outh Gujarat ARN: 54854				Ар	plication N	lo. :			
lease fill this form in ENGLISH and in BLOCK LETTER	RS.				Ver. 02-201	2			
A. Identity Details (please see guidelines overlea	f)								
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Name									
Father's / Spouse's Name								рното	GRAPH
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□ (Attested) True copies of documents received	
(Originals Verified) Self Certified Document copies received Signature Date	
AMC/Intermediary name OR code Staff Name Designation Name of the Organization	

(For Individuals Only) Please fill this update / modification form i	Intermediary			outh Gujarat ARN: 54854 e off Sections that are not used
A Name of Applicant (As per original KYC record				
	haar, if any:			PAN
Name				
Please Provide the new KYC details which should	be updated in your KYC re	cords.		
B. Mandatory fields for KYCs done before 1 st	January 2012			
1. Father's/Spouse Name				
2. Current Marital status Single Married			Indian Othe	
 Current Gross Annual Income Details (Please tick (✓): Net-worth in ₹. (*Net worth should not be older that 		5-10 Lac		□ > 25 Lacs OR
"FOR OFFICE USE ONLY" Columns at the bottom o Original Seen and Verified for change in Identity &	f the form is Mandatory-IPV	for all KY		
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D. Address Details (please see guidelines over	leaf)			
1. New Address for Correspondence				
City / Town / Village		Country		Pin Code
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☐ Housewife ☐ Student ☐ Forex Dealer	Others (Please specify			
3. Please tick, if applicable: Dolitically Expo For definition of PEP, please refer guideline over	sed Person 🗌 Related t eaf	to a Politi	cally Exposed Pe	rson
4. Any other information:				
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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 & CRS guidance]

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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. ^ Incase Tax Identification number is not available, kindly provide its functional equivalent

PART B. ADDITIONAL KYC INFORMATION

Occupation Details	O Private Sector Ser	vice O Public S	ector Service 🔘 🛛	Government Service	O Business Professio	onal () Agriculturist
[Please tick (✓)]	O Retired	O Housew	vife O	Student	O Others (Please sp	ecify)
Gross Annual Income	O Below 1 lac	1-5 lacs	O 5-10 lacs	O 10-25 lacs	O > 25-1 crore	○ >1 crore
			OR			

Net -worth	Rs	D D M M Y Y Y Y as on (Not older than 1 year)
Politically exposed person status (PEP) *	O I am Politically Exposed Person (PEP)	O I am related to Politically Exposed Person (PEP) O 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 & 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