Know Your Client (KY		Application	New	South Gujarat ARN: 54854	Our Mission_Your Growth
Application Form (For (Please fill the form in English and	••	Tupo*	Update KYC Number	*	CAMS
Fields marked with '*' are mandat			•	y) PAN Exempt Investors (Refer instruct	ction K)
1. Identity Details (Please re	efer instruction <b>A</b> at the er				
PAN*			a duly attested copy of yo	ur PAN Card	
			a duly allested copy of yo		Leathless
Name* (same as ID proof)	Prefix	FirstName		Middle Name	LastName
, , , , , , , , , , , , , , , , , , ,					
Maiden Name (If any*)					
Father / Spouse Name*					
Mother Name*					
Date of Birth*		YY			Photo
Gender*	M- Male		F- Female	T-Transgender	
Marital Status*	Married		Unmarried	Others	
Citizenship*	IN- Indian		Others – Country_	Country Code	
Residential Status*	Resident Individual		Non Resident Indian		
	Foreign National		Person of Indian Orig		
Occupation Type*	S-Service Priva O-Others Profe		Public Sector     Self Employed	☐ Government Sector ☐ Retired  ☐ Housewife  ☐ Stude	ent Signature/
	B-Business	555101121	X-Not Categorised		Thumb Impression
2. Proof of Identity (Pol)* (for	or PAN exempt Investor o	r if PAN card c	opy not provided) (Please	e refer instruction C & K at the end)	
(Certified copy of <u>any one of</u> t	he following Proof of Identit	ty [Pol] needs to	b be submitted)		
A- Passport Number			_	Passport Expiry Date	M M — Y Y Y
B- Voter ID Card					
D- Driving Licence				Driving Licence Expiry Date	M M - Y Y Y Y
E- Aadhaar Card					
☐ F- NREGA Job Card ☐ Z- Others (any docume	nt notified by the centra			Identification Number	
	in notified by the centra	ii government			
3. Proof of Address (PoA)*	/ Overeges Address Detai		instruction D at the and)		
3.1 Current / Permanent /	Overseas Address Detai	IIS (Flease see	Instruction D at the end)		
Line 1*					
Line 2					
Line 3				City / Town / Village*	
District*	Zip	/ Post Code*		State/UT Code as per In	dian Motor Vehicle Act, 1988
State/UT*			Country*	Country C	ode as per ISO 3166
Address Type*	esidential / Business	Resid	lential 🗌 Bus	siness	Unspecified
(Certified copy of any one	of the following Proof of	Address [Po	A] needs to be submitted	d)	
Proof of Address*		_			
Passport Number			-	Passport Expiry Date	
Voter ID Card			+-1		
☐ Driving Licence ☐ Aadhaar Card				Driving Licence Expiry Date D -	
NREGA Job Card					
Others (any document r	otified by the central d	overnment)		Identification Number	
3.2 Correspondence / Lo		·	tion E at the end)		
	,		,	e / local addresses, please fill 'Annexure A1', Sub	mit relevant documentary proof)
Line 1*					
Line 2					
Line 3				City / Town / Village*	
District*	Zip	/ Post Code*		State/UT Code as per In	dian Motor Vehicle Act, 1988
State/UT*			Country*	Country C	ode as per ISO 3166
t					

4. Contact Details (All con	mmunica	tions	will b	e se	ent or	n pro	vide	d M	obile	no. /	Em	ail-ID	) (Pl	ease	e ref	er ir	nstru	ctio	n F	at th	ne e	nd)										
Email ID																																
Mobile			ĪT	T	Te	I. (Of	f)	$\square$		1-Г	T					77	Fel. (I	Res	)			7-	-Г	T					T	7		
5. FATCA/CRS Information	on (Tick	if App	licab	le)		Г	1 R	esid	ence	for T	ax	Purpo	ses	in Ji	urisd	lictio	on(s)	Ou	tsid	e In	dia	(Ple	ase	e ref	er	instr	uct	ion	B at	 the	end	)
Additional Details Regu					ifa										anoa	liotit	,,,(0)	ou		0 111	and		1400	5 101	01	linoti					onia	')
Country of Jurisdiction												,	untry	/ Co	ode	of J	uris	dict	ion	of F	Res	ide	nce	e 🗆		2	: ne	150	316	6		
Tax Identification Numb				If is:	suec	d bv i	iuris	dict	ion)*	┢	┯					Т				Τ	1						, be			•		
Place / City of Birth*									ountr	∟ vof	Bir	th*	T	$\square$		Ť			╧	╈	1	] c	ou	ntrv	C	ode		$\square$	as	per	SO 3	3166
Address										,												1 -	-	,	-				uo			
Line 1*																																
Line 2				_	$\square$		_	-		_	-		_		_	+	_								+		+	+	_		$\rightarrow$	_
Line 3	+ + +								-	+-	$\vdash$		$\vdash$						ity	/ То	wn	/ V	illa	ge^	L							
District*					Zip	o / Po	ost (	Cod								S	tate	/UT	Co	bde	<u>ا</u> ٦							otor '	Vehio 7	cle A	ct, 19	988
State/UT*									(	Cour	ntry'												Coi	untr	y (	Code	e [		as	per	ISO	3166
6. Details of Related Pers	<b>son</b> (Opt	ional)	(plea	ase r	refer	instr	uctio	on G	at th	e en	d) (	in cas	e of	add	ition	al re	elate	d pe	erso	ns,	plea	ase	fill	Anr	nex	ure	B1'	)				
Related Person	=	eletior				erso	n	_				er of R	elat	_	-	,																
Related Person Type*	_	uardia	n of	Minc	or	Firet	Nor		Assig	gnee	•				]Aut Middl			Rep	res	enta	tive	•				Lor	at N	ame				
Name*	Pre					First	Nan							Т			ame		$\square$			Γ	T									
	(If KY	C num	ber a	nd na	ame a	are pro	ovide	d, be	elow de	etails	of s	ection (	6 are	opti	onal)																	
Proof of Identity [Pol]				•					, ,			,																				
(Certified copy of <u>any one c</u>	f the follo	owing I	Proof	of Ic	dentit	ty[Pol	] ne	eds	to be s	subm	itteo	1)			Do		ort E	Ivni	ny I	Date			Г					1_1				1
A- Passport Number		++	$\left  \right $	_	$\left  \right $	_		_							гa	ssp		zxpi	I Y L	Jaie	;		L			IVI	IVI	]_[	T	T T	Y	
C- PAN Card		++	++	+	++																											
D- Driving Licence		++	++	+	+					7					Dri	vind	g Lic	enc	۰ F	vni	rvГ	Date	- L		1			1_1				1
E- Aadhaar Card		++	++	+	++		$\left  \right $	+							DII	viii	y L10				. y L	Jun	· [			IVI	IVI	1_[	1	1 1	Ť	1
F- NREGA Job Card			+	+	++		$\left  \right $	+		1																						
Z- Others (any docum	ent noti	fied b	y the	e ce	ntra	l gov	ern	mer	nt)							1	dent	tific	atic	n N	um	ber	· Г	Τ	Τ					Τ		
7. Remarks (If any)			-			0																										
					11		1								П			1						1	1							
			$\square$	+	+	+	┢				+		╈	┢	$\square$	+	+	┢		+	+	+	╈	┢	┢	Η		+	╈	┼	$\square$	
8. Applicant Declaration													-																	_		
<ul> <li>I hereby declare that the details therein, immediately. In case an liable for it. I hereby declare th legislation or any notifications/di</li> <li>I hereby consent to receiving infi</li> </ul>	y of the abo at I am not rections iss	ove infor t making ued by a	rmatior g this any gov	n is fo applic vernm	ound to cation nental	o be fai for the or state	lse or e purp utory	untru bose autho	ue or m of cont prity fror	islead raven n time	ling c tion e to ti	or misrep of any A me.	oresei Act, R	nting, ules,	l am Regu	awaı Jatio	e that ns or	t I ma	ıy be	held				[Siç	gnat	ure / "	Thur	nbIm	press	ion]		
Date: DD-MM-		YY		o neg		ace:										luure	33.						Sig	natur	e/T	humb	o Imp	oress	ion of	Appl	icant	
9. Attestation / For Office	e Use Oi	nly																					-									
Documents Received	I 🗌 Certi	ified C	opies	5																												
KYC Verifie	cation Ca	rried C	Out by	<b>y</b> (Re	efer Ir	nstruct	tion I	)											I	nstit	utic	n D	etai	ls								
Date	D D —	M	- N	/ Y	Y	Y						Nan	ne																			
Emp.Name												Cod	le																			
Emp. Code												Emp	o.Br	anc	h																	
Emp. Designation																																
la Decentra da	ation (IP)					of c = t		-4i-	0														ad - "									
In-Person Verific		M M	ried C		γγ ( <i>R</i> e  γ	eier in Y	ISTIU	ποη	J)			Nan	ne							nstit	utic	on D	etai	15								
Emp. Name						-						Cod	-																			
Emp. Code												Emp		anc	h																	
Emp. Designation																																
	[Emp	ployee S	Signatu	ure]	1		<u>   </u>																									

Annexure A1 – Addition/Modification/Change of Address – Correspondence/Local Address	CAMISSION - Your Growth
Fields marked with '*' are mandatory fields. Please fill the form in English and in BLOCK letters.	South Gujarat ARN: 54854
For office use only       Application Type*       New       Update/Change         (To be filled by financial institution)       KYC Number       (Mandatory filled)	for KYC update request)
1. Correspondence / Local Address Details (Please see instruction E at the end) Enclose relevant documentary plants	roof
Same as Current / Permanent / Overseas Address details	
Line 1*       Image: Construct and the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided Mobile no. / Email-ID) (Please refer instruction F at the sent on provided	as per Indian Motor Vehicle Act, 1988 Country Code as per ISO 3166
3. Applicant Declaration	
<ul> <li>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.</li> <li>I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.</li> </ul>	[Signature / Thumb Impression]
Date:         D         D         M         Y         Y         Y         Place:         Image: Comparison of the second sec	Signature / Thumb Impression of Applicant

Our Mission... Your Growth

Annexure B1 – Addition/Deletion of Related Persons	Our Mission_Your Growth
Fields marked with "*' are mandatory fields. Please fill the form in English and in BLOCK letters.	South Gujarat ARN: 54854
For office use only     Application Type*     New       (To be filled by financial institution)     KYC Number	Update/Change (Mandatory for KYC update request)
1. Details of Related Person (In case of additional related persons, plea	se fill 'Annexure B1') (please refer instruction <b>G</b> at the end)
Addition of Related Person Deletion of Related Person KYC Nu	mber of Related Person (if available*)
Related Person Type* Guardian of Minor Assignee	
Prefix     First Name       Name*     Image: State of the state o	Middle Name     Last Name       of section 6 are optional)     Image: Constraint of the section and t
Proof of Identity [Pol] of Related ${\sf Person}^*$ (Please see instruction $({\rm H})$ at the e	nd)
A- Passport Number	Passport Expiry Date
B- Voter ID Card	
C- PAN Card	
D- Driving Licence	Driving Licence Expiry Date DD-MM-YYYY
E- Aadhaar Card	
F- NREGA Job Card	
Z- Others (any document notified by the central government)	Identification Number
2. Applicant Declaration	
<ul> <li>I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or mislead liable for it. I hereby declare that I am not making this application for the purpose of contravent legislation or any notifications/directions issued by any governmental or statutory authority from time</li> <li>I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above</li> </ul>	ing or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of to time. [Signature / Thumb Impression]
Date:         D         M         Y         Y         Place:	Signature / Thumb Impression of Applicant
3. Attestation / For Office Use Only	
Documents Received  Certified Copies	
KYC Verification Carried Out by	Institution Details
	Name
Emp. Name Emp.	Code
Code	
Emp. Designation	
Emp. Branch	
[Employee Signature]	[Institution Stamp]

## 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) KYC Type: 

Normal (PAN is mandatory)

□ PAN Exempt Investors



South Gujarat ARN: 54854

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)								
Maiden Name (If any*)								
Mother Name*								
Residential Status*	Resident Individual     Non Resident Indian     Foreign National     Person of Indian Origin							
Occupation Type*	Foreign National  Person of Indian Origin  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>B</b> at the end)							
	ed* (Mandatory only if above option is ticked)							
Country of Jurisdiction of								
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							
3. Details of Related Perso	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							
Name*	Prefix     First Name     Middle Name     Last Name							
	(If KYC number and name are provided, below details of section 6 are optional)							
_	Related Person* (Please see instruction (H) at the end) 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 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	nicked above are true and correct to the best of my knowledge and belief and Lundertelia to inform you of any share-se							
therein, immediately. In case any c	nished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes 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							
legislation or any notifications/direct	ctions issued by any governmental or statutory authority from time to time.							
Date: DD - MM -	nation from Central KYC Registry through SMS/Email on the above registered number/email address.							

# Form for Additional KYC, FATCA & CRS Annexure for

3.

**Individual Accounts (Form 1A)** (Including Sole Proprietor) (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency) (Fields marked with \* are mandatory for all and <sup>®</sup> are mandatory for PAN exempt cases)



FIRS	T / SOLE APPLICAN	т							
Name									
PAN		or PAN Exempt	KYC Ref No. (PERN)						
Place o	f Birth		Country of Birth						
Nation	ality Indian U.S.	Others	Tax Residence Address (for KYC address)	Residential Registered Business					
	u a tax resident (i.e. are you a		outside India? $\rightarrow$ $\Box$ Yes $\Box$ N	0					
If 'YES'		other than India) in which you	are Resident for tax purpose	es i.e. where you are a Citizen / Resident /					
	Card Holder / Tax Resident in	1	Identification Trues	If TIN is not available place					
Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick I the reason A, B or C (as defined overleaf)					
1.				→Reason □A □ B □ C					
2.				→Reason □A □ B □ C					
3.				→Reason □A □ B □ C					
SECO	OND APPLICANT	l							
Name									
PAN		or PAN Exempt	KYC Ref No. (PERN)						
Place o	f Birth		Country of Birth						
Nation	ality Indian U.S.	Others	Tax Residence Address       Residential       Registered       Business         (for KYC address)       Office       Business						
If 'YES'	please proceed for the signal , please fill for ALL countries ( Card Holder / Tax Resident in	other than India) in which you	are Resident for tax purpose	es i.e. where you are a Citizen / Resident /					
Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick I the reason A, B or C (as defined overleaf)					
1.				→Reason □A □ B □ C					
2.				→Reason □A □ B □ C					
3.				→Reason □A □ B □ C					
THIR	D APPLICANT								
Name									
PAN		or PAN Exempt	KYC Ref No. (PERN)						
Place o	f Birth		Country of Birth						
Nation	ality Indian U.S.	Others	Tax Residence Address (for KYC address)	Residential Registered Business					
<u>If 'NO'</u>	u a tax resident (i.e. are you as please proceed for the signat	ture of declaration		o es i.e. where you are a Citizen / Resident /					
	Card Holder / Tax Resident in			so he where you are a outzerry residency					
Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick√the reason A, B or C (as defined overleaf)					
1.				→Reason □A □B □ C					
2.				→Reason □A □ B □ C					

 $\rightarrow$ Reason  $\square A \square B \square C_{\_}$ 

## **GUARDIAN / POA / PROPRIETOR**

Name						
PAN		or PAN Exem	pt KYC Ref No. (PERN) _			
Place of	f Birth		Country of Birth		· _ · _ · _ · _ · _ · _ · · · · ·	
Nationa	ality	Others	Tax Residence Addres — (for KYC address)	Posidontial	egistered Business	
If 'NO' If 'YES',	u a tax resident (i.e. are you as please proceed for the signat , please fill for ALL countries (c Card Holder / Tax Resident in f	ure of declaration other than India) in which y			Citizen / Resident /	
Sr. No.	Country of Tax Residency	Tax Identification Numb or Functional Equivalen			: <b>available, please</b> <b>3 or C</b> (as defined overleaf)	
1.				→Reason □A□B	C	
2.				→Reason □A□B	C	
3.				→Reason □A□B	C	
> Reas	son A → The country where the A son B → No TIN required. (select son C → others, please state the r	this reason Only if the authori				
Ado	ditional KYC Information*	First Applicant (Including Minor)	Second Applicant	Third Applicant	Guardian/POA/Proprietor	
Catego Below 1 10 Lac -	Annual Income (Rs.) - ries * I Lac, 1 - 5 Lac, 5 Lac - 10 Lac, - 25 Lac, 25 Lac - 1 Cr, 1 Cr - 5 Cr, 0 Cr, above 10 Cr	Gross annual Income (Rs.) Please write from options given Rs. as on	Gross annual Income (Rs.) Please write from options given Rs. as on	Gross annual Income (Rs.) Please write from options given Rs. as on	Gross annual Income (Rs.) Please write from options given Rs. as on	
Net-w (Mandat	<b>orth</b> ory for Non-Individuals) (Rs.)	Image: Constraint of the second secon	Image: Constraint of the second secon	Image: Constraint of the second secon	Image: Constraint of the second secon	
Source	of Wealth					
Private Service Profess	ation - Categories* Sector Service, Public Sector , Government Service, Business, sional, Agriculturist, Retired, vife, Student, Forex Dealer &	Please write from options given				
the det	of business / profession, indicate ails (Including nature of goods/ s dealt in)					
(Also aj signato	<b>Ily Exposed Person (PEP) Status*</b> pplicable for authorised ries/Promoters/Karta/ /Whole time Directors)	I am PEP I am a relative / associate of PEP None of these	<ul> <li>I am PEP</li> <li>I am a relative / associate of PEP</li> <li>None of these</li> </ul>	I am PEP I am a relative / associate of PEP None of these	I am PEP I am a relative / associate of PEP None of these	
	ner KYC related information you wish to provide					
Note : Poli	itically Exposed Persons (PEP) are defined	as Individuals who are or have been	entrusted with prominent public fund	ctions in a foreign country, e.g., Head	s of States or of Governments, senic	

politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

\*Under Rule 9 of PMLA Rules, 2005, investments in MF schemes of upto Rs. 50,000/- per investor per Mutual Fund per Financial year shall be exempted from requirement of Additional KYC information.

#### DECLARATION

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

CERTIFICATION

I/We have understood the information requirements of this Form (read along with the FATCA, Additional KYC & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
	Dat		Place

(For Individuals Only) South Gujara	at ARN: 54854 Application No. :	ЛS
Please fill this update / modification form in EN	NGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).	w.cam
	N Exempt Ref. No. UID/Aadhaar, if any:	
Title Please tick (✓) Mr. ☐ Ms. ☐ Name		1 1
(please see guideline	nes overleaf)	
1. New Name (As appearing in supporting identification docum		
2. New Status Please tick (✓) □ Resident Individual □	Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)	
3. New PAN	Please enclose a duly attested copy of your PAN Card	
4. Father's / Spouse's Name		
5. Marital Status Please tick ( $\checkmark$ ) $\Box$ Single $\Box$ Married		
6. Nationality Please tick (🗸 )	Please specify	
C. New Address Details (please see guideling	nes overleaf)	
1. New Address for Correspondence		
City / Town / Village	Pin Code	
State	Country	
2. New Contact Details Tel. (Off.) (ISD) (STD)	Tel. (Res.) (ISD) (STD)	
Mobile (ISD) (STD)	Fax (ISD) (STD)	
E-Mail Id.	ase submit ANY ONE of the following valid documents & tick ( $\checkmark$ ) against the document attached	4
*Not more than 3 Months old. Validity/Expiry date of pro 4. New Permanent Address of Resident Applicant	coof of address submitted       d       d       /       m       m       /       y       y       y       y         t if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant	
4. New Permanent Address of Resident Applicant	t if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant	
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Signature

To, IDEC Mutual Fund
PAN Refer instructions# 1
Name
Aadhaar No.
Enclosed Self attested copy of OR Letter issued by UIDAI containing Aadhaar Enrolment No. (wherever physical Aadhaar Card Aadhaar card not received / official Aadhaar card number is issued)
Consent & Signature
I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.
I hereby provide my consent for sharing/disclosing of my Aadhaar number 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 folios.
I have read, understood and agree to abide by the Instructions/guidelines.
Place

# Instructions & Guidelines

Date

- 1. This form should be submitted seprately for each PAN.
- 2. Not applicable for NRIs, Non-Individuals, HUFs
- 3. 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.
- 4. While providing Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios", sign on the copy with date.
- 5. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.
- 6. Submit duly filled and signed form to your nearest AMC / CAMS branches.
- 7. Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. In case of mismatch, request is liable to be rejected.

ACKNOWLEDGEMENT of Form for Updation of Aadhaar (To be filled in by Investor)										
Received from Mr. / Ms.	IDFCAMC Stamp & Signature, Date									
PAN										
Aadhaar linking request form received for the above referred PAN. Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities.										
IDFC Asset Management Company Ltd.										

IDFC Asset Management Company Ltd. Tower 1, 6th Floor, One India Bulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg Elphinstone Road (West), Mumbai - 400 013.	For Non Financial Queries/Requests Toll free 1-800-300-66688 Available between 8.00 am to 7.00 pm on business days only.		Please note our investor service email id investormf@idfc.com		www.idfcmf.com
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