CENTRAL KYC REGIST	RY Know Your Custom	ner (KYC) A	pplication F	orm In	dividual		South Gujar	at ARN: 54854
 Important Instructions: A) Fields marked with '*' are ma B) Please fill the form in English C) Please fill the date in DD-MM D) Please read section wise det at the end. 	and in BLOCK letters. I-YYYY format.	F) List of to G) KYC nu H) For part	State / U.T code wo character IS0 mber of applican icular section up number and strik	O 3166 co nt is mand odate, plea	untry codes atory for up use tick (🗸)	is available at date applicatio in the box avail	n. lable before the	e end.
For office use only	Application Type*	New	Updat	е				
(To be filled by financial instit	tution) KYC Number					(Mandai	tory for KYC up	date request)
	Account Type*	Normal	🗌 Simpl	ified (for	low risk	customers)	Small	
1. PERSONAL DETA	ILS (Please refer instruction	A at the end)						
		irst Name			Middle N	lame		Last Name
Name* (Same as ID proo	f)							
Maiden Name (If any*)								
Father / Spouse Name*								
Mother Name*								
Date of Birth*		Y	_		_			РНОТО
Gender*	M- Male		F- Female			insgender		
Marital Status*	Married		Unmarrie		Othe	-	1.	
Citizenship*	IN- Indian		Others (I	SO 3166	6 Country	Code)	
Residential Status*	Resident Individual Foreign National		Non Resi Person of					
Occupation Type*	 S-Service (Private O-Others (Profes B-Business X- Not Categorised 		Public Se Self Empl		Govern Retired	ment Sector	,	Signature / Thumb Impression
ADDITIONAL DETAILS RI ISO 3166 Country Code o	BLE RESIDENCE FOR EQUIRED* (Mandatory only i f Jurisdiction of Residence or equivalent (If issued by ju	f section 2 is t		RISDICT	FION(S) (DIA (Please refe	er instruction B at the end)
Place / City of Birth*			ISO 3166 C	ountry C	ode of Bi	rth*		
3. PROOF OF IDENT	TTY (Pol)* (Please refer inst	truction C at th	ne end)					
(Certified copy of <u>any one</u> of t	he following Proof of Identity[P	ol] needs to b	e submitted)					
 A- Passport Number B- Voter ID Card C- PAN Card 				F	Passport I	Expiry Date	DD	
 D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card 				C	Driving Lic	ence Expiry	Date DD-	
	nt notified by the central govern	,				ntification Nu		
-	s Account - Document Typ	be code			Ide	ntification Nu	umber	
	NENT / OVERSEAS ADDRES) at the on	d)		
_	he following Proof of Address [u)		
	esidential / Business	Reside			usiness		Registered Offic	ce 🗌 Unspecified
Proof of Address*	assport oter Identity Card	Driving	Jicence A Job Card	U	IID (Aadh hers			
🗌 S	implified Measures Accour						piquop oper	
Address								
Line 1*								
Line 3 District*	Pin /	Post Code*			State / L	LT Code*	n / Village* ISO 31	66 Country Code*

4.2 CORRESPOND	ENCE /	LOCA		RES	S DET	AILS '	* (Pleas	e see i	instruc	tion E	E at th	e end)													
Same as Current / F	Permane	ent / O	versea	is Add	ress d	letails	(In cas	e of m	ultiple	corre	spond	dence	/ local	add	ress	es, p	leas	e fill	'An	nexi	ure A	\1 ')				
Line 1*																										
Line 2																						_				
Line 3											City / Town / Village*															
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*																										
4.3 ADDRESS IN TH	4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)																									
Same as Current / F	Permane	ent / O	versea	ıs Add	ress d	letails				San	ne as	Corre	spond	ence	e / Lo	ocal A	Addro	ess c	deta	ils						
Line 1*																										
Line 2																										
Line 3															City	/ To	own	/ Vil	llag	e*						
State*										ZIP	/ Pos	st Coc	le*]	ß	SO	316	6 Co	ountr	у Со	de*	
5. CONTACT DET			munior	tional	will bo	oont o	o provide	d Mobi	la na	Emoi		Diagon	rofor i	notru	otion	E of	the	and)								
	AILS (munica						ie 110. /	Lina	(חו-וו) (riease	Telei I	nstru	CIION	_		_		_						
Tel. (Off)						_	Tel. (Re				-					N	/lobi	le								
FAX							Email I	D																		
6. DETAILS OF RI	ELATE	D PER	SON	(In ca	ase of a	additio	nal relat	ed pers	ons, pl	ease f	fill 'An	nexure	B1') (pleas	se ref	er ins	struc	tion (G at	the e	end)					
Addition of Related Pe	erson	Dele	etion o	f Relat	ed Per	son			KY	C Nur	mber o	of Relat	ed Pe	rson	(if av	/ailab	ole*)									
Related Person Type*		Gua		of Mi	nor			Assig	inee	Authorized Representative Middle Name Last Name																
N *		Prefix	X			First	Name			7 6		N	/liddle	Nan	ne								ast N	ame		
Name*		(If KYC	numbe	er and	name	are pro	ovided, k	elow de	etails o	f sect	ion 6 a	are opti	onal)													
PROOF OF IDENTIT		JF REL	AIED	PERS	ON" (F	lease	see inst	ruction	(H) at t	ne en	a)	D.		. =		D . 1										1
A- Passport Numb	ber								_			Pas	sspor	t Ex	piry	Date	е		D	D				ΥY	YY	
B- Voter ID Card																										
C- PAN Card																										
D- Driving Licence	е											Driv	ving L	licer	nce	Expi	iry D	Date	D	D	-[M]-[ΥY	γY	
E- UID (Aadhaar)																										
F- NREGA Job Ca	ard																									
Z- Others (any doc	cument i	notified	by the	e cent	ral gov	vernm	ent)						ld	lenti	ficat	ion I	Nun	nber	-							
S- Simplified Mea	asures	Accou	int - [Docui	ment	Туре	code						ld	lenti	ficat	ion I	Nun	nber	•							
7. REMARKS (If a	any)																									
																			T							
8. APPLICANT [DATI																								
						44.0 k.e.o	6 af an i lu		معط امما	of and		-														
 I hereby declare that the det therein, immediately. In case 																										
for it.																										
I hereby consent to receiving			Central K	YC Reg			IS/Email o	n the abo	ve regist	ered nu	umber/e	mail add	ress.						0.1		(
Date : D D — M	M _ Y	YY	Y		Pla	ace :													Sign	ature	/ Inu	mb im	press	ion of A	piicar	IT
9. ATTESTATION	I / FOR	OFF	ICE U	ISE C	ONLY																					
Documents Received	•	Certifi	od Co	nios																						
						V										INICT	-11-				2					
KIC	C VERIFI	CATIO	N CAR	RIED	ООГВ	Ť										11121	110	ΓION	DE	IAIL	5					
Date		— M	M -							Na	me															
Emp. Name										Co	de															
Emp. Code																										
Emp. Designation																										
Emp. Branch																										

Annexure A1 South G	Gujarat ARN: 54854
CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form Individual Correspondence / Loca	al Address
Important Instructions: A) Fields marked with '*' are mandatory fields. B) Please fill the form in English and in BLOCK letters. C) Please fill the date in DD-MM-YYYY format. D) Please read section wise detailed guidelines / instructions at the end. (a) KYC number of applicant is mandatory for update application. (b) For particular section update, please tick (the end.
For office use only Application Type* New Update (To be filled by financial institution) KYC Number Image: Construction of the second s	odate request)
I. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end) Same as Current / Permanent / Overseas Address details Line 1* Line 2 Line 3 District* Pin / Post Code* State / U.T Code* ISO 3	166 Country Code*
Tel. (Off) — — Mobile — FAX — …	
	ture / Thumb Impression] Thumb Impression of Applicant

Annexure B1		South Gujarat ARN: 54854
CENTRAL KYC REGIST	RY Know Your Customer (KYC) Applica	tion Form Individual Related Person
 Important Instructions: A) Fields marked with '*' are ma B) Please fill the form in English C) Please fill the date in DD-MM D) Please read section wise det at the end. 	and in BLOCK letters. F) List of two cha 1-YYYY format. G) KYC number of ailed guidelines / instructions H) For particulars	U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. aracter ISO 3166 country codes is available at the end. of applicant is mandatory for update application. section update, please tick () in the box available before the r and strike of the sections not required to be updated.
For office use only	Application Type*	
(To be filled by financial instit	ution) KYC Number	(Mandatory for KYC update request)
1. DETAILS OF RELAT	ED PERSON (Please refer instruction G at the end	(t
Addition of Related Person	Deletion of Related Person	KYC Number of Related Person (if available*)
Related Person Type* Name*	Guardian of Minor Assigner Prefix First Name (If KYC number and name are provided, below detail	Middle Name Last Name
PROOF OF IDENTITY (Pol	I) OF RELATED PERSON* (Please see instruction (H)) at the end)
 A- Passport Number B- Voter ID Card C PAN Over I 		Passport Expiry Date
 C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card 		Driving Licence Expiry Date DD - MM - Y Y Y
Z- Others (any documen	at notified by the central government)	Identification Number Identification Number Identification Number Identification Number
2. APPLICANT DECL	ARATION	
	nished above are true and correct to the best of my knowledge and b the above information is found to be false or untrue or misleading of	
Date : D D - M M -	Y Y Y Place :	Signature / Thumb Impression of Applicant
3. ATTESTATION / FC	OR OFFICE USE ONLY	
Documents Received	Certified Copies	
KYC VER	IFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date Date Date Date Date Date Date Date		Name Code Code Code Code Code Code Code Cod
		[Institution Stamp]

KYC Details Cha (For Individuals	-	с (јб . CVL		Inte	Place f rmedia		jo				outh				RN:	: 548	354			
Please fill this update	/ modificatio	on form in	n ENGLISH	l and i	n BLO	CK LE	TTE	RS (Ple	ease s	stri	ke o	ff S	ecti	ons	tha	at a	re n	ot u	sed).
A Name of Applicant (/landatory as pe	er original	KYC record	ds)																
Title Mr. Ms. Other		Aadhaar	Number, if a	nv.							PAN									
Name																				
Date of Birth d d / m	m / y y																			_
Diseas Dravida the new K	(Calataila vulsia	المارين مام					J.,		_				-							
Please Provide the new K B. Mandatory fields for			•		IFKTC	record	15.			-										
1. Father's/Spouse Name	KTC5 done b			12	1 1	1.1		1.1	1.1		1 1	1			1	1	1	1 1		
•																				
2. Current Marital status	•				Current															
Note "FOR OFFICE USE OF be mandatorily filled for cha				ily filled f	for all KY	'Cs reg	istered	d betore	1st Jai	nuar	y 201	2. Or	igina	als S	een a	ind Ve	eritied	d shoi	uld	
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C. Identity Details (pleat 1. New Name (As appearing in	-					7														
Name Name As appearing in					47															
													-						+	+
2. New Status Please tick (✓)	Resident Individ	dual 🗌 Noi	n Resident (Pa	assport C	opy Man	datorv	for NR	ls & Fore	eign Na	tiona	als)								- 1	_
3. PAN			enclose a duly			1			9/1 140											
4. Proof of Identity submitt	d for PAN even		,	ancoleu	copy or	,00117	ar cul	-												
Aadhaar Card Passp		•		Others											(Plea	se see	e guid	eline	'D' o'	ve
D. Address Details (plea													_				5 -			_
1. New Address Details (piez		mes overl	ear)																	
																		1		
																				Ţ
City / Town / Village					_	C	lunter .					4		Pin	Code					+
State						0	ountry													
2. Contact Details						ъ	(Res.)	(ISD)	(STD)							1			I
Mobile (ISD) (STD)						el.	Fax	(ISD)	(STD	-	_		-	-		$\left - \right $			-	+
E-Mail Id.										-		-							-	+
3. Proof of address to be pro	vided by Applica	nt. Please s	ubmit ANY	ONE of t	he follo	wing v	alid d	locume	nts &	tick	(√) a	gains	t th	e do	cume	ent a	ttach	ed.		
Passport Ration Card	5	9			5				ntity Ca	ard []*Lat	est Ba	ank /	A/c S	taten	nent/P	assbo	ook		
*Latest Telephone Bill (on *Not more than 3 Months o								specify) m /	/ _V	V I	v I	vI								
4. New Permanent Address		•					-						n-Re	side	nt A	pplic	ant			
																				+
														D: -	(+
City / Town / Village State						((ountry		+	-			-	PIN	Code			_		+
5. Proof of address to be	provided by App	licant Plea	asa cuhmit		IF of th			hilevı	docum	lent	с <i>Я</i> .	tick 4		- anai	nct 4	ho d	ocur	nent	atte	
Passport Ration Ca	d Registered	Lease/Sale A	Agreement o	of Resider	nce 🗌 🛛	Driving	Licen	ise 🗆 🛛	Voter la	dent										
□ *Latest Telephone Bill (
*Not more than 3 Months		ry date of pr	oot of addre	ss submi	tted d	d	/ _ m	m /	у	у	у	у								
6. Any other information	on:																			
SIGNATURE OF AI	PLICANT			DEC	LARA	TIOI	N					S	GN	IAI	UR	EC	F A	۱PP	LIC	A
		I hereby de	eclare that th	ne detail	s furnish	ned ab	ove ar	re true a	and co	rrec	t to									
			of my/our kr																	
Old signature as per c	riginal KYC		y changes t																	
-	inginian i ti c	informatio	on is found	d to b	e talse	or II	nuue													
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	FOR	misreprese Place:	USE ON	/we are a	aware th	nat I/w	te: d	y be hel	m / y	уу	y Done	_				/ _ m				
AMC/Intermediary name OR code	FOR	misreprese Place:	USE ON	/we are a	aware th	Dat I/w	te: d	y be hel	m / y	уу	y Done	_			e int	erme	diary			
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AMC/Intermediary name OR code	FOR end and Document copie	misreprese Place:	USE ON	/we are a	aware th ne interm Staff N	Dat Dat nediary ame ation	te: d	y be hel	m / y	уу	y Done	_	mp (of th	e int Staf Desi of th	ermeo f Nan	diary : ne on ganiza	shoul		

Indiabulls FATCA-CRS Declaration & Supplementary Information ASSET MANAGEMENT

	Declar	ation	Forn	n for	Indiv	vidu	als (First	Appli	cant) / Second	I A	pplica	South Guj nt / Third						
_									ant / Guardian									
Name	Mr.	Ms.			Fire	st Nam	e		Middle Name			Last Nan	10					
PAN							or PAN Exem	ot KYC R	ef No. (PEKRN)									
Place	of Birth							Cou	ntry of Birth									
Natior	nality	Ind		U.S.	y)				ax Residence Address Residential Registered Office									
<u>If 'No' pl</u> If 'YES',	ease proc please fill	for ALL of	the sign countries	ature of	declara	ation			side India? \rightarrow for tax purposes i.e. whe	ere y	Yes you are a C	No Citizen/ Residen	t/Green	Card Ho	lder/ Tax			
Sr. No.	in the resp Coun	try of ta		lency			entification Notice		Identification [<i>TIN or other, plea</i>		If TIN is not available, please tick ☑ the reason A, B or C (as defined below)							
1.												→Reason	۹ 🗌	В	с 🗌			
ReasReas	Reason B \rightarrow No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)														c			
							Se	cond A	oplicant									
Name	Mr.	Ms.			Fire	st Nam	le		Middle Name			Last Nan	10					
PAN							or PAN Exem	ot KYC R	ef No. (PEKRN)									
Place	of Birth							Cou	ntry of Birth									
Natior	nality	Ind		U.S.	y)				Residence Address YC Address)		Resider Busines							
If 'No' pl If 'YES', Resident	ease proc	for ALL of	the sign countries	ature of	declara han Indi	<u>ation</u> ia) in v		I Resident	side India? → for tax purposes i.e. who			itizen/ Residen						
Sr. No.	Coun	try of ta	x Resic	lency			nctional Equiv		Identification [TIN or other, plea		tick ✓ the reason A, B or C (as defined below) → Reason A B C							
1. 2.												→ Reason	<u> </u>	B	c 🔤			
Reas		TIN requ	ired. (Se	lect this r	eason O	nly if th			Tax Identification Number				ollected)					
		, p					TI	hird Ap	olicant									
Name	Mr.	Ms.			Fire	st Nam	le		Middle Name			Last Nan	10					
PAN							or PAN Exem	ot KYC Re	ef No. (PEKRN)									
Place	of Birth							Cou	ntry of Birth									
Natior	nality	Ind	- L	U.S.	y)				Residence Address		Resider Busines	esidential Registered Office						
lf 'No' pl	ease proc	eed for t	the sign	ature of	declara	ation			side India? →		Yes	No						
	please fill in the resp			s (<u>other t</u>	nan Indi	<u>ia</u>) in v	which you are a	Resident	for tax purposes i.e. who	ere y	you are a C	Juzen/ Residen	Green	Jard Ho	ider/ lax			
Sr. No.	Coun	try of ta	x Resic	lency			entification Notional Equiv		Identification [TIN or other, plea			If TIN is no tick ✓ th (as o		n A, B				
1.												→Reason	A	В	С			
2.									-		→Reason	۹ 🗌	В	С				
 Reas 		TIN requ	ired. (Se	lect this r	eason O	nly if th			Tax Identification Number				ollected)					
I hereby respons same. I	ible for the also under	at the inf informat take to ke	ion subn eep you i	nitted abo informed	ove. I als in writin	so cont ng abo	firm that I have i ut any changes	read and u / modifica	nplete to the best of my ki nderstood the FATCA & C tion to the above informa y intermediary or by dom	CRS	Terms and in future wi	Conditions belo thin 30 days do	w and he the same	ereby ac e being e	cept the			
Date:	1 1	20			S				Second Applicant S			S Third Applicant Signature						
Place:																		