

☐ (Attested) True copies of documents received



# KYC Details Change form (For Individuals Only)



Place for  
Intermediary Logo

Application No. :  
South Gujarat ARN: 54854

Please fill this update / modification form in **ENGLISH** and in **BLOCK LETTERS** (Please strike off Sections that are not used).

## A Name of Applicant (As per original KYC records)

Title ☐ Mr. ☐ Ms. ☐ Other (Please specify) \_\_\_\_\_ UID/Aadhaar, if any: \_\_\_\_\_ PAN \_\_\_\_\_

Name \_\_\_\_\_

Please Provide the new KYC details which should be updated in your KYC records.

## B. Mandatory fields for KYCs done before 1<sup>st</sup> January 2012

1. Father's/Spouse Name \_\_\_\_\_

2. Current Marital status ☐ Single ☐ Married

3. Current Nationality ☐ Indian ☐ Other (Please specify) \_\_\_\_\_

4. Current Gross Annual Income Details (Please tick (✓): ☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ > 25 Lacs OR

Net-worth in ₹. (\*Net worth should not be older than 1 year) as on (date) \_\_\_\_\_

"FOR OFFICE USE ONLY" Columns at the bottom of the form is Mandatory-IPV for all KYCs done before 1st January, 2012 & Original Seen and Verified for change in Identity & Address Details.

## C. Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).  
Name \_\_\_\_\_

2. New Status Please tick (✓) ☐ Resident Individual ☐ Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)  
☐ UID (Aadhaar) ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others \_\_\_\_\_ (Please see guideline 'D' overleaf)

## D. Address Details (please see guidelines overleaf)

1. New Address for Correspondence

City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

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.  
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ \*Latest Bank A/c Statement/Passbook  
☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Gas Bill ☐ Others (Please specify) \_\_\_\_\_  
\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted \_\_\_\_\_

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.  
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ \*Latest Bank A/c Statement/Passbook  
☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Gas Bill ☐ Others (Please specify) \_\_\_\_\_  
\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted \_\_\_\_\_

## E. Other Details (please see guidelines overleaf)

2. New Occupation (Please tick (✓) any one and give brief details):  
☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired  
☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify) \_\_\_\_\_

3. Please tick, if applicable: ☐ Politically Exposed Person ☐ Related to a Politically Exposed Person  
For definition of PEP, please refer guideline overleaf

4. Any other information: \_\_\_\_\_

## DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

## SIGNATURE OF APPLICANT

## FOR OFFICE USE ONLY

IPV Done ☐ on \_\_\_\_\_

AMC/Intermediary name OR code \_\_\_\_\_

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

# Escorts Mutual Fund

## KNOW YOUR CLIENT (KYC), FATCA & CRS – SELF CERTIFICATION FORM FOR INDIVIDUAL

[Please consult your professional tax advisor on your tax residency and related FATCA &amp; CRS guidance]

Application No.: (If applicable) 15/

### PART A. FATCA & CRS INFORMATION (Self Certification)

Folio No.	<div></div>	PAN	<div></div>
Applicant Name	<div></div>		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		
Occupation	<input type="checkbox"/> Service <input type="checkbox"/> Business   Others <u>Please Specify</u>		
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
Date of Birth	<div></div>	Place of Birth	<div></div>
Country of Birth	<div></div>		
Mobile No.	<div></div>	Email Address:	<div></div>
<small>(Provide if not given)</small>		<small>(Provide if not given)</small>	
Name of Father/ Guardian	<div></div>		
Name of Spouse	<div></div>		
Document Required	<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"/> NAREGA Card <input type="checkbox"/> Others <u>Please Specify</u>		
<small>(If PAN not Provided)</small>	Document ID Number	<div></div>	

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India?   ☐ YES   ☐ NO

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below:

S.No	Country of Tax Residency #	Tin or Equivalent Number ^	Identification Type
1.			
2.			
3.			

# To include all countries other than India, where investor is Citizen/Resident/Green Card Holder/Tax Resident in those respective countries especially of USA.

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

### PART B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick ( ✓ )]	<input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please specify) _____
Gross Annual Income	<input type="radio"/> Below 1 lac <input type="radio"/> 1-5 lacs <input type="radio"/> 5-10 lacs <input type="radio"/> 10-25 lacs <input type="radio"/> > 25-1 crore <input type="radio"/> > 1 crore

OR

Net -worth	Rs. <div></div> <div></div> as on (Not older than 1 year)
Politically exposed person status (PEP) *	<input type="radio"/> I am Politically Exposed Person (PEP) <input type="radio"/> I am related to Politically Exposed Person (PEP) <input type="radio"/> Not Applicable

\* 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 Government/Judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

### PART C. DECLARATION

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read along with the FATCA &amp; CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Escorts Asset Management Ltd. for any modification to this information promptly. I/We 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).

Place : 

Date : 

Signature of the Applicant/Guardian