CKYC & KRA KYC Form South Gujarat ARN: 54854 **Know Your Client** □ New Application Application Form (For Individuals only) Type\* ☐ Update KYC Number\* (Please fill the form in English and in BLOCK Letters) Fields marked with \* are m andatory fields KYC Type\* Normal (PAN is m andatory) 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 / S pouse Name\* Mother Name\* Date of Birth\* **Photo** ☐ T-Trans gender Gender\* ☐ M- Male ☐ F- Female Marital Status\* Married Unmarried Others Citizenship\* IN- Indian Country Code ☐ Others Country Residential Status\* Resident Individual Non Resident Indian Foreign National Person of Indian Origin Occupation Type\* S-Service Private Sector ☐ Public Sector Government Sector Self Employed Retired O-Others Professional ☐ Housewife ☐ Student **B-Business** X-Not Categorised 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 I dentity [Pol] needs to be submitted) □ A- Passport Number Passport Expiry Date ☐ B- Voter ID Card ☐ D- Driving Licence Driving Licence Expiry Date ☐ E- A adhaar Card ☐ F- NREGA Job Card Z- Others (any document notified by the central government) Identification Number 3. Proof of Address (PoA)\* ☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end) Address Line 1\* Line 2 City / Town / V illage\* Line 3 District\* Zip / Post C ode\* State/UT Code as per Indian Motor Vehicle Act, Country Code State/UT\* Country\* as per ISO 3166 Address Type\* Resi dential / 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\* ☐ Passport Number Passport Expiry Date ☐ Voter ID Card ☐ Driving Licence Driving Licence Expiry Date ☐ Aadhaar Card ☐ NREGA Job Card Others (any document notified by the central government) Identification Number

(In case of multiple correspo

Zip / Post C ode\*

ndence / local addresses, please

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

Same as Curren t / Perm anent / Overseas Address details

Line 1\* Line 2

Line 3

District\*

State/UT\*

Country\* Code as per ISO 3166

Version 1.6

State/UT Code

City / Town / V illage\*

fill Annexure A1, Submit relevant documentary proof)

as per Indian Motor Vehicle Act,

1988

| 4. Contact Details (All communications will be sent on provided Mobile no. / Ema  | il-ID) (Please refer instruction <b>F</b> at the end)  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Email ID  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile Tel. (Off)   | Tel. (Res) —   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Po  | urposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</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   | n* Country Code as per ISO 3166  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address<br>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*  | ☐ Authorized Representative  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name*   | Middle Name Last Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (If KYC number and name are provided, below details of sec  | tion 6 are optional)   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the en  | nd)  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Certified copy of <u>any one</u> 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 DD - MM - YYYY   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ☐ E- Aadhaar Card   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| F- NREGA Job Card   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Z- Others (any document notified by the central government)   | Identification Number  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Remarks (If any)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Applicant Declaration  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>I hereby declare that the details furnished above are true and correct to the best of my knowledge and belia therein, immediately. In case any of the above information is found to be false or untrue or misleading or I liable for it. I hereby declare that I am not making this application for the purpose of contravention of legislation or any notifications/directions issued by any governmental or statutory authority from time to time</li> </ul> | misrepresenting, I am aware that I may be held any Act, Rules, Regulations or any statute of |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thereby consent to receiving information from Central KYC Registry through SMS/Email on the above registry  | stered number/email address.   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: DD - M M - Y 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  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date DD - MM - YYYY   | Name   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Name   | Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Code   | Emp. Branch  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Designation  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| In-Person Verification (IPV) Carried Out by (Refer Instruction J)   | Institution Details  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date DD - MM - YYYY   | Name   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Name   | Code   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Code   | Emp. Branch  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Designation  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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### South Gujarat ARN: 54854

## **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) ☐ PAN Exempt Investors

| 1. Identity Details (Please r   | refer 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*   | Resident Individual Non Resident Indian Foreign National Person of Indian Origin S-Service Private Sector Public Sector Government Sector Self Employed Retired Housewife X-Not Categorised   | ☐ Student  |
| 2. FATCA/CRS Information  | (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Pl  | ease refer instruction <b>B</b> at the end)  |
| Country of Jurisdicti on of Tax I dentificati on Number Place / City o f Birth*  Address Line 1* Line 2 Line 3 District*  State/UT*   | or equivalent (If issued by jurisdiction)*  | Country C ode as per ISO 3166  illage* as per Indian Motor V ehicle Act, 1988  Country C ode as per ISO 3166 |
| Proof of Identity [Pol] of  | Related Person* (Please see instruction (H) at the end)   |  |
| (Certifi ed copy of any one of t  | he following Proof of I dentity[Pol] needs to be s ubmitted)  |  |
| <ul><li>□ A- Pass port Num ber</li><li>□ B- Voter ID Card</li><li>□ C- PAN Card</li></ul>   | Passport Expiry Date  |  |
| ☐ D- Drivi ng Licence ☐ E- A adhaar Card ☐ F- NREGA Job Card  | Driving Licence Expiry Date   |  |
|   | nt notified by the central government) Identificati on Numbe  | r  |
| 4. Remarks (If any)   |   |  |
|   |   |  |
| 5. Applicant Declaration  |   |  |
| I hereby declare that the details fur<br>therein, immediately. In case any of<br>liable for it. I hereby declare that I<br>legislation or any notifications/direct I hereby consent to receiving inform | nished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes of 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 c ontravention of any Act, Rules, Regulati ons or any statute of tions issued by any governmental or statutory authority from time to time.  attion from Central KYC Registry through SMS/Email on the above registered number/email address. | [Signature / Thumb Impression]   |
| Date:   D   D   -   M   M   -   | Y   Y   Y   Y   Place :   | Signature / Thumb Impression of Applicant  |

# **FATCA & CRS ANNEXURE FOR INDIVIDUAL ACCOUNTS**

(Including Sole Proprietor) (Refer to instructions)

Mutual Fund South Gujarat ARN: 54854

| 1. APPLICANT   | S) NA   | ME A           | AND IN   | FORM         | IATIO                                   | DN (I    | f the 1   | t / Sc | le A   | Applic | ant is   | Min          | or, th | en ple            | ase p           | rovi  | de d           | letails   | of natural                          | l / lega          | l gua              | ardia      | ın)                         |                      |                                   |                             |
|--|---------|----------------|----------|--------------|---|----------|-----------|--------|--------|--------|----------|--------------|--------|-------------------|-----------------|-------|----------------|-----------|-------------------------------------|-------------------|--------------------|------------|-----------------------------|----------------------|-----------------------------------|-----------------------------|
| 1st SOLE APPLIC  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| Gender   | 0       | Femal          | e ()     | Other        |   | P/       | AN Deta   | ails   |        |        |          |              |        |                   |                 |       |                |           | Occupa                              | tion Ty           | /pe                | 0          | Service                     | 0                    | Business                          | Othe                        |
| Father's Name:   |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| Cust ID / Folio No.1   |         |                |          |              | -                                       |          |           | _      |        |        |          |              |        |                   |                 |       |                |           | Folio No.2                          |                   | $\dashv$           |            |                             |                      |                                   |                             |
| Cust ID / Folio No.3   |         |                |          |              | <u> </u>                                |          |           |        |        |        |          | _            |        |                   |                 |       |                |           | Folio No.4                          | Addres            | e of tay           | rosido     | ince would l                | no takon             | as available is                   | n KRA databas               |
| Type of address g  |         |                |          |              |   |          | r Busine  |        |        |        | sidentia |              |        | Busine            |                 |       |                | gistered  |                                     | In case           | of any             | change     | e please ap                 | proach k             | RA & notify th                    | ne changes                  |
| Permissible docu   | ment    | s are          | 0        | Passp        | ort                                     | _        | Election  |        | ard    | 0      | PAN C    | ard          | 0      | Govt. I           |                 |       |                | riving Li |                                     | ) UIDA            |                    |            | O NRE                       |                      |                                   | Othe                        |
| Country of Birth:  |         |                |          |              |   |          | tionalit  | _      | _      |        |          |              |        |                   |                 |       |                |           | esident of                          |                   | ounti              | ry of      | ther tha                    | ın Inc               | lia? ()                           | Yes O N                     |
| If yes, please indi  |         |                |          | in wh        | iich y                                  | ou a     | are res   | iden   | tor    |        |          |              |        |                   |                 | d Ta  | ax ID          | Num       | bers belov                          | w.                | lda                | 416        | lootion                     | Tuna                 |                                   |                             |
|  |         | Coun           | try      |              |   |          |           |        |        |        | Tax Ide  | entit        | icatio | n Nui             | nber            |       |                |           |                                     | (TIN              |                    |            | ication<br>r, pleas         |                      |                                   |                             |
|  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
|  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
|  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
|  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| #To also include USA,  |         |                |          |              | -                                       | -        |           |        |        |        | lant ¢   |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| %In case Tax Identifica  | auon iv | umber          | is not a | vallable     | e, KINO                                 | iy pro   | ivide its | iuncuo | onai ( | equiva | ent \$   |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| 2. JOINT APPL  |         |                |          |              | THEIR                                   | R DE     | TAILS     |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| 2 <sup>nd</sup> SOLE APPLIC  |         | Mr. /<br>Femal |          | /s.<br>Other |   | D        | AN Deta   | sile   |        |        |          |              |        |                   |                 |       |                |           | Occupa                              | tion T            | <b>'</b> DO        |            | Service                     |                      | Business                          | Othe                        |
| Father's Name:   |         | emai           |          | Other        |   |          | AN Det    | 1115   |        |        |          |              |        |                   |                 |       |                |           | Оссира                              | ition 13          | /pe                |            | Service                     |                      | Dusiness                          | O Oute                      |
| Cust ID / Folio No.1   |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       | Cur            | ct ID / I | Folio No.2                          |                   |                    |            |                             | _                    |                                   |                             |
| Cust ID / Folio No.3   |         |                |          |              |   |          |           |        | +      |        |          |              |        |                   |                 |       |                |           | Folio No.4                          |                   | $\dashv$           |            |                             |                      |                                   |                             |
| Type of address g  | ivon    | + KD           |          |              | ocidor                                  | ntial o  | r Busine  |        |        | ∩ Pa   | sidentia | .I           |        | Busine            | 200             |       |                | gistered  |                                     | Addres            | s of tax           | reside     | nce would I                 | e taken              | as available i                    | n KRA databas<br>ne changes |
| Permissible docu   |         |                |          | Passp        |   |          | Election  |        |        |        | PAN C    |              |        | Govt. I           |                 |       |                | riving Li |                                     | In case UIDA      |                    |            | e please ap                 |                      |                                   | Othe                        |
| Country of Birth:  | mem     | s are          |          | i asspi      | JI C                                    |          | tionalit  |        | aru    |        | TANO     | aiu          |        | OUVI. I           |                 |       |                |           | esident of                          |                   |                    |            |                             |                      |                                   |                             |
| If yes, please indi  | rate s  | II coi         | ıntrios  | in wh        | ich v                                   |          |           | _      | for    | tay r  | urnos    | 206.3        | and th | 10 255            |                 |       |                |           |                                     |                   | Juinti             | . y O      |                             |                      |                                   | 103 () 10                   |
| li yes, piease mai   |         | Coun           |          | **           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,ou c    | 10 103    | ideiii | . 101  |        | Tax Ide  |              |        |                   |                 | .u 10 | 1X 1D          | , italii  | bers bero                           |                   | lde                | entifi     | ication                     | Type                 |                                   |                             |
|  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     | (TIN              | or C               | Othe       | r, pleas                    | e sp                 | ecify)                            |                             |
|  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
|  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
|  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
|  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| #To also include USA,<br>%In case Tax Identification   |         |                |          |              |   |          |           |        |        |        | lent \$  |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| 3. JOINT APPL  | CAN     | re u           | EANV     | A NID. I     | rueii                                   | 2 DE     | TAILS     |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| 3 <sup>rd</sup> SOLE APPLIC  |         |                |          |              | 1111-11                                 | N DE     | TAILS     |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| Gender O Male  |         | Femal          |          | Other        |   | P/       | AN Deta   | ails   |        |        |          |              |        |                   |                 |       |                |           | Occupa                              | tion Ty           | /pe                | 0          | Service                     | 0                    | Business                          | Othe                        |
| Father's Name:   |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| ratilei 5 Naille.  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           |                                     |                   |                    |            |                             |                      |                                   |                             |
| Cust ID / Folio No.1   |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       | Cus            | st ID / I | Folio No.2                          |                   |                    |            |                             |                      |                                   |                             |
|  |         |                |          |              |   |          |           |        |        |        |          |              |        |                   |                 |       |                |           | Folio No.2<br>Folio No.4            |                   |                    |            |                             |                      |                                   |                             |
| Cust ID / Folio No.1   | iven a  | at KR          | A        | ○ R          | esider                                  | ntial o  | or Busine | ess    |        | ○ Re   | sidentia | al           | 0      | Busine            | ess             | C     | Cus            |           | Folio No.4                          | Addres<br>In case | s of tax<br>of any | reside     | ence would le please ap     | ne taken<br>proach k | as available ii<br>RA & notify th | n KRA databas<br>ne changes |
| Cust ID / Folio No.1 Cust ID / Folio No.3  |         |                |          | ○ R          |   |          | or Busine |        |        |        | sidentia |              |        | Busine<br>Govt. I |                 |       | Cu:            | st ID / I | Folio No.4                          | Addres In case    | of any             | change     | ence would I<br>e please ap | proach K             | .RA & notify th                   | n KRA databas<br>e changes  |
| Cust ID / Folio No.1 Cust ID / Folio No.3 Type of address g                                    |         |                |          |              |   | 0        |           | ID C   |        |        |          |              |        |                   | D Card          | (     | Cus<br>Reg     | st ID / I | Folio No.4                          | In case           | of any             | d          | e please ap                 | GA Jo                | b Card                            | Other                       |
| Cust ID / Folio No.1 Cust ID / Folio No.3 Type of address g Permissible docu                   | ment    | s are          | 0        | Passp        | ort                                     | O<br>Nat | Election  | ID C   | ard    | 0      | PAN C    | ard          | 0      | Govt. I           | D Card          | re y  | Cus ) Reg ) Dr | st ID / I | Folio No.4 Office cense cesident of | UIDA              | of any             | d          | e please ap                 | GA Jo                | b Card                            | Other                       |
| Cust ID / Folio No.1 Cust ID / Folio No.3 Type of address g Permissible docu Country of Birth: | ment    | s are          | untries  | Passp        | ort                                     | O<br>Nat | Election  | ID C   | ard    | (tax p | PAN C    | ard<br>ses a | ond th | Govt. I           | D Card A ociate | re y  | Cus ) Reg ) Dr | st ID / I | Folio No.4 Office cense cesident of | UIDA any co       | I Card             | d<br>ry of | NRE                         | EGA Jo               | b Card                            | Other                       |
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#### 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.

Signature of 1st Applicant / Guardian / Authorised Signatory /PoA/Karta

Signature of 2<sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA

Signature of 3<sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA

Date DDMMYYYY

Place:

#### **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 (Insert FI's name) 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 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 3. Any one of the following documents:     Certified 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          | 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)   |

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

- Certificate of residence issued by an authorized government body\*
- $2. \ \ Valid \ identification \ is sued \ by \ an \ authorized \ government \ body^* \ (e.g. \ Passport, \ National \ Identity \ card, \ etc.)$
- \* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.







# Mirae Asset 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

| rules / regu   | latio  | ns                              |                                   |   |         |                                       |                                |  |  |   |                                   |                    |                                   |                            |                                      |                                      |                          |                                   |     |     |     |            |       |           |      |      |     |      |       |       |      |      |       |       |       |      |        |
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| Please subm<br>or you can dis  |  |                                 |                                   |   |         | -                                     |                                |  | sign   | ed,                                     | by                                | eac                | h c                               | of th                      | ne h                                 | nolc                                 | ler                      | 's a                              | nd  | sul | bn  | nit a      | at y  | ou/       | ır r | ea   | re  | st K | .ar\  | vy C  | Со   | mp   | ute   | rsh   | are   | Bra  | ınch   |
|  | 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 |                                 |                                   |   |         |                                       |                                |  |  |   |                                   |                    |                                   |                            |                                      |                                      |                          |                                   |     |     |     |            |       |           |      |      |     |      |       |       |      |      |       |       |       |      |        |
| MIRAE<br>Mutual Fu   | AS<br>nd   | Si                              | 1                                 | /   |         |                                       | A                              | CF   | (N   | ЭИ                                      | /L                                | ED                 | G                                 | ΕI                         | ИE                                   | ΕN                                   | <b>T</b>                 |                                   |     |     |     |            |       |           |      |      |     |      |       |       |      |      |       |       |       |      |        |
| We Acknowle  | edge   | the                             | ere                               | ceip                                      | ot o    | fAa                                   | adh                            | aar  | Link   | ing                                     | red                               | que                | st.                               |                            |                                      |                                      |                          |                                   |     |     |     |            |       |           |      |      |     |      |       |       |      |      |       |       |       |      |        |
| From Mr/Mr   | s/Ms   | s:[                             |                                   |   |         |                                       |                                |  |  |   |                                   |                    |                                   |                            |                                      |                                      |                          |                                   |     |     |     |            |       |           |      |      |     |      |       |       |      |      |       |       |       |      |        |
| Date   | d  | d                               | m                                 | m   | У       | У                                     | У                              | У  | ]  |   |                                   |                    |                                   |                            |                                      |                                      |                          |                                   |     |     |     | Si         | gna   | itur      | e o  | Mi   | rae | Ass  | et IV | lutua | al I | Fund | d bra | ınch  | offic | ial  |        |
| Received sub   | iect to  | verifi                          | catio                             | n with                                    | UIE     | )AI aı                                | nd se                          | eedin  | g the A                                      | adha                                    | ar fo                             | or you             | r Mu                              | itual                      | Fund                                 | d Inve                               | estr                     | nent                              | S.  |     |     |            |       |           |      |      |     |      | _     |       | _    |      |       |       |       |      |        |