

CKYC & KRA KYC Form

Know Your Client

Application Form (For Individuals only)

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

Application ☐ New

Type*

☐ Update

KYC Number*

KYC Type*

☐ Normal

(PAN is mandatory)

☐ PAN Exempt Investors

(Refer instruction K)

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*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	DD - MM - YYYY		
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Trans gender
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others	Country <input type="text"/> Country Code <input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised	

Photo



Signature/
Thumb Impression

2. Proof of Identity (PoI)* (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 [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

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*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill Annexure A1, Submit relevant documentary proof)

Line 1*

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

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile

 Tel. (Off)

 Tel. (Res)

5. 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 (5) is ticked)

Country of Jurisdiction of Residence*

 Country Code of Jurisdiction of Residence

 as per ISO 3166Tax Identification Number 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

6. 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 ☐ 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)

☐ 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[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

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

 Identification Number

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 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.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[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



1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) Prefix First Name Middle Name Last Name

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)*

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 Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill A 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)

☐ Proof of Identity [PoI] 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 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.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date

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

a. Existing Unit Holder Information (If you have existing folio, please fill in section 1 and proceed to section 3)

[illegible]

b. Name Of First / Sole Applicant

[illegible]

Application Form No.

2a. Status of Sole/1st applicant				2b. Occupation Details (please tick ✓)	
1. <input type="checkbox"/> Resident Individual (RI)	5. <input type="checkbox"/> AOP/BOI	10. <input type="checkbox"/> Society	15. <input type="checkbox"/> NRI	1. <input type="checkbox"/> Private sector service	5. <input type="checkbox"/> Housewife
2. <input type="checkbox"/> On behalf of minor <input type="checkbox"/> RI <input type="checkbox"/> NRI	6. <input type="checkbox"/> Partnership Firm	11. <input type="checkbox"/> FII's	16. <input type="checkbox"/> PIO &	2. <input type="checkbox"/> Public Sector / Govt. service	6. <input type="checkbox"/> Retired
3. <input type="checkbox"/> HUF	7. <input type="checkbox"/> Proprietorship Firm	12. <input type="checkbox"/> Government Body	17. <input type="checkbox"/> Others* (pl.specify) _____	3. <input type="checkbox"/> Professional	7. <input type="checkbox"/> Student
4. <input type="checkbox"/> Company	8. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	13. <input type="checkbox"/> Financial Institution		4. <input type="checkbox"/> Business	8. <input type="checkbox"/> Agriculturist
	9. <input type="checkbox"/> Trust	14. <input type="checkbox"/> Banks			9. <input type="checkbox"/> Others (pl. specify) _____

2c. Gross Annual Income (Please tick ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> > 25 Lacs - 1Crore <input type="checkbox"/> > 1 Crore "OR" Net Worth in (Mandatory for Non-Individuals) ₹ _____ as on <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)	2d. For Individuals / HUFs (Please tick ✓)^ <input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am related to Politically Exposed Person <input type="checkbox"/> Not Applicable	2e. For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)^ <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gamin / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Not Applicable
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[&] US and Canada Investors not permitted. [^] If not ticked it will be considered as Not Applicable.

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
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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 for
Intermediary Logo

Application No. :

South Gujarat ARN: 54854

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

A Name of Applicant (Mandatory as per original KYC records)

Title ☐ Mr. ☐ Ms. ☐ Other (Please specify) _____ Aadhaar Number, if any: _____ PAN _____

Name _____

Date of Birth | d | d | / | m | m | / | y | y | y | y |

Please Provide the new KYC details which should be updated in your KYC records.

B. Mandatory fields for KYCs done before 1st January 2012

1. Father's/Spouse Name _____

2. Current Marital status ☐ Single ☐ Married

3. Current Nationality ☐ Indian ☐ Other (Please specify) _____

Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details.

C. Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).
Name _____

2. New Status Please tick (✓) ☐ Resident Individual ☐ Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN _____ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)
☐ Aadhaar Card ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others _____ (Please see guideline 'D' overleaf)

D. Address Details (please see guidelines overleaf)

1. New Address for Residence/Correspondence

City / Town / Village _____ State _____ Country _____ Pin Code _____

2. Contact Details

Tel. (Off.) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____

Mobile (ISD) (STD) _____ Fax (ISD) (STD) _____

E-Mail Id. _____

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify) _____
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

4. New Permanent Address of Resident Individual OR Overseas Address (Mandatory) for Non-Resident Individual

City / Town / Village _____ State _____ Country _____ Pin Code _____

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify) _____
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

6. Any other information: _____

SIGNATURE OF APPLICANT

Old signature as per original KYC
Wherever Applicable

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

Place: _____

Date: | d | d | / | m | m | / | y | y | y | y |

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done ☐ on | d | d | / | m | m | / | y | y | y | y |

AMC/Intermediary name OR code _____

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received
Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name
Designation
Name of the Organization
Signature
Date

Seal/Stamp of the intermediary should contain

Staff Name
Designation
Name of the Organization
Signature
Date

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

NAME:

PAN OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth	
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)	Tax Residence Address [for KYC address] <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? → Yes ☐ No ☐

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

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 <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B → 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)
- Reason C → others; please state the reason thereof.

Declaration:

I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities.

Date:

Place:

Signature:

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	<div style="display: flex; justify-content: space-around;"> </div>	Aadhaar No.	<div style="display: flex; justify-content: space-around;"> </div>	
Name	<div style="display: flex; justify-content: space-around;"> </div>		Gender	<div style="display: flex; justify-content: space-around;"> M F O </div>

"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).

Signature

Date d d m m 2 0 1 y

Place

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 become an investor in future.

Online Facility for Linking Aadhaar: Alternatively, investor/s can use online / sms facility on our RTA's website 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 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

ACKNOWLEDGEMENT

We Acknowledge the receipt of Aadhaar Linking request.

From Mr/Mrs/Ms:

PAN

Date

d
d
m
m
y
y
y
y

Signature of JM Financial Mutual Fund branch official