

## Know Your Client

## Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with '\*' are mandatory fields

Application ☐ NewType\* ☐ Update KYC Number\* KYC Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

## 1. Identity Details (Please 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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others - Country <input type="text"/>	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorized		

Photo

Signature/  
Thumb Impression

## 2. Proof of Identity (Pol)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C &amp; K at the end)

(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

## 3. Proof of Address (PoA)\*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

## Address

Line 1*	<input type="text"/>	
Line 2	<input type="text"/>	
Line 3	<input type="text"/>	City / Town / Village* <input type="text"/>
District*	<input type="text"/>	Zip / Post Code* <input type="text"/>
State/UT*	<input type="text"/>	State/UT Code <input type="text"/> as per Indian Motor Vehicle Act, 1988
	Country* <input type="text"/>	Country Code <input type="text"/> as per ISO 3166
Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*		
<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>	
<input type="checkbox"/> Aadhaar Card	<input type="text"/>	
<input type="checkbox"/> NREGA Job Card	<input type="text"/>	
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number <input type="text"/>

☐ 3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*	<input type="text"/>	
Line 2	<input type="text"/>	
Line 3	<input type="text"/>	City / Town / Village* <input type="text"/>
District*	<input type="text"/>	Zip / Post Code* <input type="text"/>
State/UT*	<input type="text"/>	State/UT Code <input type="text"/> as per Indian Motor Vehicle Act, 1988
	Country* <input type="text"/>	Country Code <input type="text"/> as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile  Tel. (Off)  Tel. (Res)

**5. FATCA/CRS Information** (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166Tax Identification Number 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

**6. Details of Related Person** (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

Name\* Prefix  First Name  Middle Name  Last 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)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number  Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence  Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ 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 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 aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: Place: 

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only****Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

# Supplementary CKYC Form



Global Asset Management

South Gujarat ARN: 54854

## 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)

☐ PAN Exempt Investors

#### 1. Identity Details (Please 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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 ☐ Student  
☐ 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 at the end)

Additional Details Required\* (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 or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

Address Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Zip / Post Code*	<input type="text"/>
State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	<input type="text"/>
Country*	<input type="text"/>
Country Code	<input type="text"/> as per ISO 3166

#### 3. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

<input type="checkbox"/> Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*) <input type="text"/>
Related Person Type*	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative	
Name*	Prefix <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/>	

(If KYC number and name are provided, below details of section 6 are optional)

#### ☐ Proof of Identity [PoI] of Related Person\* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

#### 4. Remarks (If any)

<input type="text"/>
<input type="text"/>

#### 5. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my 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 aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant



Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used). Application No. :

**A Name of Applicant** (Mandatory as per original KYC records)

Title ☐ Mr. ☐ Ms. ☐ Other (Please specify) Aadhaar Number, if any: PAN

Name

Date of Birth | d | d | / | m | m | / | y | y | y | y |

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)

Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and 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 (✓)  
☐ Aadhaar Card ☐ 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 | d | d | / | m | m | / | y | y | y | y |

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 | d | d | / | m | m | / | y | y | y | y |

**SIGNATURE OF APPLICANT**

Old signature as per original KYC  
Wherever Applicable

**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: | d | d | m | m | y | y | y | y |

**SIGNATURE OF APPLICANT**

**FOR OFFICE USE ONLY**

AMC/Intermediary name OR code

- ☐ (Originals Verified) Self Certified Document copies received
- ☐ (Attested) True copies of documents received  
Main Intermediary

IPV Done ☐ on | d | d | / | m | m | / | y | y | y | y |

Seal/Stamp of the intermediary should contain  
Staff Name  
Designation  
Name of the Organization  
Signature  
Date

**FATCA AND CRS SELF CERTIFICATION FOR INDIVIDUALS**

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)



Global Asset Management

**A FIRST / SOLE APPLICANT / GUARDIAN**

Name

Gender ☐ Male ☐ Female ☐ Others PAN  Occupation Type ☐ Service ☐ Business ☐ Others

Father's Name

Folio Number

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others

Date of Birth           Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number <sup>^</sup>	Identification Type (TIN or Other, please specify)

# To also include USA, where the individual is a citizen / green card holder of The USA <sup>^</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>5</sup>**B SECOND APPLICANT**

Name

Gender ☐ Male ☐ Female ☐ Others PAN  Occupation Type ☐ Service ☐ Business ☐ Others

Father's Name

Folio Number

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others

Date of Birth           Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number <sup>^</sup>	Identification Type (TIN or Other, please specify)

# To also include USA, where the individual is a citizen / green card holder of The USA <sup>^</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>5</sup>**C THIRD APPLICANT**

Name

Gender ☐ Male ☐ Female ☐ Others PAN  Occupation Type ☐ Service ☐ Business ☐ Others

Father's Name

Folio Number

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others

Date of Birth           Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number <sup>^</sup>	Identification Type (TIN or Other, please specify)

# To also include USA, where the individual is a citizen / green card holder of The USA <sup>^</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>5</sup>**D DECLARATION**

I acknowledge and confirm that the information provided with respect to FATCA/CRS is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA/CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. I also undertake to keep the Fund informed in writing about any changes / modification / updation to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund / AMC / RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place <input type="text"/>		

(To be Filled in BLOCK LETTERS only)

**Folio No.**

**1 SOLE / FIRST APPLICANT'S INFORMATION** (Please tick (✓) wherever applicable)

<b>Name</b>	Mr Ms M/s																										
<b>Date of Birth~</b> (Proof required for Minor)	D	D	M	M	Y	Y	Y	Y	~ Proof Enclosed : Birth Certificate      Passport ____ School Leaving Certificate Marksheet issued by HSC/State Board      Others _____ (please specify)																		
<b>KYC Identification No. (KIN) **</b>																											
<b>Aadhaar No.**</b>											Where Aadhaar number has not been assigned : Please enclose - Proof of application of enrollment of Aadhaar																
<b>PAN**</b>											Proof to be enclosed (✓)      PAN card Copy																
<b>Nationality</b>											<b>Country of Residence</b> _____																
<b>Guardian Name</b> (if Sole / First applicant is a Minor)	Mr Ms M/s																										
	<input type="checkbox"/> Natural Guardian* (Father or Mother) <input type="checkbox"/> Legal Guardian** (court appointed Guardian) * Document evidencing relationship with Guardian      ** In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.																										
<b>KYC Identification Number (KIN) **</b>																											
<b>Aadhaar No.**</b>											Where Aadhaar number has not been assigned : Please enclose - Proof of application of enrollment of Aadhaar																
<b>PAN**</b>											Proof to be enclosed (✓)      PAN card Copy																

**KYC details (Details of Guardian in case the unitholder is a minor)**

- 1a. Occupation Details :** ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife  
☐ Student ☐ Business [Nature of Business] \_\_\_\_\_ ☐ Doctor ☐ Forex Dealer ☐ Casino Owner ☐ Arms manufacturer  
☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify] \_\_\_\_\_

**1b. Gross Annual Income :** ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore

**OR Net-worth in Rupees** (Mandatory for Non-Individuals) ₹  as on (date) 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**1c. For Individuals** [Tick (✓) if applicable] :

☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

<b>Overseas Address</b> (in case of NRI's) - should be same as in KRA records			
	City	State	
	Country		Zip Code
<b>e-mail</b>			

## 2 SECOND APPLICANT'S INFORMATION (Please tick (✓) wherever applicable)

[illegible]

### KYC details

- 2a. Occupation Details :** ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife  
☐ Student ☐ Business [Nature of Business] \_\_\_\_\_ ☐ Doctor ☐ Forex Dealer ☐ Casino Owner ☐ Arms manufacturer  
☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify] \_\_\_\_\_

**2b. Gross Annual Income :** ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore

**OR Net-worth in Rupees** (Mandatory for Non-Individuals) ₹  as on (date)

**2c. Others (please ✓) :** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

### 3 THIRD APPLICANT'S INFORMATION (Please tick (✓) wherever applicable)

[illegible]

#### 4 PoA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish details of PoA holder)

Name	Mr Ms M/s																											
Date of Birth	D	D	M	M	Y	Y	Y	Y	KYC Identification No. (KIN) ‡‡																			
Aadhaar No.**										Where Aadhaar number has not been assigned : Please enclose - Proof of application of enrollment of Aadhaar																		
PAN**										Proof to be enclosed (✓) PAN card Copy																		
Nationality										Country of Residence																		
KYC details																												
4a. Occupation Details :																												
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] _____ <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify] _____																												
4b. Gross Annual Income :																												
<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore																												
OR Net-worth in Rupees (Mandatory for Non-Individuals)																												
₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y Y																												
4c. Others (please ✓) :																												
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable																												

**5 DECLARATIONS AND SIGNATURES** (In case of joint holding, signatures of all unit holders are mandatory)

## CONSENT FOR UPDATION AND VALIDATION OF AADHAAR

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for 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 thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosed 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.

## OTHER DECLARATIONS

Having read and understood the contents of the Scheme Information Document, Key Information Document, Statement of Additional Information and Addenda of the Scheme(s) issued till date, I / We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to abide by the terms, conditions, rules and regulations of the Scheme and the above mentioned documents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund, the AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to disclose to such other service providers as deemed necessary for conduct of business.

I / We confirm that the details provided by me / us are true and correct.

Sole / First Applicant / Guardian / PoA		Second Applicant / PoA		Third Applicant / PoA	
Date	<input type="text"/>				

†† We.f February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

\*\*\* As per the amendments to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005 dated 1st June 2017, all unit holders including Joint Holders, Guardian and Power of Attorney Holders are required to submit their Aadhaar number or proof of Aadhaar application issued by the Unique Identification Authority of India and Permanent Account Number (PAN) to us. Non-individual investors have to submit the Aadhaar and PAN of the authorized signatory/ies.

1) For MF accounts opened prior to June 1, 2017 - before 31st December 2017. 2) For MF accounts opened on/after June 1, 2017 - before 31st December 2017.

3) For accounts opened on/after January 1, 2018 - Aadhaar and PAN are mandatory, without which the account will not be opened.

Please note that if Aadhaar seeding and PAN updation is not completed for mutual fund investments by 31 December 2017, then these investment accounts will become inoperative until the time that these are duly updated in Fund records.