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Know Your Client						. ^	nnli	catio	. [□N	ew											Sou	ıth G	uja			: 548			
Application Form (Fo						,	ype,		'''				/VC	Num	hor*			Т					П	\top	7					
(Please fill the form in English an Fields marked with '*' are mandato				etters)														_							_					
								Туре	9" L	_ N(orma	I (P	AN is	mand	atory)		PAN	ΕX	emp	Inv	esto	rs (F	Refer i	instru	uction	K)				
1. Identity Details (Please r	efer	instr	uctio	on A :	at the	e end)																							
PAN						PI	ease	enc	ose	a dı	uly at	est	ed c	ору о	you	r PA	N Ca	ard												
	Р	refix	<			_ Fi	rst N	lame	9						N	Лidd	lle Na	am	е						L	ast N	Vam	Э		
Name* (same as ID proof)			$\exists \Gamma$																										Т	
Maiden Name (If any*)		П	1								\top		П	\top	T		П			T			П				\top	П	†	
Father / Spouse Name*			1														П						П					П		
Mother Name*																														
Date of Birth*	D	D .	- N	ИΜ	-[Y	Υ	ΥY																					Photo)	
Gender*		M-	Mal	е							F- F	em	ale			Т-	Tran	isg	ende	r										
Marital Status*		Ма	arried	d							Unn	narı	ried			Ot	hers	6												
Citizenship*		IN-	- Indi	ian							Othe	ers	- C	ountr	/						Cou	ntry	Cod	e [,			
Residential Status*		Res	sider	nt Inc	dividu	ıal					Non	Re	side	nt Ind	ian															
		For	reign	Nati	onal						Pers	on	of In	dian	Origi	n														
Occupation Type*		S-S	3ervi	ce [] P	rivate	Sec	tor			Publ	ic S	Secto	or		Go	overn	nme	ent Se	ector						Н				
		0-0	Othe	rs [] P	rofes	siona	al			Self	Em	ploy	ed		Re	etired	ł		Hou	isewi	fe		Stuc	lent					
		B-E	Busin	ness							X-No	ot C	categ	jorise	d															
2. Proof of Identity (PoI)* (f	or P	AN e	exem	pt In	vesto	or or i	f PA	N ca	rd c	ору	not p	rov	ided) (Ple	ase i	refer	inst	ruc	tion C	: & K	at t	he e	nd)							
(Certified copy of any one of t	the fo	ollow	ing P	Proof	of Ide	entity	[Pol]	need	ds to	bes	subm	ttec	1)											_	_		_			
A- Passport Number																Pas	spoi	rt E	xpiry	Da	te		D	D -	M	M	— Y	YY	Υ	
☐ B- Voter ID Card																														
☐ D- Driving Licence																Driv	/ing	Lic	ence	Exp	oiry [Date	D	D -	- M	M	— Y	YY	Υ	
☐ E- Aadhaar Card																														
☐ F- NREGA Job Card																														
Z- Others (any docume	nt n	otifie	ed b	y the	ecer	ıtral (gove	rnm	ent)								ld	ent	ificat	ion	Num	ber								
3. Proof of Address (PoA)*																														
3.1 Current / Permanent	/Ov	erse	as A	ddre	ss D	etails	(Ple	ase :	see	insti	ructio	n D	at t	he en	d)															
Address																														
Line 1*											П	\top				\top	П					\top				Т			\Box	
Line 2																														
Line 3																			City	/ To	own	/ Vil	lage	*						
District*						Zip /	Pos	t Co	de*								Sta	te/	UT C	ode	Γ		7 as	per	Indian	Mot	or Ve	nicle Ad	et. 19	988
State/UT*										С	ount	ry*						Ī			֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֟֝֓֓֓֓֡֟֝֓֓֓֓֡֟֝֓֡֡֝֓֡֡	С	_		Code			as per		
Address Type* ☐ R										enti					Busi	nes	S			R	egis	tere	d Of	fice		[□ ι	Inspe	cifie	ed
(Certified copy of any one	_of ti	he fo	ollow	ing l	Proo	f of A	ddre	ess [PoA	\] ne	eds	to i	be s	ubmi	ted)															
Proof of Address* Passport Number			$\overline{}$		П	$\overline{}$										Pas	enni	rt 🗏	xpiry	, Da	tο		Б	Б.	IVI	N/I	V	VV	V	
☐ Voter ID Card	Н	+	\dashv	+	\vdash	+	_		_	7						ı as	зроі		. хрп у	Da	10		ы		171	101				
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☐ Driving Licence	Н	+	$\dashv \dashv$	+	\vdash	+	+	₩								Driv	/ing	LIC	ence	⊏xþ	oiry i	Jate	Б	D -	IVI	IVI	Y	YY	Υ	
☐ Aadhaar Card	Н	+	$\dashv \dashv$	+	\vdash	++	+	₩	_	_	l																			
☐ NREGA Job Card			Ш						+	<u> </u>		_				_														
Unders (any document									_	_		_				_	ld	ent	ificat	ion	Num	ber	Ш	_	Ш	_			Ш	Ш
3.2 Correspondence / Lo																														
Same as Current / Perma	nent	t / O	vers	eas	Add	ress	deta	ils (n cas	e of	multip	le co	orresp	onden	ce / lo	cal a	ddres	ses,	please	fill 'A	nnexu	ıre A1	', Sub	mit r	elevar	nt dod	cumen	tary pro	of)	
Line 1*		Ш	Ш		Щ		Ш							\coprod		\perp	Ш	[\Box	Ш		Ш					$\perp \! \! \perp \! \! \! \perp$		\perp
Line 2	_	Ш	\sqcup	_	\sqcup	_	Ш	_	\perp	\perp	\sqcup	4	\perp	\sqcup	\perp	\perp	\sqcup	_						Ц	\perp	1	\sqcup	\perp	4	$\perp \!\!\! \perp \!\!\! \perp$
Line 3	+	\sqcup	\sqcup	+						\perp	\sqcup	4	\perp	\dashv					City	/ To	own	/ Vil	lage –	*						
District*		<u> </u>	ᆜ			Zip /	Pos	t Co	de*					<u> </u>			Sta	te/	UT C	ode	_ [as	per	Indian	Mot	or Ve	nicle A	et, 19	988
State/UT*										C	ount	ry*										С	ount	try (Code	<u> </u>		as per	ISO	3166

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4. Contact Details (All communications will be sent on provided Mobile no. / B	mail-ID) (Please refer instruction F at the end)
Email ID	
Mobile Tel. (Off)	Tel. (Res)
_	Courage of the state of th
, , , , –	· · · · · · · · · · · · · · · · · · ·
Additional Details Required* (Mandatory only if above option (5) is tick 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 I	irth* Country Code as per ISO 3166
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* Count	y* 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')
_	ber of Related Person (if available*)
Related Person Type* Guardian of Minor Assignee	Authorized Representative
Prefix First Name	Middle Name Last Name
Name*	
(If KYC number and name are provided, below details on Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the	· · ·
(Certified copy of any one of the following Proof of Identity[Pol] needs to be submit	
A- Passport Number	Passport Expiry Date
B- Voter ID Card	
C- PAN Card	
☐ D- Driving Licence	Driving Licence Expiry Date DD MM - YYYYY
□ E- Aadhaar Card	g
F- NREGA Job Card	
Z- Others (any document notified by the central government)	Identification Number
7. Remarks (If any)	
8. Applicant Declaration	
 I hereby declare that the details furnished above are true and correct to the best of my knowledge and therein, immediately. In case any of the above information is found to be false or untrue or misleadin liable for it. I hereby declare that I am not making this application for the purpose of contraventic legislation or any notifications/directions issued by any governmental or statutory authority from time to 	g or misrepresenting, I am aware that I may be held n of any Act, Rules, Regulations or any statute of
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above	registered number/email address.
Date: DD - M M - Y Y Y Y Place:	Signature / Thumb Impression of Applicant
9. Attestation / For Office Use Only	
Documents Received ☐ Certified Copies	
KYC Verification Carried Out by (Refer Instruction I)	Institution Details
Date DD - MM - YYYY	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
In-Person Verification (IPV) Carried Out by (Refer Instruction J) Date	Institution Details
	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	

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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 for	rm
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KYC Type: $\ \square$ Normal (PAN is mandatory) $\ \square$ PAN Exempt Investors



South Gujarat ARN: 54854

. Total manage min are manage		·
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 Housewife Self Employed B-Business X-Not Categorised	Student
2. FATCA/CRS Information	n (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please re	fer instruction B at the end)
Additional Details Require	ed* (Mandatory only if above option is ticked)	
Country of Jurisdiction of	Residence* Country Code of Jurisdiction of Residence	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	City / Town / Village	k
District*	7ip / Poet Code*	
	Clarity C. Fedd	per Indian Motor Vehicle Act, 1988
State/UT*	Country* Count	ry Code as per ISO 3166
3. Details of Related Perso	on (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexi	ure B1')
Related Person	☐ Deletion of Related Person KYC Number of Related Person (if available*)	
Related Person Type*	☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative	
	Prefix First Name Middle Name	Last Name
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	D — M M — Y Y Y Y
B- Voter ID Card		
C- PAN Card		
D- Driving Licence	Driving Licence Expiry Date	D — M M — Y Y Y Y
E- Aadhaar Card		
F- NREGA Job Card		
Z- Others (any documer	nt notified by the central government) Identification Number	
4. Remarks (If any)		
5. Applicant Declaration		
therein, immediately. In case any o liable for it. I hereby declare that legislation or any notifications/direct	ations issued by any governmental or statutory authority from time to time.	ignature / Thumb Impression]
Date: DD - M M -	nation from Central KYC Registry through SMS/Email on the above registered number/email address. Place: Signatu	re / Thumb Impression of Applicant

KYC Details Change form (For Individuals Only)

Main Intermediary



Place for Intermediary Logo Application No. :

South Gujarat ARN: 54854

A Name of Applicant (Mandatory as p	per original KYC records)						
Title ☐ Mr. ☐ Ms. ☐ Other (Please s	Aadhaar Number, if any:		PAN PAN				
lame							
Date of Birth ddd/mm//yyy	y y						
and Dravide the many KVC details whi	shahauld ba undated in usuu KVC						
ease Provide the new KYC details whi B. Mandatory fields for KYCs done	· · · · · · · · · · · · · · · · · · ·	records.					
1. Father's/Spouse Name	July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1 1	
2. Current Marital status Single Married		: Nationality					
Note "FOR OFFICE USE ONLY": The IPV Co be mandatorily filled for changes to Identity		'Cs registered before	1st January 2012.	. Originals Seer	n and Verif	ied should	
C. Identity Details (please see guide 1. New Name (As appearing in supporting identif							
Name	ication documenty.						
2. New Status Please tick (✓) ☐ Resident Indiv	idual Non Resident (Passport Copy Man	datory for NRIs & Fore	ion Nationals)				
3. PAN	Please enclose a duly attested copy of						
4. Proof of Identity submitted for PAN exer	, , , , , , , , , , , , , , , , , , , ,	your izin Calu					
Aadhaar Card Passport Voter ID				(PI	ease see q	uideline 'D'	overle
D. Address Details (please see guide	lines overleaf)						
New Address for Correspondence	illes overlear)						
						+11	
City / Town / Village				Pin Co	de		
State		Country					
2. Contact Details Tel. (Off.) (ISD) (STD)		Tel. (Res.) (ISD)	(STD)				
Mobile (ISD) (STD)		Fax (ISD)	(STD)			+++	-
E-Mail Id.		Tux (135)	()				+
3. Proof of address to be provided by Applic □ Passport □ Ration Card □ Registered Le □ *Latest Telephone Bill (only Land Line) □ *Not more than 3 Months old. Validity/Expiry of 1. New Permanent Address of Resident Ap	ase/Sale Agreement of Residence Driving *Latest Electricity Bill	License Voter Ider Others (Please specify) d / m m / Overseas Address (I	ntity Card *Lates	st Bank A/c Stat	ement/Pass	sbook t	
City / Town / Village				Pin Coo	de		
State		Country					
5. Proof of address to be provided by Ap Passport Ration Card Registered *Latest Telephone Bill (only Land Line) *Not more than 3 Months old. Validity/Exp 6. Any other information:	Lease/Sale Agreement of Residence 🗌	Driving License □V Bill □ Others (<u>Please</u>	oter Identity Card	d □*Latest Ba			
SIGNATURE OF APPLICANT	DECLARA	ATION		SIGNATU	RE OF	APPLIC	AN
	I hereby declare that the details furnish		nd correct to				
Old signature as per original KYC Wherever Applicable	the best of my/our knowledge and be you of any changes therein, immed information is found to be false misrepresenting, I am/we are aware to	ately. In case any o or untrue or m	of the above isleading or				
	Place:	Date: dd/m	m / y y y y				
	i idee.	Dutc.		1 - 4 - 0 - 2	1.7.1		
			IDV Dans	on 🗓 d	/ mr	n / y	у у
	OFFICE USE ONLY		IPV Done				
FOR MC/Intermediary name OR code	OFFICE USE ONLY Seal/Stamp of the intern	nediary should contain		Stamp of the i	ntermedia	ry should co	
MC/Intermediary name OR code	Seal/Stamp of the intern	lame		Stamp of the i	taff Name		
	Seal/Stamp of the intern	lame ation		Stamp of the i			

Date

Date

Additional KYC Information and FATCA & CRS Annexure for Individual Accounts



(Including Sole Proprietor) (Refer to instructions) South Gujarat ARN: 54854

FIRST /	SOLE APPLICANT / GUARDIAN	•						
Name					PAN			
						OR PAN Exempt K	C Ref No.	(PEKRN)
Place of Birth			Country of E	irth				
Nationality:	☐ Indian ☐ U.S. ☐ Others (Please specify))	Tax Resider	nce Address (for KYC ac	-	Residential Office	☐ Registe	
•	esident (i.e., are you assessed for Tax) in any other cou	untry outside India?	Yes 🗆 N	lo				
-	proceed of the signature of declaration	es a Dacidant for tou nume		o view one o Citizen / Dec	idont / Croon	Cond Holden / Toy [Doolalamt in t	ور بالمورد و ما
countries	fill for ALL countries (other than India) in which you are	re a Resident for tax purpo	ises i.e., when	e you are a Cilizen / Res	ident / Greer	i Card Holder / Tax F	kesiaeni in i	ine respective
Sr. No.	Country of Tax Residency	Tax Identification N Functional Equiv		Identification (TIN or other, pleas		If TIN is not a the reason A, B		
1						Reason] A 🔲 B	□ C*
2						Reason	АВ	□ C*
* Please speci	fy reason							
Reason B : No Reason C : ot	the country where the Account Holder is liable to pay tax of TIN required. (Select this reason Noly if the authorities there; please state the reason threof.	s of the respective country	of tax resider	nce do not require the TI				
Occupation D		Government Service Others (please sp		Professional Hous	ewite Br	usiness		
	I Income ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Landatory for Non-Individuals) ₹		>25 Lacs - 1 Cr		OR older than 1 yea	ar)		
Politically Ex	oosed Person (PEP) Status* PEP Related	d to PEP Not Applicable	e					
executives of state	as individuals who are or have been extrusted with prominent pu owned corporations, important political party officials, etc.	ublications in a foreign country,	e.g., Heads of S	states or of Governments, se	nior politicians,	senior Government/jud	icial/ military o	officers, senior
SECON	D APPLICANT							
Name					PAN	OR PAN Exempt K	/C Ref No.	(PEKRN)
Place of Birth			Country of E	Sirth				
Nationality:	☐ Indian ☐ U.S. ☐ Others (Please specify))	Tax Resider	nce Address (for KYC ac	, –	Residential Office	☐ Registe	
	esident (i.e., are you assessed for Tax) in any other cou	untry outside India?	Yes 🗌 N	lo				
	proceed of the signature of declaration							
If 'Yes', please countries	fill for ALL countries (other than India) in which you ar	re a Resident for tax purpo	oses i.e., wher	e you are a Citizen / Res	ident / Greer	Card Holder / Tax F	Resident in t	the respective
Sr. No.	Country of Tax Residency	Tax Identification N Functional Equiv		Identification (TIN or other, pleas	J1	If TIN is not a the reason A, B		
1						Reason [] A 🔲 B	□ C*
2						Reason [АВ	☐ C*
* Please speci	fy reason							
Reason B : No	the country where the Account Holder is liable to pay tax to TIN required. (Select this reason Noly if the authorities thers; please state the reason threof.				N to be collec	cted)		
Occupation D	etails			Professional Hous	ewife 🗌 Bu	ısiness		
	I Income ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lac indatory for Non-Individuals) ₹	cs 10 - 25 Lacs as	>25 Lacs - 1 Cro on D D M		OR older than 1 yea	ar)		

^{*}PEP are defined as individuals who are or have been extrusted with prominent publications 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.

THIRD APPLICANT					
Name			PAN		
				OR PAN Exempt I	CYC Ref No. (PEKRN)
Place of Birth	.	Country of E			
Nationality:)	_ Tax Reside	nce Address (for KYC address):	Residential Office	☐ Registered ☐ Business
Are you a tax resident (i.e., are you assessed for Tax) in any other con	untry outside India?	Yes N	10		
If 'No' Please proceed of the signature of declaration	5 11 16 1		011 15 11 110		5
If 'Yes', please fill for ALL countries (other than India) in which you at countries	re a Resident for tax pur	poses i.e., wher	e you are a Citizen / Resident / Gr	reen Card Holder / Tax	Resident in the respectiv
Sr. Country of Tax Residency No.	Tax Identification Functional Eq		Identification Type (TIN or other, please specify		available, please tick B or C (as defined below)
2					□ A □ B □ C* □ A □ B □ C*
* Please specify reason	I				
Reason A: The country where the Account Holder is liable to pay tax Reason B: No TIN required. (Select this reason Noly if the authoritie Reason C: others; please state the reason threof.				bllected)	
Occupation Details Service Private Sector Public Sector Retired Agriculture Proprietorsh	Government Service		Professional Housewife	Business	
Gross Annual Income ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 La Net-worth (Mandatory for Non-Individuals) ₹		>25 Lacs - 1 Co	ore >1 Crore OR M Y Y Y Y (Not older than	1 year)	
Politically Exposed Person (PEP) Status* PEP Relate	ed to PEP Not Applica	able			
*PEP are defined as individuals who are or have been extrusted with prominent p executives of state owned corporations, important political party officials, etc.			States or of Governments, senior politic	ians, senior Government/j	iudicial/ military officers, senio
POWER OF ATTORNEY (POA) HOLDER					
Name			PAN	OR PAN Exempt I	KYC Ref No. (PEKRN)
Place of Birth		Country of E			
Nationality:)	_ Tax Reside	nce Address (for KYC address):	ResidentialOffice	☐ Registered☐ Business
Are you a tax resident (i.e., are you assessed for Tax) in any other cou	untry outside India?	Yes N	10		
If 'No' Please proceed of the signature of declaration If 'Yes', please fill for ALL countries (other than India) in which you a countries	re a Resident for tax pur	poses i.e., wher	e you are a Citizen / Resident / Gr	reen Card Holder / Tax	Resident in the respectiv
Sr. Country of Tax Residency No.	Tax Identification Functional Eq		Identification Type (TIN or other, please specify		available, please tick 3 or C (as defined below)
1				Reason	□ A □ B □ C*
2				Reason	□ A □ B □ C*
* Please specify reason					
Reason A: The country where the Account Holder is liable to pay tax Reason B: No TIN required. (Select this reason Noly if the authoritie Reason C: others; please state the reason threof.				bllected)	
Occupation Details Service Private Sector Public Sector Retired Agriculture Proprietorsh	Government Service ip Others (please		Professional Housewife	Business	
Gross Annual Income ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lace Net-worth (Mandatory for Non-Individuals) ₹		>25 Lacs - 1 Co as on DDM	ore >1 Crore OR M Y Y Y Y (Not older than	1 year)	
Politically Exposed Person (PEP) Status* PEP Relate	ed to PEP	able			
*PEP are defined as individuals who are or have been extrusted with prominent p executives of state owned corporations, important political party officials, etc.	ublications in a foreign coun	try, e.g., Heads of	States or of Governments, senior politic	ians, senior Government/j	udicial/ military officers, senio
CERTIFICATION					
I hereby confirm that the information provided hereinabove is true, correct, and confirm that I have read and understood the FATCA & CRS Terms and Condi	tions below and hereby acc	cept the same. I a	so undertake to keep you informed in	writing about any change	es / modification to the above
information in future within 30 days of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective as a support of the same being effective as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective as a support of the same being effective as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective and also undertained as a support of the same being effective as a support of the	ike to provide any other add	iiionai iiiioimalion	as may be required any intermediary of	or by domestic of oversea:	s regulators / Tax authorities.
First / Sole Applicant / Guardian		d Applicant		Third Applica	
Date D D M M Y Y Y Place					

AADHAAR UPDATION FORM



Name of the First/Sole Applicant:

Existing Folio No(s):

Fill the section (I) in case of Individual Investors else fill section (II) for Non-Individual investors.

I. INDIVIDUAL INVESTORS - Aadhaar / UIDAI Enrolment No.

Investors:

1st Applicant / Unitholder

2nd Applicant / Unitholder

POAs/
Guardian:

2nd Applicant / Unitholder

3rd Applicant / Unitholder

II. NON INDIVIDUAL INVESTORS / POA (Institution)

South Gujarat ARN: 54854

Please attach the latest Board Resolution and provide the details of Authorised List of Signatories accordingly in below table.

Sr. No.	Name of Authorised Signatory	PAN	Aadhaar / UIDAI Enrollment No.	Signature of the Authorized Signatory
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Kindly use another form in case of more than 10 signatories

Aadhaar Updation Consent: I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulation 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/We hereby provide my/our consent for sharing/disclosing of my 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.

Signature*:	1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression	2nd Applicant Signature / POA Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression
Name:			
PAN / PEKRN / CKIN: (Mandatory)			

*Company Seal if applicable

Instructions to fill Aadhaar Updation Form:

- This form should be used by Individual investors for updation of Aadhaar in existing folios and for Non-Individuals to update the Authorised List of Signatories details of Aadhaar at the time of account opening or for updating the details in existing folio.
- The non-individual investors will be required to provide the Aadhaar number / proof of enrolment and PAN of authorized signatories in this form, duly signed by the Authorized Official.
- 3. The details of the Authorised List of Signatories has to be as per the latest Board Resolution as approved by the Board.