	CKYC & KRA KYC Form			
Know Your Client (K)	Reliance Fund			
Application Form (Fo (Please fill the form in English ar	Type*			
Fields marked with '*' are manda				
1.Identity Details (Please	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*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	D D - M M - Y Y Y Y Photo			
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*	Private Sector     Public Sector     Government Sector     Professional     Thumb Impression     Thumb Impression			
	X-Not Categorised     Self Employed     Retired     Housewife     Student			
	for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)			
□ A- Passport Number	the following Proof of Identity [Pol] needs to be submitted)           Passport Expiry Date			
B- Voter ID Card				
D- Driving Licence	Driving Licence Expiry Date			
E- Aadhaar Card				
F- NREGA Job Card				
	ent notified by the central government]			
Others (B) [Refer instru				
3.Proof of Address (PoA)*				
, , , , , , , , , , , , , , , , , , ,	t / 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 Country Code as*per ISO 3166			
<b>71</b> —	Residential / Business Residential Business Registered Office Unspecified			
(Certified copy of <u>any one</u> 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 D D - M M - Y Y Y			
Aadhaar Card				
NREGA Job Card				
Others (A)[any document r	notified by the central government]			
Others B [Refer instruction D (3)]				
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*			
	Zip / Post Code* as per Indian Motor Vehicle Act , 1988			
State/UT*	Country Country Code ast per ISO 3166			

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4.Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)
Email ID
5.FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes 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* Country of Birth* Country Code as per ISO 3166
Address
Line 2
Line 3 City / Town / Village*
State/UT*     Zip / Post Code*     State/UT Code     as per Indian Motor Vehicle Act., 1988
Country Code as per ISO 3166
6 Details of Deleted Deveen (Optional) (places refer instruction C at the and) (in ease of additional related nervons, places fill (Appavium P4))
6.Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')
Addition of 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
Prefix     First Name     Middle Name     Last Name       Name*     Image:
(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       D       D       -       M       M       -       Y       Y       Y
B- Voter ID Card
C- PAN Card
D- Driving Licence         D         D         M         Y         Y
E- Aadhaar Card
F-NREGA Job Card
Z- Others (any document notified by the central government)
7.Remarks (If any)
8.Applicant Declaration
<ul> <li>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.</li> <li>I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.</li> </ul>
Date:       D       -       M       -       Y       Y       Place :       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) Institution Details
Emp. Name Code
Emp. Code Emp. Branch
Emp. Designation

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Annexure A1 – Addition/Modifi Fields marked with '*' are mandatory fi	0	dress – Correspondence/Local Address	
Please fill the form in English and in B			South Gujarat ARN: 54854
For office use only (To be filled by financial institution)	Application Type* KYC Number	New     Update/Change       (Mandatory f	or KYC update request)
1.Correspondence / Local A	ddress Details (Pleas	se see instruction E at the end) Enclose relevant documentary p	roof
Same as Current / Permaner	t / Overseas Address d	letails	
		Post Code* Country* Code Code Code Code Code Code Code Code	as per Indian Motor Vehicle Act , 1988 Country Code as per ISO 3166
Email ID     Mobile     Fax	Tel. (	(Off) Tel. (Res)	
3.Applicant Declaration			
therein, immediately. In case any of the a liable for it. I hereby declare that I am legislation or any notifications/directions is	bove information is found to be not making this application for ssued by any governmental or	the best of my knowledge and belief and I undertake to inform you of any changes e false or untrue or misleading or misrepresenting, I am aware that I may be held r the purpose of contravention of any Act, Rules, Regulations or any statute of statutory authority from time to time. bugh SMS/Email on the above registered number/email address.	[Signature / Thumb Impression]
	Place	e:	Signature / Thumb Impression of Applicant

Annexure B1 – Addition o	f Related Persons			RELIANCE HUND
Fields marked with '*' are manda Please fill the form in English and	•			South Gujarat ARN: 54854
For office use only (To be filled by financial institution)	Application Type* KYC Number	New Up	date/Change	ory for KYC update request)
1.Details of Related Pe	rson (In case of additional	related persons, please	fill 'Annexure B1') (please refer inst	ruction <b>G</b> at the end)
Addition of Related Pers	on Deletion of Related I	Person KYC Numb	er of Related Person (if available*)	
Related Person Type*	Guardian of Minor	Assignee	Authorized Represe	
Name*	Prefix Fi	provided, below details of	Middle Name	Last Name
Proof of Identity [Pol] of Rel	ated Person* (Please see in	nstruction ( <b>H</b> ) at the end	)	
□ A- Passport Number □ B- Voter ID Card			Passport Expiry Dat	e DD-MM-YYYY
C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card			Driving Licence Exp	iry Date
Z- Others (any document	notified by the central gove	rnment)	Identification	Number
2.Applicant Declaration				
therein, immediately. In case any o liable for it. I hereby declare that	of the above information is found to b I am not making this application fo ctions issued by any governmental or	e false or untrue or misleading r the purpose of contravention statutory authority from time to		eld
	Y Y Y Place	e:		Signature / Thumb Impression of Applicant
3.Attestation / For Office U	Jse Only			
Documents Received	Certified Copies			
KYC	C Verification Carried Out by		In	stitution Details
Date  Emp. Name Emp. Code Emp. Designation Emp. Branch			Name Code	[Institution Stamp]
	[Employee Signature]			

# Supplementary CKYC Form

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



MUTUAL FUND

South Gujarat ARN: 54854

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				
	Prefix First Name Middle Name	Last Name		
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 □ House	ewife 🗌 Student		
	B-Business     X-Not Categorised			
2. FATCA/CRS Information	(Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside Indi	a (Please refer instruction B at the end)		
	d* (Mandatory only if above option is ticked)	``````````````````````````````````````		
Country of Jurisdicti on of		esi den ce as per ISO 3166		
Tax I den tificati on 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		wn / Village*		
District*	Zip / Post Code * State/UT Code	as per Indian Motor Vehicle Act, 1988		
State/UT*	Country*	Country Code as per ISO 3166		
2 Details of Polated Paras	(Optional) (places refer instruction C at the end) (in sees and ditional related persons pla			
	n (Optional) (please refer instruction G at the end) (in case of additional related persons, ple	ase II Annexure B I) a		
Related Person Related Person Type*	Deletion of Related Person       KYC Number of Related Person (if available*)         Guardian of Minor       Assignee         Authorized Representation	tive		
Related Ferson Type	Prefix First Name Middle Name	Last Name S		
Name*				
	(If KYC number and name are provided, below details of section 6 are optional)			
_ ,. ,	Related Person* (Please see instruction (H) at the end) ne following Proof of I dentity[Pol] needs to be submitted)			
A- Pass port Num ber	Passport Expiry Date			
B- Voter ID Card				
C- PA N Card				
D- Drivi ng Licence	Driving Licence Expiry			
E- A adhaa r Card				
F- NREGA J ob Card				
Z- Ot hers (any documer	t notified by the central government)	ımber		
4. Remarks (If any)				
5. Applicant Declaration				
I here by declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to information you of any				
may be held liable for it. I hereby o	se any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I eclare that I am not making this application for the purpose of contravention of any Act, Rules, Regulation or any provide schedule in any approximation of the purpose of contravention of any Act, Rules, Regulation or any discrimination of the purpose of contravention of the purpose of contravention of any Act, Rules, Regulation or any discrimination of the purpose of contravention of the purpose of contravention of any Act, Rules, Regulation or any discrimination of the purpose of contravention of any Act, Rules, Regulation or any application of the purpose of contravention of the purpose of contravention of any Act, Rules, Regulation or any application of the purpose of contravention of the purpose of contravention of any Act, Rules, Regulation or any application of the purpose of contravention of any Act, Rules, Regulation or any application of the purpose of contravention of the purpose of contravention of any Act, Rules, Regulation or any application of the purpose of contravention of the purpose of contravention of any Act, Rules, Regulation or any application of the purpose of contravention of the purpose of contravention of any Act, Rules, Regulation or any application of the purpose of contravention of the purpose of contraventin of the purpose of co	[Signature / Thumb Impression]		
	ons/directions issued by any government or statutory authority from time to time. ation from central KYC Registry through SMS/Email on the above registered number/email address.	following a marine indusation		
Date: DD - MM -	Y         Y         Place :	Signature / Thumb Impression of Applicant		

Annexure A1 – Addition/Modifie	cation/Change of Addres	ss – Correspondence/Local Address	
Fields marked with '*' are mandatory fie Please fill the form in English and in BL			South Gujarat ARN: 54854
For office use only (To be filled by financial institution)	Application Type*	New     Update/Change       (Mandatory for sector)	KYC update request)
1.Correspondence / Local A	ddress Details (Please s	see instruction E at the end) Enclose relevant documentary proo	f
Same as Current / Permanen	t / Overseas Address deta	ils	
Line 1* Line 2 Line 3 District* State/UT C C C C C C C C C C C C C C C C C C C		Image: State of the state	as per Indian Motor Vehicle Act , 1988 Country Code as per ISO 3166
3.Applicant Declaration	above are true and correct to the b	vest of my knowledge and belief and I undertake to inform you of any changes ┌───	
therein, immediately. In case any of the al liable for it. I hereby declare that I am n legislation or any notifications/directions is	bove information is found to be fals ot making this application for the sued by any governmental or statu	se or untrue or misleading or misrepresenting, I am aware that I may be held purpose of contravention of any Act, Rules, Regulations or any statute of	[Signature / Thumb Impression]
	Y Y Place:		Signature / Thumb Impression of Applicant

Annexure B1 – Addition of	f Related Persons			
Fields marked with '*' are mandai Please fill the form in English and	•			South Gujarat ARN: 54854
For office use only (To be filled by financial institution)	Application Type* KYC Number	New Up	date/Change (Mandato	ry for KYC update request)
1.Details of Related Per	rson (In case of additional	related persons, please	fill 'Annexure B1') (please refer instr	uction <b>G</b> at the end)
Addition of Related Perso	on Deletion of Related I	Person KYC Numb	er of Related Person (if available*)	
Related Person Type*	Guardian of Minor	Assignee	Authorized Represer	
Name*	Prefix Fi (If KYC number and name are	provided, below details of s	Middle Name	Last Name
Proof of Identity [Pol] of Rela	ated Person* (Please see in	struction ( <b>H</b> ) at the end		
A- Passport Number			Passport Expiry Date	
C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card			Driving Licence Expi	ry Date DD-MM-YYYY
Z- Others (any document	notified by the central gove	rnment)	Identification N	Number
2.Applicant Declaration				
therein, immediately. In case any o liable for it. I hereby declare that	of the above information is found to b I am not making this application fo tions issued by any governmental or	e false or untrue or misleading r the purpose of contravention statutory authority from time to t		eld
	Y Y Y Place	e:		Signature / Thumb Impression of Applicant
3.Attestation / For Office L	Jse Only			
Documents Received	<b>Certified</b> Copies			
KYC	Verification Carried Out by		Ins	titution Details
Date  Date	D       -       M       M       -       Y       Y       Y         I       I       I       I       I       I       I       I         I       I       I       I       I       I       I       I         I       I       I       I       I       I       I       I         I       I       I       I       I       I       I       I         I       I       I       I       I       I       I       I         I       I       I       I       I       I       I       I		Name Code	Institution Stamp]
	[Employee Signature]			



MUTUAL FUND Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) A Reliance Capital Company

APP No.:

South Gujarat ARN: 54854

## 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.	Tax Residence Address (for KYC address)	Residential	Registered Office

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 $\checkmark$ the reason A, B or C (as defined below)
1				Reason A B C C
2				> Reason A - B - C -

>> 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:

1

Signature: