CKYC & KRA KYC Form



Application Form (For Individuals only) Passes that form in Explain and in EXCOX Lettions **Type** Update KYC Number** **Type** PAN Exempt Investor's (Pater instruction K) **Identity Details (Please refer instruction A at the end) **Profix First Name **Profix Passes and By pooly **Profix Passes and By pooly **Profix Passes and By pooly **Profix Passes and duly attested copy of your PAN Card **Profix Profix Passes and duly attested copy of your PAN Card **Profix Profix Passes and duly attested copy of your PAN Card **Profix Profix Passes and duly attested copy of your PAN Card **Profix Profix Passes and duly attested copy of your PAN Card **Profix Profix Passes and duly attested copy of your PAN Card **Profix Profix Passes and duly attested copy of your PAN Card **Profix Profix Passes and duly attested copy of your PAN Card **Profix Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profix Passes and duly attested copy of your PAN Card **Profit Passes and duly attested copy of your PAN Card **Profit Passes and duly attested copy of your PAN Card **Profit Passes and duly attested copy of your PAN Card **Profit Passes and duly attested copy of your PAN Card **Profit Passes and d	14 V 011 1									וטטו		וטננ	CII						
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RYC Type Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)			- · · · · ·	Update	KYC Numbe		<u>.</u>												
Pan Prefix Presse enclose a duly attested copy of your PAN Card Prefix Pre				KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)															
PAN	1 Identity Details (Please re	efer instruction A at the e	• • • • • • • • • • • • • • • • • • • •																
Name* (same as ID proof) Prefix	,		,			541													
Name* (same as ID proof) Maiden Name (it any*) Father / Spouse Name* Mother Name* Date of Birth* Date of Birth* Date of Birth* Date of Birth* Gender* M- Male F- Female T-Transgender Marital Status* Married Unmarried Others Citizenship* No Resident Individual Person of Indian Origin Country Code Sessional Status* Person of Indian Origin Coupation Type* Service Private Sector Sessional Status* Residential Status* Resident Individual No Resident Indian Person of Indian Origin Coupation Type* Service Private Sector Sessional Retired Retired Housewife Retired Housewife Student N-Not Categorised 2- Proof of Identity (Pol)* (for PAN exempt Investor) Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Retired Copy of any orage of the Individual Proof of Address (PoA) 3- Proof of Address (PoA) 4- Proof of Ad	PAN	B	I																
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Father / Spouse Name* Mother Name* Date of Birth* Discorder* Mr. Male Photo Gender* Mr. Male Driving Licence Person of Indian Origin Cocupation Type* Self Employed Retired Housewile Student Non Resident Indian Non Resident Indian Person of Indian Origin Occupation Type* Self Employed Retired Housewile Student Non Resident Indian Non Resident Indian Person of Indian Origin Cocupation Type* Self Employed Retired Housewile Student Non Resident Indian Non Resident Indian Person of Indian Origin Cocupation Type* Self Employed Retired Housewile Student Non Retired Housewile Student Non Resident Indian Person of Indian Origin Cocupation Type* Passport Expiry Date Driving Licence Expiry Date Driving Licence Address Poal* Passport Expiry Date Driving Licence Address Registered Office Unspecified Country Code State/UT Code Saper Indian Mann Vanicla Act, 1988 State/UT Code State/UT Code State/UT Code Saper Indian Mann Vanicla Act, 1988 State/UT Code Driving Licence Expiry Date Driving	, , ,					-				+	+		H						
Mother Name* Date of Birth* Date of	Maiden Name (If any*)					\dashv				+	\dashv	_	\vdash						
Date of Birth* D	Father / Spouse Name*					\perp				$\perp \perp \perp$	\perp								
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D-Others Professional Self Employed Retired Housewife Student B-Business X-Not Categorised		☐ Foreign National		Persor	of Indian Or	rigin													
B-Business X-Not Categorised	Occupation Type*			_				_	_										
2. Proof of Identity (Pol)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end) (Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted) A - Passport Number			fessional			Ret	tired	_ Housewi	fe ∐ St	udent									
Certified copy of any one of the following Proof of Identity [Poi] needs to be submitted) A- Passport Number		_																	
A- Passport Number		· ·			, ,	se refer	instruction	C & K at th	ne end)										
B- Voter ID Card	<u> </u>	The Tollowing Froot of Identification	inty [FOI] Heeds t	o be submitte	eu)	Pass	sport Expi	irv Date	D D	— M M	_ Y	y ly ly	7						
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Country Coun	_						9 =						_						
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Line 2 Line 2 Line 3 District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988 State/UT* Country* Country Code as per Iso 3166 Address Type* Residential / Business Residential Business Registered Office Unspecified (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) Proof of Address* Passport Number Voter ID Card Driving Licence Addhaar Card NREGA Job Card Others (any document notified by the central government) Identification Number	3.1 Current / Permanent	/ Overseas Address Det	ails (Please see	e instruction	D at the end))													
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Others (any document notified by the central government)																			
																			
3.2 Correspondence / Local Address Details* (Please see instruction E at the end)	_						Identific	ation Num	ber										
Company Current / Dermanant / Ourreage Address details //	·							CILA											
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof) Line 1*		Tient / Overseas Addre	ss uetalis (in ca	ase or multiple	correspondence	/ local ad	aresses, plea	ise III 'Annexu	re A1', Subm	it relevant do	cumenta	ary proof	,						
Line 2		 		+++					+++	+++	++	++	++-						
Line 3 City / Town / Village*				+++		+++	Ci	ity / Town	/ Village*	+++	++	++	+++						
District*		Z	ip / Post Code	*						ar Indian Ma	tor Vah:	cle Act	1000						
State/UT* Country* Code as per indian word venicle Act, 1988							1												

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4. Contact Details (All communications will be sent on provided Mobile no. / Em	ail-ID) (Please refer instruction F at the end)
Email ID	
Mobile Tel. (Off)	Tel. (Res)
_	
, , , , , , –	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 3166
Tax Identification Number or equivalent (If issued by jurisdiction)*	
Place / City of Birth* Country of Bir Address	th* 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* Country	Country Code as per ISO 3166
6. Details of Related Person (Optional) (please refer instruction G at the end) (n case of additional related persons, please fill 'Annexure B1')
_	er 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 s	· ,
Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the e	
(Certified copy of <u>any one</u> of the following Proof of Identity[Pol] needs to be submitted A- Passport Number	Passport Expiry Date
B- Voter ID Card	T assport Expiry Date
C- PAN Card	British Company Factor Bate Company
D- Driving Licence	Driving Licence Expiry Date DD - MM - Y Y Y Y
E- Aadhaar Card	
F- NREGA Job Card	
Z- Others (any document notified by the central government)	
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 be therein, immediately. In case any of the above information is found to be false or untrue or misleading c liable for it. I hereby declare that I am not making this application for the purpose of contravention legislation or any notifications/directions issued by any governmental or statutory authority from time to ti 	r misrepresenting, I am aware that I may be held 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 re	
Date: DD - MM - 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 DDD — MM — YYYY	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
In-Person Verification (IPV) Carried Out by (Refer Instruction J)	Institution Details
Date DD - MM - YYYY	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
_F	

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Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021 | Website: www.idbimutual.co.in South Gujarat ARN: 54854

FATCA & CRS Declaration & Supplementary Information

Declaration Form for Individuals

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

N/	AME:																	
PΑ	PAN OR PAN Exempt KYC Ref No. (PEKRN)																	
Place of Birth										untry of Birth								
Nationality T										Residence Addre	ess [for KYC addre	ess]						
☐ Indian ☐ U.S. ☐ Others (Please specify) ☐ Res										Residential 🗌 Re	gistered Office	Busines	ss					
Are	you a ta	x resid	dent (i.	e., ar	re you as	sess	ed f	or Ta	x) in	any other count	ry outside India?	→ Yes [No 🗌					
If 'N	lo' pleas	e pro	eed fo	r the	e signatı	ıre o	f de	clara	tion	1								
		-								dia) in which you e respective coun		or tax pui	rposes i.e., where you are a Citizen /					
									fication Number	Identification		If TIN is not available, please						
	No. or Fe					or Fu	ncti	onal Equivalent	[TIN or other, specify]		tick ☑ the reason A, B or C [as defined below]							
	1						+				<i>зрес</i> іјуј		→ Reason A B C					
	1						+											
2 → Reason A _ E									→ Reason A B C									
>	Reasor	n A →	The o	count	try wher	e the	Acc	ount	Hol	der is liable to pa	y tax does not iss	sue Tax Id	dentification Numbers to its residents.					
>	Reasor	n B →	No T			Seled	t thi	s reas	son (Only if the authoriti	es of the respective	country (of tax residence do not require the TIN to					
>	Declar I hereb belief a unders writing	ration by con- and th tood to about ake to	: firm th at I sh he FAT t any c provid	nat th all be CA & hang	e solely CRS Ter ses / mo	mation liablo ms a difica	on pe and (and (and (and (and (and (and (and	rovio d res Cond i to t	led pon ition he a	hereinabove is to sible for the info ns below and her above information	rmation submitt eby accept the sa n in future withir	ed above ame. I als n 30 days	te to the best of my knowledge and e. I also confirm that I have read and so undertake to keep you informed in s of the same being effective and also or by domestic or overseas regulators/					
	riace:										Signature.							



IDBI Asset Management Limited CIN: U65100MH2010PLC199319 Registered Office: IDBI Tower, WTC Complex, Cuffe Parade Colaba, Mumbai - 400 005.

FATCA & CRS

Annexure for Individual Accounts (Including Sole Proprietor) (Refer to instructions)

South Gujarat ARN: 54854

(Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance)

FIRST / SOLE APPLIC	SOLE APPLICANT / GUARDIAN																															
Folio No. Address of tax reside	ence w	ould be	taken a	as ava	ilable i	n KRA	data	base. I	In case of	any cho] ange	please	e appr	oach i	KRA &	notif	y the	chang	es													
Name																																
Gender		Male		Fe	male		Oth	er	PAN											00	ccupa	ition	Туре		Ser	vice		Busi	ness		Othe	ers
Father's Name			T			Т					İ	Ť	T	Ħ	T									Т		Τ	Т			一		
Type of address giv	en at l	(RA			Resid	dentia	1			Busines	SS					Regi	istere	d Offic	:e													
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Country of Birth SECOND APPLICANT													IN	ationi	ality																	
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Father's Name] Widic			Indic] 0111	T	I I				<u> </u>			l		<u> </u>		"	l		Type] 301	1		Jousi				
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THIRD APPLICANT																																
Name		ĻL																						_								
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Date of Birth]	Plac	e of	Birth																				
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FATCA INFORM	1ATI0	ON / FO	OREIG	GN T	AX L	AWS	(for	Indi	vidual I	nclud	ing	Sole	Prop	rieto	or) (S	elf C	Certif	ficati	on)		This	info	rmati	on is	requ	ired f	or all	l appl	icant(s)/gu	ardia	an
Is the applicant(s)	-			•														Yes		lo l	f Yes,	plea	ase pr	ovide	e the	follov	ving	inforr	nation	[ma	ndato	ory]
Please indicate all Category	coun	tries in v	vhich	you a	re res	ident			rposes a	nd the	asso	ciate	d lax	Refer	rence			oelow Applic								Thi	rd A	pplica	nt			
Country of Tax Re	siden	cy - 1**							- pinedine								Ja. 7	.66										P P · · · · · ·				
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Tax Payer Ref. ID	No.^	2																														
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is true, correct, ar	nd cor	nplete.	I / We	also	confir	m tha	at I / '	We ha	ave read	and ur	nder	stood	the F	ATCA	& CR	S Ter	ms a	nd Co	nditio	ons b	elow	v and	d here	by ac	cept	the s	ame.					
Signatures																																
First /	/ Sole	Applica	int / G	iuard	ian							Sec	ond A	ond Applicant Third Applicant												-						
Date d d	m	m	у	у	y v						Pla	ice																				$\neg $
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Common Aadhaar linking form across Karvy Serviced Mutual Funds / AIF

INFORMATION TO INVESTORS

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017, carried out amendments to prevention of Money Laundering (Maintenance of Records) Rules, 2005.

As per the new rules linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders. Failing which, the folios will be frozen by

The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws / rules / regulations and provision of the said data is mandatory as per applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.

We, at Karvy enabled several convenient modes of Aadhaar number linking across all Karvy serviced Mutual Funds / AIF.											
Please fill in your details below:											
PAN Aadhaar No.											
FOLIO											
NAME Gender M F O											
CKYC number [KIN]											
"Please submit these details separately for All Holders"											
Consent											
I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) 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 there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the 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 with my / our PAN. I have updated my CKYC record with Aadhaar and request you to seed it across my Mututal Fund folios. I have already completed Aadhaar based EKYC in one of the Karvy serviced funds. Please use the same details and request you to seed it across my Mututal fund /AIF folios. Date d d m m y y y y											
For investor convenience, Karvy Computershare is collecting this mandatory information for authentication and seeding across all											
participating Karvy Serviced Mutual Funds / AIFs where you are already an investor or would become an investor in future. Please submit the form duly filled, signed, for all the holders, separately, and submit at your nearest Karvy Computershare branch											
or you can dispatch the hard copy to - Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B Unit – CPZ - Aadhaar Updation Plot Nos. 31 & 32 Financial District Nanakramguda Serilingampally Mandal Hyderabad - 500032 India											
**COMPUTED ACKNOWLEDGEMENT											
Date d d m m y y y y From Mr/Mrs/Ms: Signature of Karvy Branch Official											
Received subject to verification with UIDAI and seeding the Aadhaar for your Mutual Fund Investments.											