CKYC & KRA KYC Form MOTILAL OSWAL Mutual Fund (Please fill the form in English and in BLOCK Letters) Fields marked with (
Application Type* New Update KYC No.	
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	
Name* (same as ID Proof) F I R S T M I D Maiden Name (if any*) F I R S T M I D Father / Spouse Name* F I R S T M I D Mother Name* F I R S T M I D	D L E Image: Constraint of the second
Citizenship* Indian Others – Country Country Name Country O	Code
Residential Status* Resident Individual Non Resident Indian Foreign National	Person of Indian Origin
Occupation Type*	Signature/
Housewife Student Business Not Categorised Other	Thurb impression
2 Proof of Identity (Pol)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at (Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted) Passport Number Passport Expiry Date D M M Y Y Voter ID Card Aadhaar Card Image: Card Copy of Card Copy of Card Card Card Card Card Card Card Card	Y Y
Driving Licence	
NREGA Job Card	
Others (any document 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	
City / Town / Village* District*	
	Pin Code* Country Code
State/UT* State/UT Code Country*	as per ISO 3166
Address Type* Residential / Business Residential Business Registered Office Unspeci (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) Unspeci	fied
Proof of Address*	
Voter ID Card Aadhaar Card Aadhaar Card	
Driving Licence Expiry Date D D M M Y Y Y	YYY
NREGA Job Card	
Others (any document notified by the central government)	
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 'Annexur Address	e A1', Submit relevant documentary proof)
City / Town / Village* District*	Pin Code*
State/UT* State/UT Code Country*	Country Code
as per Indian Motor Vehicle Act, 1988 4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)	as per ISO 3166
	Mobile
Tel. (off)	

	liction(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 3166							
Tax Identification Number or equivalent (If issued by jurisdiction)*								
Place / City of Birth* Country of Birth*	Country Code as per ISO 3166							
Address								
City / Town / Village*	rict*							
State/UT* State/UT St	Country* Country Code tor Vehicle Act, 1988 as per ISO 3166							
as per Indian Motor Vehicle Act, 1988 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 Representativ								
Prefix F I R S T I <thi< th=""> I <thi< th=""> <thi< th=""></thi<></thi<></thi<>	M I D D L E L A S T							
(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[Pol] needs to be submitted)								
	aar Card							
Pan Card								
Driving Licence Driving Licence Expiry Date	D D M M Y Y Y Y							
NREGA Job Card								
Others (any document notified by the central government)	Identification No							
7 Remarks (If any)								
8 Applicant Declaration								
 8 Applicant Declaration • I hereby declare that the details furnished above are true and correct to the best of my knowledge are 	d belief and I undertake to inform you of any changes							
 I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi 	ng or misrepresenting, I am aware that I may be held							
 I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleadi liable for it. I hereby declare that I am not making this application for the purpose of contraveni legislation or any notifications/directions issued by any governmental or statutory authority from tin 	ng or misrepresenting, I am aware that I may be held ion of any Act, Rules, Regulations or any statute of e to time.							
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MOTILAL OSV Mutual Fund	WAL		(Pleas			Your orm in	Clie	nt (H	(YC)	App		ion	For	m (I	or	Indi					ry f	fields	S		So	uth	Gu	jara	: AR	N: 5	485	4
KYC Type*	Norr	mal (PAN	is man	dator	ry)	PA	N Exe	mpt I	nves	tors																						
1 Identity Details (Plea	se refer in	struction	A at th	ie end	d)																											
PAN				Pleas	se enclo	ose a du	ly atte	sted o	сору о	f your	PAN Ca	ırd																				
Name* (same as ID Proof)	Prefix		F		R	S T								M		D	D	L		E								L	A	S	Т	
Maiden Name (If any*)			F		R	S T								M		D	D	L	Ī	E								l	A	S	Т	
Mother Name*			F		R	S T								Μ		D	D	L	_	E								L	A	S	Т	
	Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin Occupation Type* Service Private Sector Public Sector Government Sector Others Professional Self Employed Retired																															
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Additional Details Required* (M	landatory	only if at	ove op	tion is	s ticke	d)																										
Country of Jurisdiction of Resid	dence*											Cou	ntry	Code	e of J	urisd	ictio	n of F	Res	iden	се				as	oer IS	0 3	66				
Tax Identification Number or ed	quivalent (I	lf issued	by juris	dictio	on)*																											
Place / City of Birth*						Country	y of B	irth*											C	ount	ry C	Code			a	s per	IS0	3166				
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3 Details of Related Pr Related Person [Related Person Type* [Deleti	ptional) (p ion of Re an of Min	lated Pe	erson		_	the e	, (ł	(YC N	lumbei								ure	B1')												
Name*	F I	R S provided		detai	Is of s	ection	6 are	optic	onal)			Μ		D	D	L	E											L	A	S	Т	
Proof of Identity [Pol] o	f Related I	Person* (Please	see ii	nstruct	tion (H)	at th	e enc	d)																							
(Certified copy of any one of the	e following	Proof of I	dentity[Pol] r	needs t					Data					N	V	V															
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Others (any document notified b	y the centr	al govern	ment)											denti	ficat	ion N	0															
4 Remarks (If any)																																
5 Applicant Declaratio	n																															
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Date D D M M Y	ү ү ү	Plac	e																					Sigi	natu	re / Tl	านท	b Imp	ressio	n of Aj	plica	Int

MOTILAL OSWAL	CRS Annexure for Individual Accounts (Including Sole Proprietor) (Refer to instructions) professional tax advisor for further guidance on your tax residency, if requ								
1 First / Sole Applicant / Guardian									
Name FIRST	M I D D L E								
Gender Male Female Other									
Father's Name F I R S T	M I D D L E	L A S T							
PAN Custo	omer ID/ Folio NO								
Occupation Service Business Others Speci									
	atabase. In case of any change please approach KRA & notify the	changes							
Type of address given at KRA 🛛 🗌 Residential or Business	Residential Business Registered Office	C C C C C C C C C C C C C C C C C C C							
ermissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others Specify									
Date of Birth D D M M Y Y Y Y Place of	Birth Country of Birth	Nationality							
, , , ,	s L No	ID Numbers below							
Country"	Tax Identification Number %	Identification Type (TIN or Other, please specify)							
Country									
To also include USA, where the individual is a citizen / green /	 card holder of The USA [%] In case Tax Identification Number is n	ot available, kindly provide its functional equivalent \$							
•									
2 Second Applicant									
Name FIRST	M I D D L E								
Gender Male Female Other									
Father's Name F I R S T	M I D D L E								
PAN Custo	omer ID/ Folio NO								
Occupation Service Business Others Speci	fy								
	latabase. In case of any change please approach KRA & notify the	changes							
Type of address given at KRA Residential or Business	Registered Office								
Permissible documents are Passport Election ID (Card PAN Card Govt. ID Card Driving License UIDAI	Card NREGA Job Card Others Specify							
Date of Birth D D M M Y Y Y Place of	Birth Country of Birth	Nationality							
Are you a tax resident of any country other than India? $\hfill \qquad \Box \ \gamma_{e}$	es 🗌 No								
If yes, please indica	te all countries in which you are resident for tax purposes and the associated Tax	ID Numbers below.							
Country"	Tax Identification Number *	Identification Type (TIN or Other, please specify)							
${}^{\!\!\!^{\mathrm{s}}}$ To also include USA, where the individual is a citizen / green (card holder of The USA $+$ st In case Tax Identification Number is no	ot available, kindly provide its functional equivalent \$							
3 Third Applicant									
	MIDDLE								
	M I D D L E								
Gender Male Female Other Father's Name I R S T I I	M I D D L E	ТОЛИ							
	omer ID/ Folio NO								
Occupation Service Business Others Speci									
	latabase. In case of any change please approach KRA & notify the	changes							
	Residential Business Registered Office Card PAN Card Govt. ID Card Driving License UIDAI	Card NREGA Job Card Others Specify							
Date of Birth D D M M Y Y Y Y Place of	Birth Country of Birth	Nationality							
Are you a tax resident of any country other than India? 🗌 Yes 🗌 No									
	ate all countries in which you are resident for tax purposes and the associated Tax								
Country"	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)							
	holder of The USA [%] In case Tax Identification Number is not availa								

4 Certification

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/ We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	
--------------------------------------	------------------	-----------------	--

Power of Attorney Holder

Place_	
Data	

5 FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian Financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Motilal Oswal Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

6 FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

^sIt is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	 Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND Any one of the following documents: Certifued Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	 Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)
Telephone number in a country other than India	If no Indian telephone number is provided 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)
Telephone number in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes

1.Certificate of residence issued by an authorized government body*

2.Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.



MOTILAL OSWAL MUTUAL FUND SIT TIGHT	Aadhaar linking form for I	ndividual
	Please fill in your details below:	South Gujarat ARN: 54854
Investors POA Gua	rdian	
First Holder Name		
PAN/PEKRN/CKIN	Aadhaar No.	
Second Holder Name		
PAN/PEKRN/CKIN	Aadhaar No.	
Third Holder Name		
PAN/PEKRN/CKIN	Aadhaar No.	
POA Name		
PAN/PEKRN/CKIN	Aadhaar No.	
Guardian Name		
PAN/PEKRN/CKIN	Aadhaar No.	
validating / authenticating and (ii) updating my/ including demographic with the Aadhaar Act, 20 Management Company Limited. and their Regis Date d d m m y y y y Place Signature: First Holder /POA/Gaurdian	rdance with Aadhaar Act, 2016 and regulations made there under, for our Aadhaar number(s) in accordance with / our consent for sharing / 16 (and regulations made there under) and PMLA. I / We hereby provid trar and Transfer Agent (RTA) for the purpose of updating the same in n Second Holder	disclose of the Aadhaar number(s) e information to Motilal Oswal Asset ny / our folios with my / our PAN.
MUTUAL FUND SIT TIGHT	ACKNOWLEDGEMENT	
PAN Image: Constraint of the section of the sectio	AMC I	by Karvy Branch Official / Branch Official
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