		СКҮ	C & KR	A KYC F	orm	
Know Your Client		A 11 11	New			South Gujarat ARN: 54854
Application Form (For	• /	Application Type*		KYC Number*		
(Please fill the form in English and Fields marked with * are m andator						
		KYC Type*		PAN is m andatory)	PAN Exempt Investors (R	efer instruction K)
1. Identity Details (Please re	efer instruction <b>A</b> at the e	nd)				
PAN		Please enclose	a duly attested	d copy of your PAN	Card	
	Prefix	First Name		Mi	ddle Name	Last Name
Name* (same as ID proof)						
Maiden Name (If any*)						
Father / S pouse Name*						
Mother Name*						
Date of Birth*		YY	_	_		Photo
Gender*	M- Male		🗌 F- Fem	nale	T-Trans gender	
Marital Status*	Married		Unmar		Others	
Citizenship*	IN- Indian		Others	Country	Country (	
Residential Status*	Resident Individual		Non Re	esident Indian		
	Foreign National			of Indian Origin		
Occupation Type*				_	Government Sector	
	O-Others Profe	essional		1,	Retired Dusewife	Student Signature/ Thumb Impression
	B-Business			Categorised		
	•			, ,	fer instruction C & K at the er	nd)
( <i>Certified copy of any one of th</i> □ A- Passport Number		y [Poij needs ]	to be submitted		assport Expiry Date	
B- Voter ID Card		+		1	assport Expiry Date	
D- Driving Licence				r	riving Licence Expiry Date	
E- A adhaar Card				L	Inving Licence Expiry Date	
F- NREGA Job Card		++++				
Z- Others (any document	notified by the control go	vornmont)			Identification Number	
		verninent)				
3. Proof of Address (PoA)*			a instruction	D at the and)		
3.1 Current / Permanent . Address	/ Overseas Address Deta	lis (Please se	e instruction	D at the end)		
Line 1*						
Line 2						
Line 3					City / Town / V ill	lage*
District*	Zip	/ Post C ode	e*		State/UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*			Country*			ountry Code as per ISO 3166
	esi dential / Business		dential	Busine		
(Certified copy of any one				be submitted)	ess 🗌 Registered	
Proof of Address*		_		_		
Passport Number			_	P	assport Expiry Date	
Voter ID Card						
Driving Licence				C	riving Licence Expiry Date	
Aadhaar Card						
NREGA Job Card					Liber (10 - Com Normalian	
<ul> <li>Others (any document no</li> <li>3.2 Correspondence / Loc</li> </ul>			ction E at the	end)	Identification Number	
Same as Curren t / Perm ar			ase of multiple cor		l addresses, please fill Annexure A1, S	ubmit relevant documentary proof)
Line 1*						
Line 2						
Line 3					City / Town / V ill	lage*
District*		/ Post C ode	e*		State/UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*			Country*			ountry Code as per ISO 3166

4. Contact Details (All	communicat	ions wil	l be se	ent on	provid	ded	Mobi	le no	o. / E	mai	il-ID)	(Ple	ase	e refe	r ins	truc	tion	Fa	at th	ne e	end)	)										
Email ID											Τ					Γ				Γ	Γ	Τ	Τ	Τ	Τ	Т	Τ	Т	Τ	Τ		
Mobile		<u></u>	TT.	Tel.	(Off)	<u> </u>		<u> </u>	-		<u> </u>		-	-	] Te	I. (R	les)			<u> </u>	<u>-</u>	<u> </u>	T	Ť	T	÷	T	Ê	$\square$			
5. FATCA/CRS Inform	ation (Tick if	Applier				Poo	ideno				Irpos		- Lu	ricdi	-						 (Dia		o ro	for	inct	truc	tion				(had	
Additional Details Re	`	•••	,	ifab							irpos	65 II	TJU	insur	51101	(5)	Jui	siuc	5 1110	JIA	(1-16	545		iei	11151	.ruc	,1101	D	atu		nu)	
Country of Jurisdictio								) 15		_ `	Cou	ntrv	Co	de o	f.lu	risd	licti	on	of F	Res	ide	nc	еГ	_			er IS	· ^ 2	166			
Tax Identification Nu			t (If is:	sued	by iu	risdi	iction	ו)*	$\vdash$	1															a	spi		0.5	100			
Place / City of Birth*						_	Coui	·	of B	irth	*		╧			╈	╈	t	╈	I T	] c	:ou	intr		ode	<u> </u>	Т	٦	20 0/	or 19	O 31	66
Address							ooui	ici y	01 0							_	_	_	_	-	10			, 0	out	· ∟		_  `	as pe	110	0 31	00
Line 1*																																
Line 2																										$\downarrow$		$\downarrow$				
Line 3		+								+	_						Ci	ty /	То	wn	/ V	'illa	age	* [								
District*				Zip	/ Pos	t Co	ode*								Sta	ate/	UT	Co	de	_ [			as	per	India	an N	loto	r Ve	hicle	Act	, 198	8
State/UT*								С	ountr	у* [												Со	unt	ry	Cod	le			as p	er Is	SO 3	166
6. Details of Related F	Person (Optio	onal) (p	lease i	refer ir	nstruc	tion	G at	the	end)	(in	case	e of a	addi	tiona	l rela	ated	pe	rsoi	ns,	plea	ase	fill	'An	ne>	kure	B1	')					
Related Person	Del	letion o	f Relat	ed Pe	rson		к	YC	Num	ber	of R	elate	ed P	Perso	n (if	ava	ilab	le*)				Τ		Γ								]
Related Person Type*	Gu	ardian o	of Mino	or		[	As	sigr	nee					Auth	oriz	ed R	Repr	ese	enta	tive	;				-							
Nomo*	Prefi	× 		F	irst Na	ame				1			N	/iddle	Nar	ne			_					-	La	ist M	Vam	e			-	1
Name*	(If KYC	L L numbe	and na	ame are	e provi	ded.	belov	v deta	ails of	sec	tion 6	are	optic	nal)										_								1
Proof of Identity [P														,																		
(Certified copy of <u>any or</u>	<u>ne</u> of the follow	ving Pro	of of Id	dentity	[Pol] r	need	s to t	oe su	ıbmitt	ed)															_			_				
A- Passport Number	ər							_						Pas	spo	rt E:	xpir	уC	)ate	)			D	D	- 1	/1  1	/  -	Y	Y	Y	Y	
B- Voter ID Card																																
C- PAN Card																									_							
D- Driving Licence			++											Driv	ing	Lice	ence	εE	хрі	ry E	Date	e [	D	D	- 1	/1	/  -	Y	Y	Y	Y	
E- Aadhaar Card		$\rightarrow$	++		$\square$	$\square$																										
F- NREGA Job Car															1							-						_				
Z- Others (any doc	ument notifi	ed by t	the ce	ntral	govei	rnm	ent)								Id	enti	fica	itio	n N	um	bei	r L			_	_				_		
7. Remarks (If any)																								_		_						_
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<ul> <li>Applicant Declarat</li> <li>I hereby declare that the det</li> </ul>		we are tri	ie and co	orrect to	the her	et of n	ny kno	wlode	hne an	holic	and	Lundo	rtake	a to inf	ormv	ou of	anv	char	0000	_												
therein, immediately. In cas liable for it. I hereby declar	e any of the abov	e informa	tion is fo	und to b	oe false	or ur	ntrue o	r misl	eading	g or r	misrep	resent	ting,	l am a	ware	that I	l máy	be	held													
<ul> <li>legislation or any notification</li> <li>I hereby consent to receiving</li> </ul>	s/directions issue	ed by any	governm	nental or	statuto	ory au	thority	from	time to	time	ə. <sup>-</sup>						, .						[Si	igna	ture /	Thu	ımb li	npre	essior	1]		
Date: DD-MI				Plac	- E					Tegia					uicss	•				-		Sig	gnatu	re / ˈ	Thum	ıb Ir	npres	sior	of A	pplic	ant	
9. Attestation / For Of	fice Use On	ly																														
Documents Recei	ved 🗌 Certifi	- ied Cop	ies																													
KYC Ve	rification Cari	ried Out	by (Re	efer Ins	tructio	n I)												Ir	nstit	utic	on D	eta	ils									
Date	D D - 1	/I M	YY	YY							Nam	ie																				
Emp. Name											Cod	e																				
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Date					si misti	autit	JII J)				Nam	e						1	isut	auc		cid	113									
Emp. Name											Code	_																				
Emp. Code						_					Emp		inch	י ו											-		-					
Emp. Designation											p	10		-																		
	[Empl	oyee Sigr	ature]							[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)

1. Identity Details (Please r	efer instruction <b>A</b> 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* Occupation Type*	<ul> <li>Resident Individual</li> <li>Foreign National</li> <li>S-Service</li> <li>Private Sector</li> <li>O-Others</li> <li>Professional</li> <li>Self Employed</li> <li>Retired</li> <li>House</li> <li>X-Not Categorised</li> </ul>	sewife 🗌 Student
2. FATCA/CRS Information	(Tick if Applicable)	dia (Please refer instruction <b>B</b> at the end)
Country of Jurisdiction of F Tax Identification Number Place / City of Birth*	n (Optional) (please refer instruction G at the end) (in case of additional related persons, ple Guardian of Minor Prefix Prefix Prefix First Name (If KYC number and name are provided, below details of section 6 are optional) (If KYC number and name are provided, below details of section 6 are optional) Related Person* (Please see instruction (H) at the end)	Country Code       as per ISO 3166         own / Village*       as per ISO 3166         as per Indian Motor Vehicle Act,1988         Country Code       as per ISO 3166
A- Passport Number	he following Proof of I dentity[Pol] needs to be s ubmitted) Passport Expiry Date	
<ul> <li>C- PAN Card</li> <li>D- Driving Licence</li> <li>E- A adhaar Card</li> <li>F- NREGA Job Card</li> </ul>	Driving Licence Expire	y Date DD-MM-YYYY
Z- Others ( any documer	nt notified by the central government)	umber
4. Remarks (If any)		
5. Applicant Declaration		
I hereby declare that the details furn therein, immediately. In case any o liable for it. I hereby declare that I legislation or any notifications/direct	hished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of tions issued by any governmental or statutory authority from time to time. ation from Central KYC Registry through SMS/Email on the above registered number/email address.	[Signature / Thumb Impression]
Date: DD – MM –	Y         Y         Y         Place :         Image: Comparison of the second secon	Signature / Thumb Impression of Applicant

Please fill in ENGLISH and in BLO	VCK LETTERS		CVL	internie	anary E	ogo	0			054	
			LVL				South G	ujarat A	ARN: 54	854	_
A. Identity Details (please see g		-									
1. Name of Applicant (As appearing in sup Name	sporting identification	in document).									
									F	PHOTOGRAI	н
Father's/Spouse Name											
									the	Please affix e recent pass	
	· · · · · · · · · ·									photograph	•
2. Gender 🗌 Male 🔲 Female B. N	Marital status 🔲 S	single 📋 Marri	ed C. Date d	of Birth d	d	mm	<b>   </b> y   y	у у		sign across	t
3. Nationality Indian Other Please	e specify)			_							
4. Status Please tick (✓) □ Resident Indiv	vidual 🗌 Non Re	sident 🗌 For	eign National (Pas	sport Copy	Mandato	ry for NF	RIs & Foreign I	Vationals)			
5. PAN	Please	enclose a duly	attested copy of y	our PAN Ca	rd						
Aadhaar Number, if any:											
6. Proof of Identity submitted for PAN	N exempt cases Pl	ease Tick (17)									
UID (Aadhaar) Passport V	•		)thers						(Please <	see guideline	'D'
										see guidenne	
B. Address Details (please see g		leaf)									
1. Address for Residence/Corresponden	ce										
City / Town / Village								Pin C	lode		
State				Country							
2. Contact Details											
Tel. (Off.) (ISD) (STD)				Tel. (Res.)	(ISD)	(STD)					
Mobile (ISD) (STD)					(ISD)	(STD)					
E-Mail Id.				Tux	(150)	(510)					
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🗌 *Latest Telephone Bill (only Land		Electricity Bill		Priving Licer Ⅱ □ Other	nse 🗆 \ rs (Please	/oter Ide specify)	-				
<ul> <li>*Not more than 3 Months old. Validi</li> <li>4. Permanent Address of Resider</li> <li>A diamondary of the state o</li></ul>	ity/Expiry date of p nt Applicant if o by Applicant. Ple jistered Lease/Sale Line) Tatatest I ity/Expiry date of p DECLA	Electricity Bill oroof of addres different fro different f	+Latest Gas Bi ss submitted d  m above B1 (	Driving Licer II Other OR Overse Country e following Driving Licer II Other d / m	rs (Please m m / eas Add see 1	/oter Ide specify) / y y dress ( dress ( b docume specify) / y y	entity Card [ / y y / Mandatory Mandatory Mandatory Antity Card [ / / y y / S	]*Latest I y) for Nc Pin C ↓ J ↓ J ↓ J ↓ J ↓ J ↓ J ↓ J ↓ J	Sank A/C S	ent Applic	assb and tac
<ul> <li>*Not more than 3 Months old. Validi</li> <li>4. Permanent Address of Resider</li> <li>Gity / Town / Village</li> <li>Gity / Town / Village</li> <li>State</li> <li>5. Proof of address to be provided I</li> <li>Passport</li></ul>	ity/Expiry date of p nt Applicant if o by Applicant. Ple jistered Lease/Sale Line) Tease Sale Line) Latest I ity/Expiry date of p DECL/ red above are true ges therein, immediated	Electricity Bill proof of addres different fro different fro ease submit A Agreement of Electricity Bill proof of addres ARATION and correct to ediately. In case	→*Latest Gas Bi ss submitted d om above B1 ( om above B1 (	Driving Licer II Other OR Overse OR Overse Country e following Driving Licer II Other d / m Vour knowl	edge arration is	Voter Ide specify) ( y ) dress ( dress ( docume Voter Ide specify) ( y )	entity Card [       / y y       / Mandator       Mandator       Mandator       ents & tick       ents & tick       entity Card [       / y y       / y y       Entity Card [       / y y       / y y       / And	]*Latest I y) for Nc Pin C ↓ J ↓ J ↓ J ↓ J ↓ J ↓ J ↓ J ↓ J	Sank A/C S	Statement/P	assb and tac
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*Not more than 3 Months old. Validi  4. Permanent Address of Resider  City / Town / Village State  5. Proof of address to be provided I  Passport Ration Card Reg  *Latest Telephone Bill (only Land *Not more than 3 Months old. Validi  6. Any other information: hereby declare that the details furnish- undertake to inform you of any chang- alse or untrue or misleading or misrepr Place:	ity/Expiry date of p nt Applicant if o by Applicant. Ple pistered Lease/Sale Line) Technology ity/Expiry date of p DECL/ red above are true ges therein, immeresenting, I am/ww	Electricity Bill oroof of addres different fro ease submit A Agreement of Electricity Bill oroof of addres ARATION and correct t ediately. In case e are aware the USE ON	+Latest Gas Bi ss submitted d  m above B1 ( m above B1	Driving Licer II Other OR Overse OR Overse Country e following Driving Licer II Other II	rs (Please m m / eas Ade sease Ade sease (Please rs (Please rs (Please m / rs (Please m / rs (Please rs (Please) rs (Please rs (Please) rs (Please rs (Please) rs	Voter Ide specify) ( y y dress ( dress ( docume voter Ide specify) ( y y found to found to	entity Card [       / y y       / Mandatory       Mandatory       Mandatory       ents & tick       entity Card [       / y y       entity Card [       / y y       f and       :o be       / Done []	<pre>&gt;*Latest I y) for No</pre>	ank A/C S	ent Applid	anssb tacl CA
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*Not more than 3 Months old. Validi 4. Permanent Address of Resider  City / Town / Village  City / Town / Village  State  Passport Address to be provided I Passport Ration Card Reg  *Latest Telephone Bill (only Land *Not more than 3 Months old. Validi 6. Any other information:  hereby declare that the details furnish undertake to inform you of any chang alse or untrue or misleading or misrepr Place:	ity/Expiry date of p nt Applicant if o by Applicant. Ple jistered Lease/Sale Line)*Latest I ity/Expiry date of p DECL/ red above are true ges therein, immer resenting, I am/wi FOR OFFICE Int copies received	Electricity Bill proof of addres different fro ease submit A Agreement of Electricity Bill proof of addres ARATION and correct t ediately. In case e are aware the USE ON	→Latest Gas Bi ss submitted d om above B1 ( om above B1 (	Priving Licer II Other OR Overse OR Overse Country e following Driving Licer II Other d / m Vour knowl ove inform held liable for ediary shou ame tion	rs (Please m m / eas Ade sease Ade sease (Please rs (Please rs (Please m / rs (Please m / rs (Please rs (Please) rs (Please rs (Please) rs (Please rs (Please) rs	Voter Ide specify) ( y y dress ( dress ( docume voter Ide specify) ( y y found t	entity Card [       / y y       / Mandatory       Mandatory       Mandatory       ents & tick       entity Card [       / y y       entity Card [       / y y       f and       :o be       / Done []	<pre>&gt;*Latest I y) for No</pre>	ank A/C Son-Resid	ent Applid ent Applid comment at Statement/P F APPLId iary should de en	anssb tacl CA



## PART 2 KNOW YOUR CLIENT (KYC) FORM

South Gujarat ARN: 54854

The Application Form should be completed in English and in BLOCK LETTERS only.

#### **1. UNIT HOLDER INFORMATION**

a. Existing Unit Holder Informatio	on (If you have existing folio, please fll	in section 1 and procee	ed to section 3)		
Folio No.	/	The details in	n our records under the folio number m	entioned alongside will apply for this application.	
Mr. Ms. M/s.					
Application Form No.					
2a. Status of Sole/1st appicant				2b. Occupation Details (please tick ✓)	
1. Resident Individual (RI)         2. 0n behalf of minor         RI	5. AOP/BOI 6. Partnership Firm 7. Proprietorship Firm 8. Body Corporate Listed Unlisted 9. Trust	10.         Society           11.         FIIs           12.         Government Body           13.         Financial Institution           14.         Banks	15. NRI 16. PIO <sup>&amp;</sup> 17. Others <sup>&amp;</sup> (pl.specify)	1.       Private sector service       5.       Housewife         2.       Public Sector / Govt.       6.       Retired         3.       Professional       8.       Agriculturist         4.       Business       9       Others (pl. specify)	
2c. Gross Annual Income (Please tio	ck ✓ )	2d. For Individuals / HUF	rs (Please tick ✓ )^	2e. For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓ )^	
Below 1 Lac 1 - 5 Lacs 10 - 25 Lacs > 25 Lacs - 1Croi Net Worth in (Mandatory for Non-Indiv as on // // // (N		I am Politically Exposed I am related to Political Not Applicable		Foreign Exchange / Money Changer Services     Gamin / Gambling / Lottery / Casino Services     Money Lending / Pawning     Not Applicable	
<sup>&amp;</sup> US and Canada Investors not permitted.	^ If not ticked it will be considered as Not A	Applicable.			

#### 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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant

#### INSTRUCTIONS

In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP)\* status mentioned under section 2 which was forming part of uniform KYC form may be captured in the application form of the Fund.

The said details are mandatory for both Individual and Non Individual applicants. \*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

KYC Details Change form (For Individuals Only)	-¥-		Place Intermedia		,			• •		ion N				054		
Please fill this update / modificati	CVL ion form i	n FNGLISH	and in BLC			S (Ple	ase si						N: 54		used	4)
A Name of Applicant (Mandatory as					TEN.		ase s	line	011	Jett	1011.	5 (116			uset	<i></i>
	. 5							PA	N	1	1			1 1	-	
Title     Mr.     Ms.     Other     Other       Name     I     I     I     I	Aadhaar	Number, if an	y:					- '^								
															-	-
Date of Birth   d   d   /   m   m   /   y   y																
	у у															
Please Provide the new KYC details wh				records	i.											
B. Mandatory fields for KYCs done	betore 1" .	January 201	12													
1. Father's/Spouse Name						4										
2. Current Marital status Single Marrie				nt Nationa	· · .						)					
Note <b>"FOR OFFICE USE ONLY":</b> The IPV Co be mandatorily filled for changes to Identity			y filled for all K	YCs regis	tered	before	1st Jan	uary 20	)12.	Origin	als S	een a	nd Ver	rified sh	ould	
C. Identity Details (please see guide						_	_			_						
1. New Name (As appearing in supporting identities																
Name																
2. New Status Please tick (✓) □ Resident Indiv			ssport Copy Ma			& Fore	ign Nati	onals)								
3. PAN		,	attested copy of	f your PAN	I Card											
4. Proof of Identity submitted for PAN exer Adhaar Card Passport Voter ID		ease Tick (✔) Licence □O	thers									(Place	0 000	guidelin	י יחי מ	0.00
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D. Address Details (please see guide 1. New Address for Residence/Correspondence		leat)														
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City / Town / Village				Cou	ntrv						PIN	Code				_
2. Contact Details				cou												
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Mobile (ISD) (STD)					Fax	(ISD)	(STD)									
E-Mail Id.																
3. Proof of address to be provided by Appli Passport Ration Card Registered Le																
🗌 *Latest Telephone Bill (only Land Line) 🗌	*Latest Electri	city Bill 🔲 *Lat	test Gas Bill 🗌	Others (Pl	ease sp	ecify)										
*Not more than 3 Months old. Validity/Expiry 4. New Permanent Address of Resident In	•			d d//												
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City / Town / Village											Dim	Code				_
State				Cou	ntry			+			rifi	Coue				+
5. Proof of address to be provided by Ap																
□ Passport □ Ration Card □ Registerer □ *Latest Telephone Bill (only Land Line)	d Lease/Sale /	Agreement of	Residence 🗌	] Driving L	icense	e ⊡v	/oter Ide									
*Not more than 3 Months old. Validity/Exp	biry date of p	roof of addres	s submitted	d [ d   /		m /	specity)	/   y	y							
6. Any other information:																
SIGNATURE OF APPLICANT			DECLAR							SIG	νΔτ	IIR	F OI	F AP		Δ'
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	the best o	of my/our kno	owledge and	belief an	dlur	nderta	ke to ir	nform								
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Wherever Applicable			we are aware t													
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AMC/Intermediary name <b>OR</b> code		Seal/Stan	np of the inter		hould	contai	n	S	eal/S	tamp	of th			iary sho	ould co	ont
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			Name of the		tion					N	ame		9	anizatio	n	
(Attested) True copies of documents received			Signa										nature			
Main Intermediary			Da	ite								Γ	Date			

## FATCA-CRS Declaration & Supplementary Information Declaration Form for Individuals

JM FINANCIAL

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

Place of	f Birth	Country of Birth		
	ality 🗆 Indian 🛛 U.S. 🗖 s (Please specify]	Tax Residence Ac Office Busi	ddress [for KYC address]	sidential Registered
	S' please fill for ALL countries ( other t	than India) in which you are a	Resident for tax purposes i.e., where you	Lare a Citizen / Resident / Green
	Holder / Tax Resident in the respective co Country of Tax Residency		Identification Type [TIN or other, please specify]	If TIN is not available, please tick ☑ the reason A, B or C
Card I Sr. No.	Holder / Tax Resident in the respective co	ountries Tax Identification Number or	Identification Type	If TIN is not available, please tick ☑ the reason A, B or C [as defined below]
Card I Sr.	Holder / Tax Resident in the respective co	ountries Tax Identification Number or	Identification Type	If TIN is not available, please tick Ø the reason A, B or C

Date:

Place:

Signature:

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#### South Gujarat ARN: 54854

# **JM Financial Mutual Fund Common Aadhaar Linking Form - Individuals**

### **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 and 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.

The purpose of collection/usage of Aadhaar number including demographic information is to comply with the applicable laws / rules / regulations and the provision of the said data is mandatory as per the 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.

Please fill in your details below:
PAN Aadhaar No.
Name         Gender         M         F
"Please submit these details separately for All Holders
Consent         Consent for linking Aadhaar: 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 (ii) updating my Aadhaar number in accordance with the         Aadhaar Act, 2016 (and Regulations made thereunder) and PMLA. I hereby provide my         consent for sharing / disclose of the 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 folio(s)         with my PAN(s).
For investor's convenience, our Registrar M/s. Karvy Computershare Pvt. Ltd. (RTA) is collecting this mandatory information for authentication and seeding across all Mutual Funds being serviced by them where you are already an investor or would becom an investor in future. <u>Online Facility for Linking Aadhaar:</u> Alternatively, investor/s can use online / sms facility on our RTA's websit www.karvymfs.com to link their Aadhaar number/s. Please submit separate form duly filled, signed, by each of the holders and submit at your nearest Karvy Computershare Branc
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
JM FINANCIAL ACKNOWLEDGEMENT
We Acknowledge the receipt of Aadhaar Linking request.
From Mr/Mrs/Ms:       PAN
PAN       Signature of JM Financial Mutual Fund branch official         Date       d       m       y       y       y       y         Received subject to verification with UIDAI and seeding the Aadhaar for your Mutual Fund Investments.       Signature of JM Financial Mutual Fund branch official