

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

First / Sole Applicant / Guardian	Second Applicant	Third Applicant

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 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. 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.

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 1. 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 2. Documentary evidence (refer list below)
	If Indian telephone number is provided along with a foreign country telephone number 1. 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 2. Documentary evidence (refer list below)
Telephone number 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)

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.

AMC contact address & call centre details

REQUEST FOR SEEDING OF AADHAAR



Please submit this	s request for each PAN separately	1				
PAN						
Aadhaar Number						
*Where Aadhaar N	lumber not assigned, please subi	mit proof of application for e	nrolment of Aadhaar			
Name			Gender (Plea	ase ✔) □Male	Eremale Othe	er
Date of Birth	d I M M I Y Y Y Y	Mobile Number		Pin code		
Email						
5	provide my consent in accordance		0		0 0 0	

Consent: I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (iii) updating my Aadhaar number in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I hereby provide my consent for sharing / disclose of the Aadhaar number(s) 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 folio/s with my PAN.

General Instructions:

- a. This form should be submitted separately for each PAN.
- b. Seeding of Aadhaar is Not applicable for NRIs
- c. In case of Non-Individuals and HUFs, Kindly refer Non-Individual Forms.
- d. 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.
- e. Please Submit duly filled and signed form to your nearest Sundaram BNP Paribas Fund Services Limited Customer Care Center / AMC branches.
- f. You can dispatch the filled and signed form(s) to the following address: Sundaram BNP Paribas Fund Services Limited (SBFS) No. 23, Cathedral Garden Road, Nungambakkam, Chennai 600034.

Acknowledgment (To be filled by Investor)	* BNP PARIBAS
PAN	
Investor Name	
Aadhaar linking request form received for the above referred PAN. Linking your Aadhaar in Folios will be subject to verification and authentication of your Aadhaar	
with concerned authorities	