Know Your Client (KYC) South Gujarat ARN: 54854			
Application Form (For	r Individuals only)		
	(Please fill the form in English and in BLOCK Letters) Update KYC Number* Fields marked with "# are mandatory fields KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)		
1. Identity Details (Please re			
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*	$\Box \Box = MM - Y + Y + Y$ 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 Origin		
Occupation Type*	S-Service Private Sector Public Sector Government Sector		
	O-Others Professional Self Employed Retired Housewife Student		
	B-Business X-Not Categorised		
	or PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)		
A- Passport Number	he following Proof of Identity [Pol] needs to be submitted) Passport Expiry Date		
B- Voter ID Card			
D- Driving Licence			
E- Aadhaar Card			
☐ F- NREGA Job Card			
Z- Others (any docume	nt notified by the central government)		
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	City / Town / Village*		
District*	Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988		
	Country* Country* Country Code as per ISO 3166		
1	esidential / Business Residential Business Registered Office Unspecified of the following Proof of Address [PoA] needs to be submitted)		
Proof of Address*			
Passport Number	Passport Expiry Date D - M - Y Y		
□ Voter ID Card			
Driving Licence	Driving Licence Expiry Date D M V V V		
Aadhaar Card			
□ NREGA Job Card			
	notified by the central government)		
3.2 Correspondence / Local Address Details* (Please see instruction E at the end)			
Same as Current / Permar	nent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)		
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* Country Code as per Indian Motor Vencie Act, 1988		
	Version 1.6 Page 1		

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)
Email ID Tel (CFC Tel (CFC) tel (CFC Tel (CFC) tel (CFC Tel (CFC) tel (CFC) tel (CFC Tel (CFC) tel (CFC
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*
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City of Birth*
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 Code as per ISO 316
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 Assignee Authorized Representative
Prefix First Name Middle Name Last Name Name* Image: Control of the second sec
(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 <u>any one</u> of the following Proof of Identity[Pol] needs to be submitted)
A- Passport Number Passport Expiry Date D - M - Y Y
B- Voter ID Card
C- PAN Card
D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY
E- Aadhaar Card
F- NREGA Job Card
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 unitue 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 legislations/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: D - M - 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
D D M Y Y Name I
Emp. Name
Emp. Code Emp. Branch
Emp. Designation
In Person Varification (IDV) Carried Out by (Defer Instruction /)
In-Person Verification (IPV) Carried Out by (Refer Instruction J) Institution Details Date D M Y Y Name D D D
Emp. Name Code
Emp. Code Emp. Branch
Emp. Designation
Version 1 6 Pa

Supplementary CKYC Form

Know Your Client (KYC) Application Form For Individuals Only

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

(To be additionally filled by customers using old KYC form)

😫 LIC MUTUAL FUND South Gujarat ARN: 54854

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

KYC Type: c Normal (PAN is mandatory) c PAN Exempt Investors

Prefix First Name Model Name Last Name Name' (save so to pool) Midde Name Last Name Madden Name (reny') Individual Individual Individual Name'' (save so to pool) Person of Indian Orgin Individual Person of Indian Orgin Person of Indian Orgin Individual Person of Indian Orgin Person of Indian Orgin Individual Person of Indian Orgin Person of Indian Orgin Occupation Type* Settier Middew Call Debainses Settier Middew Call Additional Data Is Required* Actionatory only if above option is to ckeed Country of Justification on Residence for Tax Purposes in Justification (S) Outside India (Please refer instruction B at he end) Additional Data Is Required* Country of Bith* Passines Country of Bith* Passines Country of Bith* Passines Country of Bith* Passines Country of Code* StataUT Country Code Passines Country Code StataUT Country Code Country Code as period at keen Passines Country Code StataUT Country Code Country Code as period at keen Passine Code StataUT Code Internet Passine Residen Individual Passine Code Internet Country Code Passine Code Internet Passine Residen Individual Passine Code Internet Passine Residen Individual Passine Code Interne	PAN		Please enclose a duly attested copy of your PAN Card	
Maden Name (Imay) Nother Name* Residential Status* Person of Indian Origin Occupation Type* Posterios Professional Professional <td>· · · · · · · · · · · · · · · · · · ·</td> <td>Prefix</td> <td>First Name Middle Name</td> <td>Last Name</td>	· · · · · · · · · · · · · · · · · · ·	Prefix	First Name Middle Name	Last Name
Mother Name*	Name* (same as ID proof)			
Residential Status* Resident Individual Portion of Indian Origin Occupation Type* - Service Pitrato Sector Portion of Indian Origin Occupation Type* - Service Pitrato Sector Retired <	Maiden Name (If any*)			
Occupation Type* Provides Cascura Service Private Sector Selvice	Mother Name*			
Control of Orbits of Residence for Tax Purposes in Jurkdiction (S) Outside India (Please refer instruction B at the end) Additional Deletion of Residences of Tax Purposes in Jurkdiction of Residence of a serie to 3166 Country of Jurisdicti on of Residences of Tax Purposes in Jurkdiction of Residence is a serie to 3166 Tax Identificati on Number or equivalent (If Issued by Jurkdicti on)*		Foreign National	Person of Indian Origin	ctor
2. FATCACRS Information (Tick if Applicable) 2. FATCACRS Information (Tick if Applicable) Additional Deta its Required' (Mandatory only if above option is it kede) Country of Jurisdicti on of Residence' as per 180 3166 Tax Identificati on Number or equivalent (If issued by jurisdicti on)' Tax Identificati on Number or equivalent (If issued by jurisdicti on)' Piece / City of Bin'n Country Code Bin		O-Others Pro	fessional Self Employed Retired	Housewife 🗌 Student
Additional Details Required* (Mandatory only If above option is ticked) Country of Jurisdicti on of Resi dence		B-Business	X-Not Categorised	
Country of Jurisdicti on of Residence' Country Code of Jurisdicti on of Residence Address Line 1 Country Code of Jurisdicti on of Residence Country Code Address Line 1 Country Code Country Country Country Code Country Country Country Country Code Count	2. FATCA/CRS Information	(Tick if Applicable)	Residence for Tax Purposes in Jurisdiction(s) Outsic	le India (Please refer instruction B at the end)
Tax I dentificati on Number or equivalent (I issued by jurisdicti on)' Place / City of Birth* Place / City of Birth* Country of Birth* Country of Birth* Country Code as per 150 3166 Address Line 1* Line 2 Line 3 Line 4	Additional Details Require	ed* (Mandatory only if	above option is ti cked)	
Place / City of Birth* Country Ode as per Iso 3te6 Address Line 1* Country Code as per Iso 3te6 Line 1 Line 2 Line 1* Country Code as per Iso 3te6 Line 2 Line 3 Line 1* Country* Country* Line 3 State/UT Code State/UT Code as per Iso 3te6 State/UT Country* Country* Country Code as per Iso 3te6 3. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill A nnexure B1) Related Person (Detain) (Please refer instruction G at the end) (in case of additional related persons, please fill A nnexure B1) Related Person (Detain) (Please sec instruction (H) at the end) (in Case of additional related person are provided, below dealls of section B are optional) Related Person (If available)* Related Person Type* Guardian of Moor Person (Chease sec instruction (H) at the end) Related Person (If available)* Related Person are provided, below dealls of section B are optional) Related Person are provided, below dealls of section B are optional) Related Person are provided and the sec instruction (H) at the end) Related Person are provided and the sec instruction (H) at the end) Related Person are provided and the sec instruction (H) at the end) Related Person are provided and the sec instruction (H) at the end) <td< td=""><td>Country of Jurisdicti on of</td><td>Residence*</td><td>Country Code of Jurisdicti or</td><td>of Resi dence as per ISO 3166</td></td<>	Country of Jurisdicti on of	Residence*	Country Code of Jurisdicti or	of Resi dence as per ISO 3166
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Line 1* Line 2 Line 3 Line 4 Line 2 Line 3 Line 4 Line 4 Line 2 Line 4 L	Place / City o f Birth*		Country of Birth*	Country C ode as per ISO 3166
Line 3 District Distr				
District Zip / Post C ode* State/UT* Country* State/UT* Code State/UT* Code State/UT* Code State/UT* Code State/UT* Code State/UT* Code State/UT* Code State/UT* Code State/UT* Code State/UT* Code State/UT* Code State/UT* Code State/U	Line 2			
State/UT* Country* Country* Country* Country* Country Code as per ISO 3166 Country Country Code as per ISO 3166 Country Cou	Line 3		City	/ Town / V illage*
	District*	Z	ip / Post C ode* State/UT C	ode as per Indian Motor V ehicle Act, 1988
Related Person Deletion of Related Person KYC Number of Related Person (if available*) Related Person Type* Guardian of Minor Assignee Name* Perfix First 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 I dentity/Pol] needs to be s ubmitted) A- Pass port Num ber B- Voter ID Card O - ON M - V V V C- PAN Card O - Drivi ng Licence D- Drivi ng Licence D- Nime Card F- NREGA Job Card A Remarks (if any) Identification Number (B- Applicant Declaration S. Applicant Declaration (Signature / Thurnb Impresson)	State/UT*		Country*	Country C ode as per ISO 3166
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Certified copy of any one of the following Proof of I dentity[Pol] needs to be submitted) Passport Expiry Date Image: Comparison of the following Proof of I dentity[Pol] needs to be submitted) A - Pass port Num ber Image: Comparison of the following Proof of I dentity[Pol] needs to be submitted) Passport Expiry Date Image: Comparison of	Proof of Identity [Pol] of	,		
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 D- Drivi ng Licence E- A adhaar Card F- NREGA Job Card Z- Others (any document notified by the central government) Identificati on Number 4. Remarks (If any) 5. Applicant Declaration 5. Applicant Declaration • Ihereby 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. Lam aware that I may be held liable for it. I hereby declare that the details furnished above are true and correct to the best of on travention of any Act, Rules, Regulati ons or any statute of legislation or any notifications its und to the false or untrue or misleading or misrepresenting. Lam aware that I may be held liable for it. I hereby declare that the of the purpose of contravention of any Act, Rules, Regulati ons or any statute of Legislation or any notifications/directions issued by any governmental or statutory authority from time to time. (Signature / Thumb Impression]	B- Voter ID Card			
 E- A adhaar Card F- NREGA J ob Card Z- Others (any document notified by the central government) Identificati on Number 4. Remarks (If any) 4. Remarks (If any) 5. Applicant Declaration 9. Thereby 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. 1 hereby declare that I am not making this application for the purpose of c ontravention of any Act, Rules, Regulati ons or any statute of legislations or any 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. [Signature / Thumb Impression]	C- PAN Card			
 F- NREGA Job Card Z- Ot hers (any document notified by the central government) Identificati on Number Identificati on Number A Remarks (If any) A Remarks	D- Drivi ng Licence		Drivi ng Licence I	Expiry Date DD — MM — YYYY
Z- Ot hers (any document notified by the central government) Identificati on Number 4. Remarks (If any) Joint Control Identificati on Number Joint Control Identificati on Number Joint Control Identificati on Number State Identificati on Number Joint Control I	E- A adhaar Card			
4. Remarks (If any) A. Remarks (If any) A. Remarks (If any) A. Declaration 5. Applicant Declaration For the state of	F- NREGA Job Card			
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 c ontravention of any Act, Rules, Regulati ons 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.	Z- Ot hers (any docume	nt notified by the centr	al government)	on Number
 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, Regulati ons 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. 	4. Remarks (If any)			
 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, Regulati ons 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. 				
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	therein, immediately. In case any o liable for it. I hereby declare that I legislation or any notifications/direc	f the above information is found am not making this applicatio tions issued by any governmenta	to be false or untrue or misleading or misrepresenting, I am aware that I may be n for the purpose of c ontravention of any Act, Rules, Regulati ons or any statu I or statutory authority from time to time.	held Ite of
				Signature / Thumb Impression of Applicant

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Annexure A1 – Addition/Modification/Change of Address – Correspondence/Local Address	LIC MUTUAL FUND
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 Image: Change institution institution (Mandatory for KYC)	YC update request)
1.Correspondence / Local Address Details (Please see instruction E at the end) Enclose relevant documentary proof	
Same as Current / Permanent / Overseas Address details	
Line 1*	
Line 2	
Line 3 City / Town / Vill	age*
District* Zip / Post Code* State/UT Code	as per Indian Motor Vehicle Act , 1988
State/UT Country* Country*	Country Code as per ISO 3166
2.Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end of the sent of the s	nd)
Email ID	
Mobile Tel. (Off) Fax	
3.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. 	[Signature / Thumb Impression] Signature / Thumb Impression of Applicant

Annexure B1 – Addition	of Related Persons		LIC MUTUAL FUND
Fields marked with '*' are ma Please fill the form in English	-		
For office use only (To be filled by financial institution)	Application Type* New Update		KYC update request)
1.Details of Related	Person (In case of additional related persons, please fill 'A	Annexure B1') (please refer instruction (G at the end)
Addition of Related Pe	rson Deletion of Related Person KYC Number of	f Related Person (if available*)	
Related Person Type*	Guardian of Minor Assignee	Authorized Representative	
Name*	Prefix First Name Image: Prefix First Name Image: Prefix Image: Prefix Image: Prefix Image: Prefix	Middle Name	Last Name
Proof of Identity [Pol] of I	elated $Person^*$ (Please see instruction (H) at the end)		
A- Passport Number		Passport Expiry Date	
B- Voter ID Card			
C- PAN Card			
D- Driving Licence		Driving Licence Expiry Date	D D $ M$ M $ Y$ Y Y
E- Aadhaar Card			
F- NREGA Job Card			
Z- Others (any docume	nt notified by the central government)	Identification Number	
2.Applicant Declaration			
therein, immediately. In case a liable for it. I hereby declare t legislation or any notifications/o	furnished above are true and correct to the best of my knowledge and belief a y of the above information is found to be false or untrue or misleading or mis at I am not making this application for the purpose of contravention of an rections issued by any governmental or statutory authority from time to time. ormation from Central KYC Registry through SMS/Email on the above register	srepresenting, I am aware that I may be held by Act, Rules, Regulations or any statute of	[Signature / Thumb Impression]
Date: DD-MM-	Y Y Y Place :		Signature / Thumb Impression of Applicant
3.Attestation / For Offic	e Use Only		
Documents Receive	Certified Copies		
К	C Verification Carried Out by	Institution	Details
Date Emp. Name Emp.		ame ode	
Code			
Emp. Designation			
Emp. Branch			
	[Employee Signature]	[Institution	Stamp]



FATCA / Foreign Tax Laws Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency, if required)

	First / Sole Applicant / Guardian	
Name		
PAN	Folio No.	
Address ¹		
City State Pincode Mobile		Country
Type of address given at KRA 🗸 🗸	esidential or Business 🗸 Residential 🗸	Business 🗸 Registered Office
City of Birth		
Country of Birth		
Are you a tax resident of any country other	than India? 🛛 Yes 🗸 🔹 No 🗸	
If yes, please indicate all countries in wh	ich you are resident for tax purposes and the asso	ociated Tax ID Numbers below.
Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)
¹ Address would be taken as per the data availab	le in KRA database. In case of any change in add	ress please approach KRA.
[#] To also include USA, where the individual is a d [%] In case Tax Identification Number is not availal	-	
	Second applicant	
Name		
PAN Address ¹	Folio No.	
Address		
City State		Country
Pincode Mobile		
Type of address given at KRA 🗸 🧹	esidential or Business 🗸 Residential 🗸	Business 🗸 Registered Office
City of Birth		
Country of Birth		
Are you a tax resident of any country other	than India? Yes 🗸 No 🗸	
If yes, please indicate all countries in wh	ich you are resident for tax purposes and the asso	ociated Tax ID Numbers below.
Country [#]	Tax Identification Number ³⁶	Identification Type (TIN or Other, please specify)
		(The of other, please specify)
*To also include USA, where the individual is a c	-	ress please approach KRA.
[%] In case Tax Identification Number is not availal	bie, kindly provide its functional equivalent	

	Third applicant	
Name		
PAN	Folio No.	
Address ¹		
City Sta	te	
	bile	Country
Type of address given at KRA \checkmark	Residential or Business 🗸 Residential 🗸	Business 🗸 Registered Office
City of Birth		
Country of Birth		
Are you a tax resident of any country ot	ner than India? Yes 🗸 No 🗸	
If yes, please indicate all countries i	n which you are resident for tax purposes and the a	associated Tax ID Numbers below.
Country [*]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)
¹ Address would be taken as per the data av	ailable in KRA database. In case of any change in	address please approach KRA.
*To also include USA, where the individual i	s a citizen / green card holder of The USA ailable, kindly provide its functional equivalent	
In case has identification number is not av		
	Certification	
hereby confirm that the informatio	requirements of this Form (read along with provided by me on this Form is true, cor le FATCA Terms and Conditions given ur	rect, and complete. I also confirm
First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date d d m m y y y y	Place	
	INSTRUCTIONS	
seek additional personal, tax and beneficial over information may be sought either at the time of receive a valid self-certification from you) we re any questions about your tax residency, pleas please ensure you advise us promptly, i.e., information to any institutions such as withhold	owards compliance with tax information sharing laws over information and certain certifications and docum f account opening or any time subsequently. In certa hay be obliged to share information on your account e contact your tax advisor. Should there be any cha within 30 days. Towards compliance with such laws ling agents for the purpose of ensuring appropriate w red by domestic or overseas regulators / tax authoriti ope or suspend your account(s).	entation from our account holders. Such ain circumstances (including if we do not with relevant tax authorities. If you have ange in any information provided by you, s, we may also be required to provide <i>v</i> ithholding from the account or any
	n card holder, please include The United States i per. Foreign Account Tax Compliance provisions (con	
	ne request to provide this information, if you have mi pond to our request, even if you believe that you hav	
WWV	ET MANAGEMENT LTD. Opp. Churchgate Station, Mumbai - 400 020 <u>.licmf.com</u> 1800 258 5678	Blank space for your branch or any other details.



Common Aadhaar linking form across Karvy Serviced Mutual Funds / other RTAs

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, 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 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.

We, at Karvy enabled several convenient modes of Aadhaar number linking across all Karvy serviced Mutual Funds / other RTAs.

Please fill in your details below:		
PAN Aadhaar No.		
Name Gender M F O		
"Please submit these details separately for All Holders"		
Consent		
I/We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) 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 / our folios with my / our PAN.		
For investor convenience, Karvy Computershare is collecting this mandatory information for authentication and seeding across all participating Karvy Serviced Mutual Funds / other RTAs listed above where you are already an investor or would become an investor in future. Please submit the form duly filled, signed, for all the holders, separately, 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		
Computershare ACKNOWLEDGEMENT		
Date d d m y y y y		
From Mr/Mrs/Ms: Signature of Karvy Branch Official Received subject to verification with UIDAI and seeding the Aadhaar for your Mutual Fund Investments. Signature of Karvy Branch Official		