

CKYC & KRA KYC Form

South Gujarat ARN: 54854



Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with * are mandatory fields

Application ☐ New

Type*

☐ Update

KYC Number*

KYC Type*

☐ Normal

(PAN is mandatory)

☐ PAN Exempt Investors

(Refer instruction K)

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

PAN

Please enclose a duly attested copy of your PAN Card

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

Photo



Signature/
Thumb Impression

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

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

3. Proof of Address (PoA)*

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

Address

Line 1*

Line 2

Line 3

District*

City / Town / Village*

Zip / Post Code*

State/UT Code

State/UT*

Country*

Country Code

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

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

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

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

Line 1*

Line 2

Line 3

District*

City / Town / Village*

Zip / Post Code*

State/UT Code

State/UT*

Country*

Country Code

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

Email ID

Mobile

 Tel. (Off)

 Tel. (Res)

5. FATCA/CRS Information (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence*

 Country Code of Jurisdiction of Residence

 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

 Country of Birth*

 Country Code

 as per ISO 3166

Address
Line 1*

Line 2

Line 3

 City / Town / Village*

District*

 Zip / Post Code*

 State/UT Code

 as per Indian Motor Vehicle Act, 1988
State/UT*

 Country*

 Country Code

 as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
Name* Prefix

 First Name

 Middle Name

 Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person* (Please see instruction **(H)** at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number

 Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

 Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

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

 Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

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

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

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

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

(Including Sole Proprietor) (Refer to instructions)

MIRAE ASSET
Mutual Fund
South Gujarat ARN: 54854

1st SOLE APPLICANT Mr. / Ms. / M/s.

Father's Name:

Country of Birth: **Nationality:** **Are you a tax resident of any country other than India?** ☐ Yes ☐ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country ^a	Tax Identification Number ^{bc}	Identification Type (TIN or Other, please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent \$

2nd SOLE APPLICANT Mr. / Ms. / M/s.

Father's Name:

Country of Birth: Nationality: Are you a tax resident of any country other than India? ☐ Yes ☐ No

If yes, please indicate 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)

%In case Tax Identification Number is not available, kindly provide its functional equivalent \$

3rd SOLE APPLICANT Mr. / Ms. / M/s.

Father's Name:

Country of Birth: **Nationality:** **Are you a tax resident of any country other than India?** ☐ Yes ☐ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country ^a	Tax Identification Number ^b	Identification Type (TIN or Other, please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent \$

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 2nd Applicant / Guardian /
Authorised Signatory /PoA

Signature of 3rd Applicant / Guardian /
Authorised Signatory /PoA

Date D D M M Y Y Y Y

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	1. Self-certification that the account holder is neither a citizen of United States of America nor a 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: 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/mailling address 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)
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.



Email Us
customer@miraeasset.com



Call Us
1800-2090-777 (Toll Free)
Mon-Fri: 9.30am to 5.30pm



Internet
www.miraeassetmf.co.in

Mirae Asset Global Investments (India) Pvt. Ltd.

CIN of AMC - U65593MH2006FTC165663

Unit No. 606, 6th Floor, Windsor Building, Off C.S.T. Road, Kalina, Santacruz - (E), Mumbai - 400 098.

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.

Please fill in your details below:

PAN	<input type="text"/>	Aadhaar No.	<input type="text"/>
Name	<input type="text"/>	Gender	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O

"Please submit these details separately for All Holders"

Consent

Consent for linking Aadhaar: I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my Aadhaar number in accordance with the Aadhaar Act, 2016 (and Regulations made thereunder) and PMLA. I hereby provide my consent for sharing / disclose of the Aadhaar number including demographic information with the Asset Management Companies of SEBI registered Mutual Fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my folio(s) with my PAN(s).

Signature

Date

Place

For investor's convenience, our Registrar M/s. Karvy Computershare Pvt. Ltd. (RTA) is collecting this mandatory information for authentication and seeding across all Mutual Funds being serviced by them where you are already an investor or would become an investor in future.

Online Facility for Linking Aadhaar: Alternatively, investor/s can use online / sms facility on our RTA's website www.karvymfs.com to link their Aadhaar number/s.

Please submit separate form duly filled, signed, by each of the holders and submit at your nearest Karvy Computershare Branch or you can dispatch the hard copy to -

Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B
Unit – CPZ - Aadhaar Updation
Plot Nos. 31 & 32 | Financial District | Nanakramguda
Serilingampally Mandal | Hyderabad - 500032 | India

ACKNOWLEDGEMENT

We Acknowledge the receipt of Aadhaar Linking request.

From Mr/Mrs/Ms:

PAN

Date

Signature of Mirae Asset Mutual Fund branch official