#### **CKYC & KRA KYC Form**

## CANARA ROBECO

Know Your Client			□New						Sout	th Guja	arat Al	Muto RN: 54	ual Fund 1854
Application Form (For Individuals only)		Application Type*		I/VC Numb	o **					7			
(Please fill the form in English an Fields marked with '*' are mandato		KYC Type*		KYC Numb		AN Evemnt	Investo	rc (Po	for instru	J			
1 Identity Dataile (Discour	refer instruction A at the		(	r AN 15 IIIailuat	01y)1 <i>P</i>	AN Exempt	11170310	13 (176	iei ilistit	iction K)			
1. Identity Details (Please r	eler instruction A at the	, I											
PAN	Prefix	Please enclos	e a duly attes	sted copy of	-	Card Name				Las	t Name	9	
Name* (same as ID proof)													
Maiden Name (If any*)													$\Box$
Father / Spouse Name*										$\top$			
Mother Name*													
Date of Birth*	DD-MM-Y	YYY										Photo	
Gender*	☐ M- Male		☐ F- Fer	male	□ T-Tr	ransgender							
Marital Status*	☐ Married		☐ Unma	rried	☐ Oth	ers							
Citizenship*	☐ IN- Indian		☐ Others	s – Country			Cou	ntry C	ode [		'		
Residential Status*	Resident Individua	I	☐ Non R	esident India	an								
	☐ Foreign National		_	n of Indian O	_								
Occupation Type*	S-Service Priv		<del></del>	Sector		ernment Se		<b>.</b>	¬ 04	l= := 4		Ciaman anns	/
	☐ O-Others ☐ Pro☐ B-Business	nessionai		mployed Categorised	Reti	rea 📋	Housewi	ie [	Stuc	ient			
2. Proof of Identity (PoI)* (f	_	or if PAN card				nstruction C	& K at th	he enc	4)				
(Certified copy of any one of	· ·			, ,	30 10101 11	notification o	a reacti	io one	^)				
$\square$ A- Passport Number					Pass	port Expiry	Date		D D -	- M N	- Y	YY	Υ
☐ B- Voter ID Card													
☐ D- Driving Licence					Drivir	ng Licence	Expiry [	Date [	D D -	- N N	— Ү	YY	Υ
☐ E- Aadhaar Card													
F- NREGA Job Card			Щ					_					
Z- Others (any docume		ral governmen	t)			Identificati	on Num	ber					
3. Proof of Address (PoA)*													
3.1 Current / Permanent Address	/ Overseas Address Det	ails (Please see	einstruction	D at the end	)								
Line 1*										$\overline{}$		$\overline{}$	
Line 2								+	$\dashv \dashv$	$\dashv \dashv$		++	
Line 3					+++	City	/ Town	/ Villa	ige*	$\dashv \dashv$	$\top$	+	+
District*	Z	ip / Post Code	*			—— State/UT Co	ode [		as per	Indian M	lotor Vel	nicle Act	. 1988
State/UT*			Country	*			$\Box$	Co	untry (	r			SO 3166
Address Type*	esidential / Business	 ☐ Resi	dential	□В	usiness		—— Regis	tered	Office			Inspec	ified
(Certified copy of any one	of the following Proof	of Address [Po	A] needs to	be submitte	ed)								
Proof of Address*  Passport Number					Passi	port Expiry	Date	Γ	D D -	NI N	I – V	V V	Y
☐ Voter ID Card					1 400	port Expiry	Date	L					
☐ Driving Licence			+		Drivir	ng Licence	Expirv [	Date [	DD-	- M N	1 – TY	ΥΥ	Υ
☐ Aadhaar Card						·9	,, -						
☐ NREGA Job Card													
Others (any document	notified by the central	government)				Identificati	on Num	ber					
3.2 Correspondence / Lo	ocal Address Details* (Ple	ease see instru	ction E at the	e end)									
Same as Current / Perma	nent / Overseas Addre	ss details (In c	ase of multiple	correspondence	e / local add	lresses, please	îll 'Annexu	ıre A1',	Submit r	elevant o	documen	tary proc	of)
Line 1*													
Line 2											II.		
Line 3			+++			City	/ Town	/ Villa	ige* [				
District*	Z	ip / Post Code				State/UT Co	ode [			r	lotor Vel	nicle Act	, 1988
State/UT*			Country <sup>3</sup>	<u> </u>				Co	untry (	Code		as per IS	SO 3166

4. Contact Details (All com	munications w	ill be sent on provi	ded Mobile no. / E	mail-ID) (Please	e refer instructio	n <b>F</b> at the er	nd)	
Email ID								
Mobile		Tel. (Off)			Tel. (Res	s)		
5. FATCA/CRS Information	Tick if Applic		Pasidanas for To	y Durnagas in I	· ·		Dlagge refer	instruction <b>B</b> at the end)
	, , , , , ,	,		•	urisdiction(s) Ou	itside ilidia (i	riease leiei	instruction <b>b</b> at the end)
Additional Details Require Country of Jurisdiction of	` _	ory only if above o	option (5) is ticke	_ ^	ode of Jurisdic	tion of Pasi	dence	7
		at (If issued by in	rindiation)*	_ Country Co	Jue of Jurisuic	lion of Kesi	delice	as per ISO 3166
Tax Identification Numbe	i oi equivalei	it (ii issued by ju				<del></del>		
Place / City of Birth*			Country of E	sirtn"   _			Country C	code as per ISO 3166
Line 1*								
Line 2								
Line 3						City / Town /	/ Village*	
District*		Zip / Pos	st Code*		State/U1	Γ Code _	as per	Indian Motor Vehicle Act, 1988
State/UT*			Count	-y*			Country	Code as per ISO 3166
6. Details of Related Perso	n (Optional) (	please refer instruc	ction G at the end	(in case of add	litional related po	ersons, pleas	se fill 'Annex	cure B1')
Related Person	_	of Related Person			Person (if availa			
Related Person Type*	Guardian		Assignee		Authorized Rep	,		
,,	Prefix	First N	•		Middle Name			Last Name
Name*								
Droof of Identity [Doll of	•	er and name are prov			ional)			
Proof of Identity [Pol] of (Certified copy of any one of a								
☐ A- Passport Number	e ronouning r r		noodo to bo dabiint	.ou)	Passport Exp	irv Date	DD	
B- Voter ID Card		<del>-                                     </del>				, =		
C- PAN Card								
D- Driving Licence					Driving Licen	ce Evniry D	ata 🗔	
☐ E- Aadhaar Card					Driving Licent	LE EXPIRE D	ate DDD.	
F- NREGA Job Card								
Z- Others (any docume	nt notified by	the central rays	rnmant)		l dantitia	ation Numb		
7. Remarks (If any)	nt notined by	the central gove	mment) [		identilic	ation Numb	Jei	
8. Applicant Declaration								
I hereby declare that the details fur therein, immediately. In case any of liable for it. I hereby declare that legislation or any notifications/directions.	of the above inform I am not making t	nation is found to be false this application for the p	e or untrue or misleadin ourpose of contraventic	g or misrepresenting n of any Act, Rules,	, I am aware that I ma	ay be held	[Signa	ture / Thumb Impression]
I hereby consent to receiving inform	nation from Central	KYC Registry through S	SMS/Email on the above	registered number/e	mail address.			
Date: DD - MM -	Y Y Y	Place:					Signature /	Thumb Impression of Applicant
9. Attestation / For Office	Use Only							
Documents Received								
	tion Carried Ou	it by (Refer Instruction	nn I)			Institution	) Details	
Date	D — M M -	- Y Y Y Y		Name				
Emp. Name				Code				
Emp. Code				Emp. Branc	h			
Emp. Designation								
la Dansan Vanidiaat	i (IDM) 0i-	ad Out has (Defenden	t			l., - ()(., ()	- D-(-! -	
Date In-Person Verificat		ed Out by (Refer Inst	auction J)	Name		Institution	Details	
	D — M M -							
Emp. Name				Code				
Emp. Code				Emm D	h			
				Emp. Branc	h			
Emp. Designation				Emp. Branc	h			
Emp. Designation	[Employee Sig			Emp. Branc	h	[Institution	n Stamp]	

Version 1.6 Page 2

### **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)

KYC Type: ☐ Normal (PAN is mandatory)

**CANARA ROBECO Mutual Fund** 

South Gujarat ARN: 54854 ☐ PAN Exempt Investors

1. Identity Details (Please r	efer instruction <b>A</b> 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*  Occupation Type*	□       Resident Individual       □       Non Resident Indian         □       Foreign National       □       Person of Indian Origin         □       S-Service       □       Private Sector       □       Government Sector         □       O-Others       □       Professional       □       Self Employed       □       Retired       □       Hou         □       B-Business       □       X-Not Categorised	_	] Studen	t				
2. FATCA/CRS Information	(Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside In	ndia (Please	e refer ins	truction <b>B</b> a	it the en	d)		
Country of Jurisdiction of Tax Identification Number Place / City of Birth*  Address Line 1* Line 2 Line 3 District* State/UT*  3. Details of Related Perso Related Person Related Person Type*	or equivalent (If issued by jurisdiction)*  Country of Birth*	Could bown / Villa Could	ge* as per Indi	an Motor Veh	s per ISO	1988		
	he following Proof of Identity[Pol] needs to be submitted)	<u>.</u> Г			VIVI			
□ A- Passport Number □ B- Voter ID Card □ C- PAN Card □ D- Driving Licence □ E- Aadhaar Card □ F- NREGA Job Card □ Z- Others (any document)	Passport Expiry Date  Driving Licence Expirent notified by the central government)	iry Date [		M M — Y	YYY			
4. Remarks (If any)								
5. Applicant Declaration								
therein, immediately. In case any o liable for it. I hereby declare that legislation or any notifications/direc I hereby consent to receiving inform	hished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes if 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 tions issued by any governmental or statutory authority from time to time. I action from Central KYC Registry through SMS/Email on the above registered number/email address.	f f		/ Thumb Impres				
Date: DD - MM -	Y Y Y Y Place:	Sig	nature / Thur	nb Impression	of Applicar	nt		

# SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS -SELF CERTIFICATION FORM FOR INDIVIDUALS [Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]



South Gujarat ARN: 54854

A. FATCA & CRS INFORM	NATION (SELF CERTI	FICATION)						
PAN				Folio No.				
Name								
Type of Address given at KRA	Resider	ntial Business	Residen	tial / Business	R	egistered Off	fice	
Nationality		Gend	ler		Da	ate of birth	D D M	M Y Y Y Y
Mobile		Place	e of Birth		Coun	try of Birth		
Father's name				(mandatory if PAN not provid	ded)			
Spouse's name								
Documents required (if PAN I	not provided)	Passport Election ID	Card Gov	t. ID Card Driving	License	UIDAI	Card NR	EGA Card Others
Identification number of the d	ocument provided							
Is the applicant/ guardian's C	ountry of Birth / Citizens	ship / Nationality / Tax Resider	cy other than India?	☐ Yes ☐ No				
If yes, please indicate all cou	ntries in which you are r	resident for tax purposes and t	the associated Tax II	Numbers below.				
S No	Country of Tax Residend	cy#	Tax Payer Ide	entification Number ^		Identifica	ation Type [TIN or o	ther, please specify]
1								
2								
3								
#To also include USA, where ^ In case Tax Identification Nu		r green card noider of USA. ndly provide its functional equiv	alent.					
B. ADDITIONAL KYC INF	ORMATION							
		Service Private Se	ctor Public S	ector Government Se	nuico F	Student	☐ Professional	Housewife
Occupation Details [Please	tick (V )]	Service Private Se	Agriculture	_	Others		_	ase specify)
Gross Annual Income (Rs.)	[Dloaco tick ( < )]				25 Lacs		Floor 1 Croro	□ >1 Crore
Gross Arriual income (ns.)	[Please tick (V)]	Below 1 Lac 1	- 5 Lacs	5 - 10 Lacs	- 25 Laus	>2:	5 Lacs - 1 Crore	> i Giole
Net-worth (Mandatory fo	or Non-Individuals)	Rs.		as on			<b>\\\\\\\</b>	(Not older than 1 year)
Politically Exposed Person (		☐ I am PEP	☐ I am Related t	<u> </u>	DD Not Applic	MM able	YYYY	
*PEP are defined as individua	ls who are or have been	entrusted with prominent publ	ic functions in a forei				senior politicians, s	 enior Government/judicial/
	ives of state owned corp	oorations, important political pa	irty officials, etc.					
C. Declaration:  I have read and understood th provided by me on this Form i modification to this information flurther agree to abide by the   Exchange of Information (AEO	s true, correct and com promptly provisions of the Schem	nplete. I hereby agree and co	nfirm to inform Cana	ara Robeco Asset Managem	nent Comp	oany Limited/C	Canara Robeco Mu	tual Fund/ Trustees for any
Date: D D M M	Y Y Y Y							
Place:							First Applicant ,	' Guardian



# Common Aadhaar linking form across Karvy Serviced Mutual Funds / AIF

South Gujarat ARN: 54854

#### **INFORMATION TO INVESTORS**

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017, carried out amendments to prevention of Money Laundering (Maintenance of Records) Rules, 2005.

As per the new rules linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders. Failing which, the folios will be frozen by 31/12/2017.

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.

We, at Karvy enabled several convenient modes of Aadhaar number linking across all Karvy serviced Mutual Funds / AIF.

vve, at Karvy enabled several convenient modes of Addition fulfiber linking across all Karvy serviced indition Fulfus / Air.							
Please fill in your details below:							
PAN Aadhaar No.							
FOLIO							
NAME Gender M F O							
CKYC number [ KIN ]							
"Please submit these details separately for All Holders"							
Consent							
I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our 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 / our folios with my / our PAN.  I have updated my CKYC record with Aadhaar and request you to seed it across my Mututal Fund folios. I have already completed Aadhaar based EKYC in one of the Karvy serviced funds. Please use the same details and request you to seed it across my Mututal fund / AIF folios.							
Signature  Date   d   d   m   m   y   y   y   y    Place							
For investor convenience, Karvy Computershare is collecting this mandatory information for authentication and seeding across all participating Karvy Serviced Mutual Funds / AIFs where you are already an investor or would become an investor in future.							
Please submit the form duly filled, signed, for all the holders, separately, and submit at your nearest Karvy Computershare branch or you can dispatch the hard copy to -							
Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B Unit – CPZ - Aadhaar Updation Plot Nos. 31 & 32   Financial District   Nanakramguda Serilingampally Mandal   Hyderabad - 500032   India							
KARVYIII ACKNOWI EDGEMENT							
Computershare							
PAN							
Date d d m m y y y y							
From Mr/Mrs/Ms: Signature of Karvy Branch Official							
Received subject to verification with UIDAI and seeding the Aadhaar for your Mutual Fund Investments.							