

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

CKYC & KRA KYC Form

South Gujarat ARN: 54854

RELIANCE

**MUTUAL
FUND**

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*	DD - MM - YYYY			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
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	Country Code	
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"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	<input type="checkbox"/> Professional
	<input type="checkbox"/> X-Not Categorized	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student

Photo



Thumb Impression
Signature/

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		Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> E- Aadhaar Card			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (A)[any document notified by the central government]	Identification Number		
Others (B) [Refer instruction C (3)]	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
City / Town / Village*
District
Zip / Post Code*
State/UT
Country
State/UT Code
Country Code
as per Indian Motor Vehicle Act, 1988
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*

<input type="checkbox"/> Passport Number		Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> Voter ID Card			
<input type="checkbox"/> Driving Licence		Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> Aadhaar Card			
<input type="checkbox"/> NREGA Job Card			
<input type="checkbox"/> Others (A)[any document notified by the central government]	Identification Number		
Others B [Refer instruction D (3)]	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
City / Town / Village*
District
Zip / Post Code*
State/UT
Country
State/UT Code
Country Code
as per Indian Motor Vehicle Act, 1988
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 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*													
State/UT*											Zip / Post Code*											State/UT Code			as per Indian Motor Vehicle Act, 1988									
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')

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)																													
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> 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)

<input type="checkbox"/> A- Passport Number											Passport Expiry Date	DD-MM-YYYY									
<input type="checkbox"/> B- Voter ID Card																					
<input type="checkbox"/> C- PAN Card																					
<input type="checkbox"/> D- Driving Licence											Driving Licence Expiry Date	DD-MM-YYYY									
<input type="checkbox"/> E- Aadhaar Card																					
<input type="checkbox"/> F- NREGA Job Card																					
<input type="checkbox"/> 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: DD-MM-YYYY Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9.Attestation / For Office Use Only

Documents Received ☐ Certified Copies

KYC In-Person Verification (IPV) Carried Out by (Refer Instruction J)																													
Date	DD-MM-YYYY																												
Emp. Name																													
Emp. Code																													
Emp. Designation																													
[Employee Signature]																													

Institution Details																													
Name																													
Code																													
Emp. Branch																													
[Institution Stamp]																													

RELIANCE **MUTUAL FUND**

South Gujarat ARN: 54854

For office use only

(To be filled by financial institution)

Application Type*

☐ New ☐ Update/Change

KYC Number

(Mandatory for KYC update request)

☐ **1. Correspondence / Local Address Details** (Please see instruction E at the end) Enclose relevant documentary proof

☐ Same as Current / Permanent / Overseas Address details

Line 1*																																			
Line 2																																			
Line 3																																			
District*											Zip / Post Code*										State/UT					Code					City / Town / Village*				
State/UT																																			
											Country*															Country Code									

☐ **2.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) -

Fax -

3.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.

Signature / Thumb Impression of Applicant

Date: DD-MM-YYYY Place:

Annexure B1 – Addition of Related Persons

Fields marked with “*” are mandatory fields.

Please fill the form in English and in BLOCK letters.

RELIANCE**MUTUAL
FUND**

South Gujarat ARN: 54854

For office use only

(To be filled by financial institution)

Application Type*

☐ New☐ Update/Change

KYC Number

(Mandatory for KYC update request)

☐ **1.Details of Related Person** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)☐ Addition of 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)☐ A- Passport Number

Passport Expiry Date

☐ B- Voter ID Card☐ C- PAN Card☐ D- Driving Licence☐ E- Aadhaar Card☐ F- NREGA Job Card☐ Z- Others (any document notified by the central government)

Identification Number

2.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.

[Signature / Thumb Impression]

Date: Place:

Signature / Thumb Impression of Applicant

3.Attestation / For Office Use Only**Documents Received** ☐ Certified Copies

KYC Verification Carried Out by

Date

Emp. Name Emp.

Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution Details

Name

Code

[Institution Stamp]

Supplementary CKYC Form

Know Your Client (KYC) Application Form

(To be additionally filled by customers using old KYC form)

RELIANCE

MUTUAL
FUND

For Individuals Only

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

Fields marked with * are mandatory fields

KYC Type: ☐ Normal (PAN is mandatory)

☐ PAN Exempt Investors

South Gujarat ARN: 54854

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

PAN	<input type="text"/>	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"/>	
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/> B-Business	<input type="checkbox"/> X-Not Categorised	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	

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*	<input type="text"/>	Country Code of Jurisdiction of Residence	<input type="text"/>	as per ISO 3166
Tax Identification Number or equivalent (If issued by jurisdiction)*	<input type="text"/>			
Place / City of Birth*	<input type="text"/>	Country of Birth*	<input type="text"/>	Country Code <input type="text"/> as per ISO 3166
Address Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			
District*	<input type="text"/>	Zip / Post Code*	<input type="text"/>	State/UT Code <input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	<input type="text"/>	Country*	<input type="text"/>	Country Code <input type="text"/> as per ISO 3166

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

<input type="checkbox"/> Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)	<input type="text"/>	
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(If KYC number and name are provided, below details of section 6 are optional)				
<input type="checkbox"/> Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)				
(Certified copy of <u>any one</u> 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="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>			
<input type="checkbox"/> C- PAN Card	<input type="text"/>			
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>	<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"/>	<input type="text"/>

4. Remarks (If any)

<input type="text"/>
<input type="text"/>

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, Regulation or any statute of legislation or any notifications/directions issued by any government 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

RELIANCE **MUTUAL FUND**

South Gujarat ARN: 54854

For office use only

(To be filled by financial institution)

Application Type*

☐ New ☐ Update/Change

KYC Number

(Mandatory for KYC update request)

☐ Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT Country* Country Code as per ISO 3166

Email ID																												
Mobile									Tel. (Off)								Tel. (Res)											
Fax																												

- 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:

D	D
---	---

 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---

 Place:

--	--	--	--	--	--	--	--	--	--

 Signature / Thumb Impression of Applicant

Annexure B1 – Addition of Related Persons

Fields marked with “*” are mandatory fields.

Please fill the form in English and in BLOCK letters.

RELIANCE**MUTUAL
FUND**

South Gujarat ARN: 54854

For office use only

(To be filled by financial institution)

Application Type*

☐ New☐ Update/Change

KYC Number

(Mandatory for KYC update request)

☐ **1.Details of Related Person** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)☐ Addition of 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 [PoI] of Related Person* (Please see instruction (H) at the end)☐ A- Passport Number

Passport Expiry Date

☐ B- Voter ID Card☐ C- PAN Card☐ D- Driving Licence☐ E- Aadhaar Card☐ F- NREGA Job Card☐ Z- Others (any document notified by the central government)

Identification Number

2.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.

[Signature / Thumb Impression]

Date: Place:

Signature / Thumb Impression of Applicant

3.Attestation / For Office Use Only**Documents Received** ☐ Certified Copies

KYC Verification Carried Out by

Date

Emp. Name Emp.

Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution Details

Name

Code

[Institution Stamp]

South Gujarat ARN: 54854

APP No.:
FATCA - CRS Declaration and Supplementary Information
Declaration Form for Individuals
Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance
NAME:
PAN: or PAN Exempt KYC Ref No. **(PEKRN)**

Place of Birth

Country of Birth

 Nationality ☐ Indian ☐ U.S.

☐ Others (Please specify) _____

Tax Residence 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 a Resident for tax purpose 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 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 Tax Identification Numbers 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 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 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: