

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)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth*

D

D

M

M

Y

Y

Y

Y

Gender*

☐ M- Male☐ F- Female☐ T-Transgender

Marital Status*

☐ Married☐ Unmarried☐ Others

Citizenship*

☐ IN- Indian☐ Others- Country

Country Code

Residential Status*

☐ Resident Individual☐ Non Resident Indian☐ Foreign National☐ Person of Indian Origin

Occupation Type*

☐ S-Service☐ Private Sector☐ Public Sector☐ Government Sector☐ O-Others☐ Professional☐ Self Employed☐ Retired☐ Housewife☐ Student☐ B-Business☐ X-Not Categorized

Photo

Signature/
Thumb Impression**2. Proof of Identity (Pol)*** (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 [Pol] needs to be submitted)☐ A- Passport Number

Passport Expiry Date

D

D

M

M

Y

Y

Y

Y

☐ B- Voter ID Card☐ D- Driving Licence

Driving Licence Expiry Date

D

D

M

M

Y

Y

Y

Y

☐ E- Aadhaar 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

Line 3

District*

Zip / Post Code*

City / Town / Village*

State/UT Code

as per Indian Motor Vehicle Act, 1988

State/UT*

Country*

Country Code

as per ISO 3166

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*

☐ Passport Number

Passport Expiry Date

D

D

M

M

Y

Y

Y

Y

☐ Voter ID Card☐ Driving Licence

Driving Licence Expiry Date

D

D

M

M

Y

Y

Y

Y

☐ Aadhaar Card☐ NREGA Job Card☐ Others (any document notified by the central government)

Identification Number

☐ 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*

Zip / Post Code*

City / Town / Village*

State/UT Code

as per Indian Motor Vehicle Act, 1988

State/UT*

Country*

Country Code

as per ISO 3166

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
Prefix First Name Middle Name Last Name
Name*
(If KYC number and name are provided, below details of section 6 are optional)

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



KYC Details Change form (For Individuals Only)

South Gujarat ARN: 54854
Application No. :



Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

www.camskra.com

A Name of Applicant (As per original KYC records)

PAN PAN Exempt Ref. No. UID/Aadhaar, if any:

Proof of identity submitted for PAN Exempt case. Please tick (✓)

☐ Aadhaar Card ☐ Passport ☐ Voter ID ☐ Driving License ☐ Others (Please specify)

Title Please tick (✓) Mr. ☐ Ms. ☐

Name

Date of Birth / /

B. New Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).

2. New Status Please tick (✓) ☐ Resident Individual ☐ Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. New PAN Please enclose a duly attested copy of your PAN Card

4. Father's / Spouse's Name

5. Marital Status Please tick (✓) ☐ Single ☐ Married

6. Nationality Please tick (✓) ☐ Indian ☐ Others Please specify

C. New Address Details (please see guidelines overleaf)

1. New Address for Correspondence

City / Town / Village

State

Country

Pin Code

2. New Contact Details

Tel. (Off.) (ISD) (STD)

Mobile (ISD) (STD)

E-Mail Id.

Tel. (Res.) (ISD) (STD)

Fax (ISD) (STD)

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

/ /

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village

State

Country

Pin Code

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

/ /

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 authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies/ SEBI Registered Intermediaries

Place:

Date:

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done ☐ on / /

AMC/Intermediary name OR code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Emp.No./ARN. No

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Emp.No./ARN. No

Designation

Name of the Organization

Signature

Date

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)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth*

D

D

M

M

Y

Y

Y

Y

Gender*

☐ M- Male☐ F- Female☐ T-Transgender

Marital Status*

☐ Married☐ Unmarried☐ Others

Citizenship*

☐ IN- Indian☐ Others- Country

Country Code

Residential Status*

☐ Resident Individual☐ Non Resident Indian☐ Foreign National☐ Person of Indian Origin

Occupation Type*

☐ S-Service☐ Private Sector☐ Public Sector☐ Government Sector☐ O-Others☐ Professional☐ Self Employed☐ Retired☐ Housewife☐ Student☐ B-Business☐ X-Not Categorised

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)☐ A- Passport Number

Passport Expiry Date

D

D

M

M

Y

Y

Y

Y

☐ B- Voter ID Card☐ D- Driving Licence

Driving Licence Expiry Date

D

D

M

M

Y

Y

Y

Y

☐ E- Aadhaar 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

Line 3

District*

Zip / Post Code*

City / Town / Village*

State/UT Code

as per Indian Motor Vehicle Act, 1988

State/UT*

Country*

Country Code

as per ISO 3166

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*

☐ Passport Number

Passport Expiry Date

D

D

M

M

Y

Y

Y

Y

☐ Voter ID Card☐ Driving Licence

Driving Licence Expiry Date

D

D

M

M

Y

Y

Y

Y

☐ Aadhaar Card☐ NREGA Job Card☐ Others (any document notified by the central government)

Identification Number

☐ 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*

Zip / Post Code*

City / Town / Village*

State/UT Code

as per Indian Motor Vehicle Act, 1988

State/UT*

Country*

Country Code

as per ISO 3166

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
Prefix First Name Middle Name Last Name
Name*
(If KYC number and name are provided, below details of section 6 are optional)

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

☐ A- Passport Number Passport Expiry Date
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☐ Z- Others (any document notified by the central government) Identification Number

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- 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]

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 refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name (If any*)

Mother Name*

Residential Status* ☐ Resident Individual ☐ Non Resident Indian

☐ Foreign National

☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector

☐ O-Others ☐ Professional

☐ Self Employed

☐ Retired

☐ Housewife

☐ Student

☐ B-Business

☐ X-Not Categorised

2. 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 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 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

3. Details of Related Person (Optional) (please refer instruction G at the end)(in case of additional related persons, please II '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*

(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[PoI] 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

4. Remarks (If any)

5. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of 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



FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

(Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance)

Folio No*		PAN / PEKRN*	(* Mandatory Fields)
Name*			
Address Type* [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>
Place of Birth*		Country of Birth*	
Gross Annual Income Details in INR*	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore	Occupation Details* [Please tick any one (✓)]	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____
Net Worth in INR. In Lacs & Date [Optional]	_____ <u>dd-mmm-yyyy</u>		
Politically Exposed Person [PEP]*	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable	Any other information [if applicable]	[Please specify]

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India?* Yes ☐ No ☐

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick the reason A, B or C [as defined below]
1				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Reason A The country where the Account Holder is liable to pay tax does not issue TIN to its residents.

Reason B 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 specify the reasons _____

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [PPFAS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/ or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:

Place:

Sign Here

Acknowledgement

We [PPFAS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. _____ PAN _____ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal