South Gujarat ARN: 54854		CKY	C & KRA KYC Form Mahindra
Know Your Client		Annlingtion	MUTUAL FUND
Application Form (For Inc	• •	Application Type*	Update KYC Number*
(Please fill the form in English and in B Fields marked with '*' are mandatory fi			□ Normal (PAN is mandatory) □ PAN Exempt Investors (Refer instruction K)
1. Identity Details (Please refer i	instruction A at the e		
PAN		Please enclose	se a duly attested copy of your PAN Card
	refix	FirstName	Middle Name Last Name
Name* (same as ID proof)			
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	D — M M — Y Y	/ Y Y	Photo
Gender*	M- Male		F- Female T-Transgender
Marital Status*	Married		Unmarried Others
Citizenship*	IN- Indian		Others – CountryCountry Code
Residential Status*	Resident Individual		Non Resident Indian
	Foreign National		Person of Indian Origin
Occupation Type*	S-Service (Priv		Public Sector Government Sector) Self Employed Retired Housewife Student)
	B-Business	033101121	X-Not Categorised X-Not Categorised
2. Proof of Identity (Pol)* (for PA	AN exempt Investor o	or if PAN card	d copy not provided) (Please refer instruction C & K at the end)
(Certified copy of any one of the fo	•		
A- Passport Number			Passport Expiry Date
B- Voter ID Card			\Box
D- Driving Licence			Driving Licence Expiry Date D D - M M - Y Y Y
E- Aadhaar Card			
F- NREGA Job Card			
Z- Others (any document no	otified by the centra	al governmen	nt)
3. Proof of Address (PoA)*			
3.1 Current / Permanent / Ove	erseas Address Deta	ails (Please see	ee instruction D at the end)
Address Line 1*			
Line 2			
Line 3			City / Town / Village*
District*	Zip	p / Post Code	
State/UT*			Country* Country Code as per ISO 3166
	ential / Business	Resi	sidential Business Registered Office Unspecified
(Certified copy of <u>any one of</u> th	ne following Proof of	f Address [Po	•
Proof of Address*		_	
Passport Number Voter ID Card			Passport Expiry Date
Driving Licence			Driving Licence Expiry Date DD - MM - YYYY
Aadhaar Card			
□ NREGA Job Card	+++++		
□ Others (any document notifi	ied by the central o	overnment)	Identification Number
3.2 Correspondence / Local A			
			case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)
Line 1*			
Line 2			
Line 3			City / Town / Village*
District*	Zip	p / Post Code	le* State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT*			Country* Country Code as per ISO 3166

4. Contact Details (All	communic	ations	will be s	sent or	n prov	idec	l Mo	bile n	io. / E	Ema	ail-ID)	(Plea	ase r	efer	instr	ruct	ion	Fa	at th	ie e	nd)											
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Mobile			$\frac{1}{1}$	Te	I. (Off)					T			+		Tel.	(R	es)			-	5	<u> </u>	T	T	Ť	Ť	T	Ē	\Box		_	
5. FATCA/CRS Inform	ation (Tick		licable)				sido	nce f			Purpos	os in	Luri	edic	1		. 1	ide		412	 (Dia	-	o re	ofor	ine	truc	tion		at ti		nd)	
Additional Details Re			,	lv if a								65 11	Jun	Suic		5) C	Juis	side	7 1110	ла	(1 10	- 23			1113	nuc		D	arti		nu)	
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Tax Identification Nu				ssued	d by iu	Jriso	dicti	on)*	\square																	13 p	01 10	0 0	100			
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State/UT*								C	count	ry*												Co	unt	ry	Coc	ie			as p	er IS	SO 3'	66
6. Details of Related F	Person (Op	otional)	(please	e refer	instru	ctio	n G a	at the	e end) (ii	n case	e of a	dditio	onal	relat	ted	per	sor	ns,	plea	ase	fill	'An	nex	xure	B1	')					
Related Person	_		of Rel		erson		_			nbe	er of R				`																	
Related Person Type*		Guardia efix	n of Mi		First N	lom		Assig	nee						o <mark>rize</mark> Nam		epre	ese	enta	tive	÷					ae+ I	Nam	e				
Name*							ĪT								Nam						Γ	Τ		Т		1511						
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Proof of Identity [P	-		``					``'			,																					
(Certified copy of <u>any or</u> A- Passport Number		lowing F	Proof of	Identit	ty[Pol]	nee	ds to	be s	ubmit	ted)		Б		nort	Ev	nin		Noto			ſ		_	Б						~	
B- Voter ID Card			$\left \right $	++									Г	ass	port		(pir	уЪ	ale	;		l	D			VI I	VI	. <u> </u>	T	Y	Υ.	
C- PAN Card		++	$\left \right $	++	++																											
D- Driving Licence		++	+	++	++				1				Г)rivi	ng L	ice	nce	È	vniu	·νΓ	Date	ے آ		-	_						V	
E- Aadhaar Card		++		++	++	┼	+		1				L	,	iig L	100	noc		лрп	уL	Jan		D			VI I	VI	. <u> </u>	T	Y	Υ.	
F- NREGA Job Car	rd				++	+	+		1																							
Z- Others (any doc		tified b	v the c	entra	laove	ernn	nent)						П	Ide	ntif	fica	tio	n N	um	bei	rГ				Т						\square
7. Remarks (If any)			-		0																											
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8. Applicant Declarat	ion												_										_				-					
 I hereby declare that the det therein, immediately. In cas 	tails furnished																					_		_		_		_				_
liable for it. I hereby declar legislation or any notification	re that I am n	ot making	g this app	olication	for the	purp	ose of	f contra	aventio	on o	f any A												[S	igna	ture /	/ Thi	umb li	mpre	essio	1]		
I hereby consent to receiving												numbe	r/ema	il add	lress.																	
Date: DD-MI	М — Ү Ү	ΥΥ		Pla	ace:																	Sig	gnatu	ire /	Thun	nb In	npres	sion	n of A	pplic	ant	
9. Attestation / For Of		-																														
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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

Supplementary CKYC Form

(To be additionally filled by customers using old KYC form) KYC Type: 🗆 Normal (PAN is mandatory)



as per ISO 3166

□ PAN Exempt Investors

1. Identity Details (Please	refer instru	ction A at the	end)								
PAN			Please enclo	se a duly at	tested copy	of your PAN	Card				
	Prefix		- First Name			Middle	Name		Last Na	ame	
Name* (same as ID proof)											
Maiden Name (If any*)											
Mother Name*											
Residential Status* Occupation Type*	 Fore S-Se O-O 	ident Individua eign National ervice (Priv thers (Pro usiness	vate Sector	PersPubSelf	Resident I son of India lic Sector Employed ot Categori	n Origin Gove Retir	ernment Sector) ed 🗌 Housew	<i>i</i> ife 🗌 Stu	dent)		
2. FATCA/CRS Information	<mark>ո</mark> (Tick if Aբ	pplicable)	🗌 Resid	ence for Ta	ax Purposes	in Jurisdictic	on(s) Outside India	(Please refer	instruction	B at the	e end)
Additional Details Require	ed* (Mand	datory only if a	above option	is ticked)							
Country of Jurisdiction of	Residenc	ce*			Count	ry Code of J	urisdiction of Res	sidence	as per IS	O 3166	
Tax Identification Numbe	r or equiva	alent (If issue	ed by jurisdict	tion)*							
Place / City of Birth*			C	ountry of	Birth*			Country C	ode	as per	ISO 3166
Address Line 1*											
Line 2											
Line 3							City / Town	/ Village*			
District*		Z	ip / Post Cod	e*		s	tate/UT Code	as per	Indian Motor	Vehicle /	Act, 1988
State/UT*				Count	try*			Country	Code	as pe	r ISO 316
3. Details of Related Perso	n (Option:	al) (please refe	er instruction G	at the end) (in case of	additional rela	ated persons please	fill 'Annexure	B1′)		
Related Person		ion of Related				ated Person (i					
Related Person Type*	=	dian of Minor		Assignee			zed Representative	<u>, </u>			
Name*	Prefix		First Name			Middle Na			Last Nam	e	
Proof of Identity [Pol] of		umber and name				e optional)					
(Certified copy of <u>any one of</u>		,		()	,						
A- Passport Number			\square		,	Passp	ort Expiry Date	DD	— M M —	YY	YY
B- Voter ID Card											
C- PAN Card											
D- Driving Licence						Driving	g Licence Expiry [Date D		V V V	v v
E- Aadhaar Card							,,				
F- NREGA Job Card											
Z- Others (any docume	nt notified	d by the centra	al governmer	nt)			dentification Num	ber			
4. Remarks (If any)											

E Applicant Declaratio

5. App	Dicant Declaration	
therein. liable fe	by 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 n, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or a tion or any notifications/directions issued by any governmental or statutory authority from time to time.	may be held
 I hereby 	by consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.	
Date:	D D - M - Y Y Y Place:	Signature / Thumb Impression of Applicant

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	Mr.	Ms.	M/s.							
PAN										OR PAN Exempt KYC Ref No. (PEKRN)
Place of	Birth							Countr	y of Bi	irth
Nationality Indian U.S. Others (Please specify))	Tax Res	idence	e Address [for KYC address] 🗌 Residential 🗌 Registered Office 🗌 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 others, please specify)	If TIN is not available, please tick the reason A, B or C [as defined belo
1				Reason \rightarrow \Box A \Box B \Box C
2				Reason \rightarrow \Box A \Box B \Box C

Reason A \rightarrow The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents.

Reason B \rightarrow No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).

Reason C → Others; please state the reason thereof____

Declaration:

I hereby confirm that the information provided here in above 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:

FATCA & CRS Terms & Conditions

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

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 unit holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies.

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 Mahindra AMC 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.

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.

It 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 asmentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	1. Self-certification that the account holder is neither a citizen of United States of America nor its resident for tax purposes;
	2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND
	3. Any one of the following documents: (1) Certified Copy of "Certificate of Loss of Nationality" OR (2) Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; OR (3) Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country	(1) Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any
other than India	country other than India; AND (2) Documentary evidence (refer list below)
Telephone number in a country other	If no Indian telephone number is provided
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)
	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)

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

(a) Certificate of residence issued by an authorized government body*, (b) Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

South Gujarat ARN: 54854

Aadhaar Updation Form (For Individuals)

Name		PAN / PEKRN			
Aadhaar No.	OR Applied for Aadhaar Applied for Aadhaar				
Consent and Si	gnature: I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made the	reunder, for (i)	 	 	

collecting, storing and usage (ii) validating/authenticating and (ii) updating my Aadhaar number(s) 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(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA)/Service Providers for the purpose of updating the same in all my folios.

Signature		
Date:	Place	

Instructions:

Mahindra

MUTUAL FUND

1. This form should be submitted separately for each PAN.

2. The Aadhaar number needs to be updated mandatorily for resident individuals. Further, it shall be updated for all account holders, including that of joint holders, Guardian (in case of minor) and POA. Non-individuals must fill Form for Aadhaar Details (Non-Individuals)

3. 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, AMC shall authenticate the same in accordance with the Aadhaar Act, 2016. AMC shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.

4. Investors can either provide Aadhaar number or Letter issued by UIDAI containing proof of 'Applied for Aadhaar enrolment', as proof of Aadhaar. In case the investor has submitted the proof of enrolment for Aadhaar, the Aadhaar number shall be required to be provided for eventual authentication within 6 months from the date of account opening, failing which the account / folio shall cease to be operational.

5. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations.

	Acknowledgement (For Aadhaar updation)	
PAN / PEKRN		For office use only
Name		

Note: Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities.

Name PAN / PEKRN Aadhaar No. ORApplied for Aadhaar^ ^ ^ Proof attached Consent and Signature: 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(s) 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(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and	adhaar Updation Form (For Individuals)
Consent and Signature: 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(s) 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(s)	
including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA)/Service Providers for the purpose of updating the same in all my folios.	

2. The Aadhaar number needs to be updated mandatorily for resident individuals. Further, it shall be updated for all account holders, including that of joint holders, Guardian (in case of minor) and POA. Non-individuals must fill Form for Aadhaar Details (Non-Individuals)

3. 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, AMC shall authenticate the same in accordance with the Aadhaar Act, 2016. AMC shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.

4. Investors can either provide Aadhaar number or Letter issued by UIDAI containing proof of 'Applied for Aadhaar enrolment', as proof of Aadhaar. In case the investor has submitted the proof of enrolment for Aadhaar, the Aadhaar number shall be required to be provided for eventual authentication within 6 months from the date of account opening, failing which the account/folio shall cease to be operational.

5. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations.

Acknowledgement (For Aadhaar updation)		
PAN / PEKRN		For office use only
Name		