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Know Your Client											-		ARN: 54854																					
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(Please fill the form in English an				etter	s)			/pe'							C Nur																			
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Father / Spouse Name*																																		
Mother Name*																																		
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Gender*		M-	Ma	le								F-	Fen	nale	•			T-1	Fran	sge	nde	r												
Marital Status*	Married								Unmarried Others																									
Citizenship*		IN-	Ind	lian						Others - CountryCountry Code																								
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D- Driving Licence	H	+	┢	$\square$	+	┢	$\vdash$	+	$\square$	+	┢	1					D	Driv	ing l	_ice	ence	Ex	piry	Da	te	DI	- 1	M	М	- Y	Y	Y	Y	
E- Aadhaar Card	H	+	$\uparrow$		+	+	$\vdash$				_	1							0				. ,				_				-			
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Z- Others (any docume	nt nc	otifie	ed b	by t	he c	enti	ral g	ove	ernm	ent)									Ide	enti	ficat	tion	Nui	mbe	er [									
3. Proof of Address (PoA)*																																		
3.1 Current / Permanent	/ Ove	erse	as A	٩dd	ress	Det	ails (	(Ple	ase	see	inst	ructi	on [	D at	the e	end)	)																	
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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 form)

LOGO

KYC Type: □ Normal (PAN is mandatory) □ PAN Exempt Investors

South Gujarat ARN: 54854

1. Identity Details (Please refer instruction A at the end)
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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         S-Service       Private Sector
	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	B-Business X-Not Categorised
2. FATCA/CRS Information	(Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end)
	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*
District*	Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT*	Country* Country Code as per ISO 3166
	on (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure 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	<sup>1</sup> Related Person* (Please see instruction ( <b>H</b> ) at the end)
_ ,	the following Proof of Identity[Pol] needs to be submitted)
A- Passport Number	Passport Expiry Date   D   -   M   -   Y   Y
B- Voter ID Card	
C- PAN Card	
D- Driving Licence	Driving Licence Expiry Date D D - M M - Y Y Y
E- Aadhaar Card	
F- NREGA Job Card	
Z- Others (any docume	nt notified by the central government)
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	of 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]
	ctions 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.
Date: DD - MM -	Y     Y     Y     Place :     Signature / Thumb Impression of Applicant

4. Contact Details (All	communic	ations v	vill be s	ent on	provi	ded	Mobile	no. /	Em	ail-ID)	(Plea	ise re	efer	instr	ucti	on F	at	the	enc	d)										
Email ID																				Τ		Τ	Τ	Т		Т				
Mobile				Tel.	(Off)	<u> </u>		7–Г	T				$\square$	Tel.	(Re	es)	Ť	Ť	T	1_1	1	Ť	Ť	Ť	÷	Ē	$\square$	_		
5. FATCA/CRS Inform	ation (Tick	if Appl	icable)			Pos	idence	for T		Durnos	os in	lurie					ا ما	ndir	. (D	ا ا	50 r	ofoi	r ine	tru			 at th		nd)	
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Tax Identification Nu			ent (If is	ssued	bv iu	risdi	ction)	* [	┯									7					'	40 P	0110	0 5	100			
Place / City of Birth*						_	Count		Bir	th*			$\square$	<u> </u>	T			-		Co	untr	v	Cod	еГ	Τ	٦.	as pe	er IS	0 31	6
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State/UT*								Cour	ntry'											C	oun	try	Co	de			as p	er IS	SO 31	66
6. Details of Related F	Person (Op	tional)	(please	refer i	nstruc	tion	G at th	ne en	d) (i	in case	e of ac	ditio	nal	relate	ed p	pers	ons	, pl	eas	e fil	l 'Ar	nne	xure	• B1	')					
Related Person		Deletion	of Rela	ated Pe	erson		KY	C Nu	mbe	er of R				`			,													
Related Person Type*	_		n of Min				Ass	gnee						orized		epre	sent	tativ	/e					0.04	NI-a -					
Name*	Pre	efix			First Na	ame						Mid	dle	Name	•									asti	Nam	e				1
	(If K	YC numb	per and r	name ar	e provi	ided,	below c	letails	of se	ection 6	are o	otiona	al)				1		1 1					_						1
Proof of Identity [P	-		,				``	,		,																				
(Certified copy of <u>any or</u>		lowing F	Proof of	Identity	(Pol) i ¬	need	s to be	subm	itteo	d)		_			_		-				_		Г	_	_	_			_	
A- Passport Numb	er				<u> </u>							Pa	ass	port	Εx	piry	Da	te			D	D		M	M	• Y	Y	Y	Y	
B- Voter ID Card				++	++																									
C- PAN Card					++												-		<b>D</b> .		_		-	_	_	_			_	
D- Driving Licence				++	++	+						D	rivii	ng Li	cer	nce	Exp	biry	Da	te	D	D		M	M	Y	Y	Y	Y	
E- Aadhaar Card					++	+																								
F- NREGA Job Car Z- Others (any doc		ified by												Ider	. 4:f:			NI	no lo d				_		—	—			_	
	ument not	ineu b	y the c	entrai	gove						1 1			Tuer	11111	icat	IOII	nu	mbe	51				_	_	-				
7. Remarks (If any)								1 1	_				1	1 1	-	_	1	1		1	_	_	_	-		_		_	_	_
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8. Applicant Declarat	ion								_				-		_		_					_		-	_				_	_
<ul> <li>I hereby declare that the det</li> </ul>	tails furnished a																								_	_				
therein, immediately. In cas liable for it. I hereby decla	re that I am no	ot making	this appl	ication f	or the p	ourpos	se of cor	travent	tion (	of any À											[0	lian	atura	/Th	umb Ir	more	secior	1		
<ul> <li>legislation or any notification</li> <li>I hereby consent to receiving</li> </ul>						•					numbei	/email	add	ress.							[5	Jight	ature	/ 110	111011	npre	533101	.]		
Date: DD-MI	М — Ү Ү	ΥY		Plac	ce:															S	ignati	ure /	Thur	nb Ir	npres	sion	n of Ap	oplica	ant	
9. Attestation / For Of	ffice Use O	only																												
<b>Documents Recei</b>	ved 🗌 Cer	tified Co	pies																											
KYC Ve	erification Ca	arried O	ut by (R	efer Ins	structio	n I)					_						Inst	titut	ion	Deta	ails									
Date	D D -	MM	— Y Y	YY					_	Nam	ne							_						_	_					_
Emp.Name										Cod	e																			
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In-Person Ve Date		MM		uy (Rei √ √	er inst	UCTIC	JIIJ)			Nam	ne 🗌						Inst	utut	ion	Deta	ans									
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Emp. Code											. Brar	nch																		
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Emp. Designation																														



## SUPPLEMENTARY KNOW YOUR CLIENT (KYC), Aadhaar Updation, FATCA & CRS -SELF CERTIFICATION FORM FOR INDIVIDUALS South Gujarat ARN: 54854

Mandatory for all Applicant(s) including Joint-holder(s), Guardian (if applicable) and Power of Attorney (if any). [Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]

A. FATCA & CRS INFO	RMATION (S	ELF CER	TIFICA	TION)																		
PAN									Folio No.													
Name				<u> </u>																		
Type of Address given at K	IRA	Resid	lential		Busine	SS		Residential / Business	3		Regi	stered	Office									
Nationality						Gender					Date	of birth	D	D	M	M	Y	Y	Y Y			
Mobile						Place of	Birth			(	Country	of Birth										
Father's name								(mandatory if P/	AN not pro	ovided)												
Spouse's name																						
Documents required (if PA	N not provided	I)	Passp	ort	Elec	ction ID C	ard	Govt. ID Card	Drivir	ng Licer	ise	UI	DAI Ca	rd		NREG	A Card		Others			
Identification number of the	e document pr	ovided																				
Is the applicant/ guardian's	Country of Bi	rth / Citize	enship /	Nationali	ity / Tax I	Residency	other t	han India? 🗌 Yes	N	D												
If yes, please indicate all c	ountries in whi	ich you ar	e reside	nt for tax	cpurpose	es and the	associ	ated Tax ID Numbers below	W.													
S No	Country of	Tax Reside	ency#				Tax	Payer Identification Num	ber ^			Identi	fication	Type [	TIN	or othe	; please	e spe	ecify]			
1																						
2																						
3																						
	#To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.																					
B. ADDITIONAL KYC IN	FORMATION	N																				
Occupation Details [Pleas	se tick (√)]		5	Service	Pri	ivate Secto	or 🗌	Public Sector Go	vernment	Service	S	tudent		Profess	siona	1	House	wife				
			E	Business		Retired	A	griculture Propriet	torship	Ot	hers					(please	specify	r)				
Gross Annual Income (Rs	s.) [Please ticl	k (√)]	E	Below 1 L	ac	1-{	5 Lacs	5 - 10 Lacs	1	0 - 25 La	1CS		>25 La	ics - 1 (	Cror	e	>	1 Cr	ore			
									OF									-	0.1			
Net-worth (Mandatory	for Non-Indi	viduals)	Rs.						as o						(	Not olde	er tha	an 1 year)				
Politically Exposed Persor	n (PEP) Status	*		I am PEF	 >	[	lar	n Related to PEP	DD pplicable													
*PEP are defined as individ military officers, senior exe	luals who are o	or have bee	en entrus	sted with	promine	ent public f	unction	s in a foreign country, e.g.	, Heads of				ts, seni	or politi	ician	ıs, senio	or Gover	rnme	ent/judicial/			
C. AADHAAR DETAILS	(Ensure all	details a	re as p	er Aad	haar C;	ard) Not	manda	atory for NRIs														
		Aadhaar						Date of Birth		PIN Cod	e	Mobile No. Enrol										
	(Please enc	lose copy	of fron	t & back	side)												T	Proof#				
	1 1																					
							D	D M M Y Y Y Y	r													
# If Aadhaar number is a	applied for, p	lease end	close p	roof of	enrolme	ent.	D	D M M Y Y Y Y	r													
# If Aadhaar number is a D. Declaration:	applied for, p	lease end	close p	roof of	enrolme	ent.	D	D M M Y Y Y Y	,													
<b>D. Declaration:</b> I have read and understood the me on this Form is true, corrule further agree to abide by the	ne information r ect and comple	requiremer ete. I heret	nts and t	the Terms and con	s and Cor firm to ir	nditions me	entione C Asset	d in this Form (read alongw Management Company L	imited/HD	FC Mutu	al Fund/	Trustee	s for ar	ıy modi	ificat	tion to t	his infor	mat	ion promptly			
D. Declaration: I have read and understood th me on this Form is true, corm further agree to abide by the of Information (AEOI)'. I hereby authorize you to disc Trustees, Asset Management	ne information r ect and comple provisions of th close, share, rei t Company, its e	requiremen ete. I hereb he Schemo mit in any f employees	nts and t by agree e related form/ma s, agents	the Terms and con I docume anner/mc s and thir	s and Cor firm to ir ents inter ode the al d party s	nditions me nform HDF0 alia provisi bove inforr ervice prov	entione C Asset ions on mation a viders, S	d in this Form (read alongw Management Company L Foreign Account Tax Com and/or any part of it includii SEBI registered intermediar	imited/HD pliance Ac ng the cha ies for sin	FC Mutu t (FATCA nges/upo gle updat	al Fund/ ) and Co dates tha ion/ sub	Trustee ommon at may b	es for ar Reporti e provio	ny modi ng Stan ded by i	ificat Idarc me te	tion to t ds (CRS o the Mi	his infor ) on Aut utual Fur	rmati coma nd, it	ion promptly itic Exchange is Sponsor/s			
D. Declaration: I have read and understood th me on this Form is true, corr I further agree to abide by the of Information (AEOI)'. I hereby authorize you to disc Trustees, Asset Managemeni quasi- judicial authorities/age	ne information r ect and comple provisions of th close, share, rea Company, its encies including	requiremen ete. I hereb he Schemo mit in any f employees g but not lin	nts and t by agree e related form/ma s, agents mited to	the Terms and con I docume anner/mc s and thir	s and Cor firm to ir ents inter ode the al d party s	nditions me nform HDF0 alia provisi bove inforr ervice prov	entione C Asset ions on mation a viders, S	d in this Form (read alongw Management Company L Foreign Account Tax Com and/or any part of it includii SEBI registered intermediar	imited/HD pliance Ac ng the cha ies for sin	FC Mutu t (FATCA nges/upo gle updat	al Fund/ ) and Co dates tha ion/ sub	Trustee ommon at may b	es for ar Reporti e provio	ny modi ng Stan ded by i	ificat Idarc me te	tion to t ds (CRS o the Mi	his infor ) on Aut utual Fur	rmati coma nd, it	ion promptly itic Exchange is Sponsor/s			
D. Declaration: I have read and understood th me on this Form is true, corr I further agree to abide by the of Information (AEOI)'. I hereby authorize you to disc Trustees, Asset Management quasi- judicial authorities/age <b>Consent for authentication a</b> I/We hereby provide my con number(s) in accordance with	he information r ect and comple provisions of the company, its of ancies including and sharing of <i>I</i> sent in accord th the Aadhaar <i>r</i>	requiremenenete. I hereb he Schemm mit in any f employees g but not lin <b>Aadhaar d</b> lance with Act, 2016	nts and t by agree e related form/ma s, agents mited to <b>lata:</b> Aadhaa (and reg	the Terms and con I docume anner/mc s and thirr Financia ur Act, 20 gulations	s and Cor firm to ir ents inter ode the al d party s I Intellige D16 and made th	nditions me nform HDFi alia provisi bove inforr ervice prov ence Unit-Ir regulations nereunder)	entioner C Asset ions on mation a viders, S ndia (FIL s made and PM	d in this Form (read alongw Management Company L Foreign Account Tax Com and/or any part of it includii SEBI registered intermediar J-IND) etc without any intin thereunder, for (i) collecti ILA. I/We hereby provide m	imited/HD pliance Ac ng the cha ies for sin nation/adv ng, storin ny/our cor	PFC Mutu tr (FATCA nges/upd gle updat vice to me g and us nsent for s	al Fund/ ) and Co dates tha tion/ sub e. age (ii) v sharing/	Trustee mmon at may b missior validatin disclos	es for ar Reporti ne provid n, any In ng/autho e of the	ny modi ng Stan ded by r idian or enticatir Aadha	ificat idaro meto fore ng a ar nu	tion to t ds (CRS o the Mi ign stat nd (ii) u umber(s	his infor ) on Aut utual Fur utory, re pdating s) includ	rmati coma nd, it gula gula	ion promptly ttic Exchange is Sponsor/s ttory, judicial /our Aadhaa			
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