#### Know Your Client (KYC) **Application Form (For Individuals Only)**

Main Intermediary





Application No. :

	CVL		South Gu	jarat AKIN: 54	004
A. Identity Details (please see guidelines overl	eaf)				
1. Name of Applicant (As appearing in supporting identification	document).				
Name				P	HOTOGRAPH
ather's/Spouse Name					
auter 3/3 pouse Name					Please affix recent passport
. Gender ☐ Male ☐ Female B. Marital status ☐ Si	ngle 🗌 Married 💢 C. Dat	te of Birth   d   d   /	m m / y y	y y	photograph and sign across it
. Nationality Indian Other Please specify)					
<b>1. Status</b> Please tick (✓) ☐ Resident Individual ☐ Non Resi	dent	Passport Copy Mandato	ry for NRIs & Foreign Na	tionals)	
. PAN Please e	nclose a duly attested copy o	of your PAN Card			
Aadhaar Number, if any:					
i. Proof of Identity submitted for PAN exempt cases Ple UID (Aadhaar) Passport Voter ID Driving  3. Address Details (please see guidelines overl	Licence Others			(Please s	ee guideline 'D' ov
. Address for Residence/Correspondence					
City / Town / Village				Pin Code	
State		Country			
. Contact Details					
Tel. (Off.) (ISD) (STD)		Tel. (Res.) (ISD)	(STD)		
Mobile (ISD) (STD)		Fax (ISD)	(STD)		
E-Mail Id.					
*Latest Telephone Bill (only Land Line) *Latest El					
*Not more than 3 Months old. Validity/Expiry date of pr  1. Permanent Address of Resident Applicant if d  City / Town / Village  State  5. Proof of address to be provided by Applicant. Plea  Passport Ration Card Registered Lease/Sale A  **Latest Telephone Bill (only Land Line) **Latest Elephone Bill (only Land Line) **Latest	ase submit ANY ONE of Agreement of Residence	1 OR Overseas Ad  Country  the following valid of Driving License	dress (Mandatory)  documents & tick (  Voter Identity Card	Pin Code  2) against the do	ocument attache
A. Permanent Address of Resident Applicant if d  City / Town / Village State  5. Proof of address to be provided by Applicant. Plea  Passport Ration Card Registered Lease/Sale A  *Latest Telephone Bill (only Land Line) *Latest Ele  *Not more than 3 Months old. Validity/Expiry date of pr	ase submit ANY ONE of Agreement of Residence ectricity Bill **Latest Gas**	Country  the following valid of Driving License S Bill Others (Please	dress (Mandatory)  documents & tick (  Voter Identity Card	Pin Code  2) against the do	ocument attache
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Date

Date

#### South Gujarat ARN: 54854

### **CKYC & KRA KYC Form**

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Know Your Client	
Application Form (For Indiv	viduals only)

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4. Contact Details (All communications will be sent on provided Mobile no. / B	mail-ID) (Please refer instruction <b>F</b> at the end)
Email ID	
Mobile Tel. (Off)	Tel. (Res)
_	C Purposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end)
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Additional Details Required* (Mandatory only if above option (5) is tick 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 I	irth* 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* Count	y* 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')
_	ber 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 on Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the	· · ·
(Certified copy of any one of the following Proof of Identity[Pol] needs to be submit	
A- Passport Number	Passport Expiry Date
B- Voter ID Card	
C- PAN Card	
☐ D- Driving Licence	Driving Licence Expiry Date DD MM - YYYYY
□ E- Aadhaar Card	g
F- NREGA Job Card	
Z- Others (any document notified by the central government)	Identification Number
7. Remarks (If any)	
8. Applicant Declaration	
<ul> <li>I hereby declare that the details furnished above are true and correct to the best of my knowledge and therein, immediately. In case any of the above information is found to be false or untrue or misleadin liable for it. I hereby declare that I am not making this application for the purpose of contraventic legislation or any notifications/directions issued by any governmental or statutory authority from time to</li> </ul>	g or misrepresenting, I am aware that I may be held n 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	registered number/email address.
Date: DD - M M - 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 DD - MM - YYYY	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
In-Person Verification (IPV) Carried Out by (Refer Instruction J)  Date	Institution Details
	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	

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#### South Gujarat ARN: 54854

#### Supplementary CKYC Form (To be additionally filled by customers using old KYC form)

**Know Your Client (KYC) Application Form** 

For Individuals Only

Date:

(Please fill the form in English and in BLOCK Letters) Fields marked with \* are mandatory fields

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) Maiden Name (If any\*) Mother Name\* 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)\* Country of Birth\* 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/UT3 Country\* Country Code 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') Related Person ■ Deletion of Related Person KYC Number of Related Person (if available\*) Related Person Type\* ☐ Guardian of Minor ☐ Authorized Representative Assignee 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 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) 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 4. Remarks (If any) 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 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 [Signature / Thumb Impression] 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.

Place:

Signature / Thumb Impression of Applicant

#### FATCA, CRS & UBO Declaration

South Gujarat ARN: 54854



# FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals Please seek appropriate advice from your professional tax professional onyour tax residency and

	ASSET MANAGE	MENT				related FATCA	& CRS	guidance			
Residential   Business   Registered Office	PAN*										
Business   Registered Office	Name				1	ı	ı			ı	
Place of Birth  Gross Annual   Below 1 Lakh   1-5 Lacs   Occupation   Public Sector   Private Sector   Priva	[forKYC		Reside	ential							
Birth   Occupation   Business   Professional   October   Details   Public Sector   Private Sector   Private Sector   Private Sector   Private Sector   Private Sector   Details   Public Sector   Private Sector   Details   Public Sector   Private Sector   Private Sector   Private Sector   Details   Public Sector   Private Sector   Details   Public Sector   Private Sector   Details   Public Sector   Private Sector   Details   Public Sector   Private Sector   Details   Private   Details   Professional   Details   Public Sector   Private Sector   Details   Professional   Details   Professional   Details   Professional   Details   Professional   Details   Professional   Details   Professional   Details   Private   Details   Private   Details   Private   Details   Private   Details   Private   Details   Detail	address]		Busine	ess		Register	ed Off	fice			
Income Details     5-10 Lacs   10-25 Lacs   Please   Public Sector   Private Sector   Pri	Place of Birth						y of				
in INR	Gross Annual	☐ Bel	ow 1 Lakh	□ 1-	5 Lacs	Occupa					
Politically		□ 5-1	0 Lacs	□ 10	)-25 Lac						e Sector
One (¬)]   Student   Retired   Forex Dealer   Others [Please specify]   Politically   Yes   Related to PEP   Any other information   [Please specify]   Please specify]   Tif PAN is not available, please specify Folio No(s)   So your Country of Tax Residency other than India - Yes   No   Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type   S No   Country of Tax Residency # Tax Payer Identification Number / Identification Type   Functional Equivalent   Identification Type   [TIN or other, please specify]   1	in INR					[Please					aifa
Politically   Yes   Related to PEP   Any other information   [Please specify]   Property   Not Applicable   Not Applicable   Any other information   [Please specify]   Property   Not Applicable   If PAN is not available, please specify Folio No(s)   So your Country of Tax Residency other than India   Yes   Not   No		L 25	Lacs - I Cr	□ >	· i Crore						
Politically Exposed Not Applicable   Related to PEP   Any other information   If applicable   Related to PEP   Any other information   Related to PEP   Any other information   Related to PEP   Related to PEP   Any other information   Related to PEP   Related to						0116 (1)				_ 110 111 0	
Exposed Person [PEP] Not Applicable Information   [Please specify]   [								Others	[Please s	specify]	
Exposed Person [PEP]	Politically	☐ Yes		Related	to PEP	Δην. σ	ther				
Person [PEP]		☐ Not	t Applicable	е					[D]	:£.1	
f 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type  S No   Country of Tax Residency #   Tax Payer Identification Number /   Identification Type   Till Nor other, please specify    1   2   3   Ito include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective ountries especially of USA  Declaration:  acknowledge and confirm that the information provided above 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 hat I may liable for it. I hereby authorize India Infoline Asset Management Company Limited/ India Infoline Mutual Fund to lisiclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to India Infoline Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs (the Authorized Parties) or any Indian or foreign governmental or statutory or udicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue unthorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of divising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to accilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in mriting about into remaining the provided and the provide and other same and the provide any other additional information as may be required at your Furd's end. As may be required by domestic or overseas regulators/ tax unthorities, I authorize India Infoline Asset Management Company Limited/ India Infoline Mutual Fund to withhold and payor and any sums from your account or close or suspe									[Please	specity	
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South Gujarat ARN: 54854



Folio Number Investor's Name

## **AADHAAR Number Updation Form** for Individuals

IIFL Asset Management Ltd.

Official Acceptance Point Stamp & Sign

(Formerly India Infoline Asset Management Company Ltd.) Registered Office: IIFL Centre, 6th Floor, Kamala City, S.B. Marg, Lower Parel, Mumbai - 400 013 • www.iiflmf.com

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 31/12/2017.

We, at IIFL Mutual Fund have enabled several easy modes of Aadhaar number linking across all IIFL Mutual Fund investments.

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Please retain this Acknowledgement Slip for future reference