


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 ☐ NewType* ☐ 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	<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"/>	
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-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	<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 (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)

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

(any document notified by the central government)

3. Proof of Address (PoA)*☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)**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				

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)

<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"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others	<input type="text"/>		

(any document notified by the central government)

☐ 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 provide the same in a separate annexure with relevant documentary proof)

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				

[illegible]

State/UT*	Country*	Country Code	as per ISO 3166
-----------	----------	--------------	-----------------

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

(any document notified by the central government)

[illegible]

Date:

D	D	—	M	M	—	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 Place

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

 Signature / Thumb Impression of Applicant

[Institution Stamp]

[Institution Stamp]

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

KYC Type: ☐ Normal (PAN is mandatory)

☐ PAN Exempt Investors

Fields marked with * are mandatory fields

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"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

[illegible][illegible]

Address																																		
Line 1*																																		
Line 2																																		
Line 3																																		
District*																				City / Town / Village*														
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 provide the same in a separate annexure)

☐ 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 [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

| D | D | — | M | M | — | Y | Y | Y | Y |

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

☐ E- Aadhaar Card

☐ F- NREGA Job Card

[illegible]

Passport Expiry Date

Driving Licence Expiry Date | P | P | - | M | M | - | Y | Y | Y | Y |

[illegible]

(any document notified by the central government)

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: | D | D | - | M | M | - | Y | Y | Y | Y | Place: | | | | | | | | | |

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

ANNEXURE II - Additional KYC-FATCA & CRS Form for Individuals

 (To be enclosed with purchase application which do not have provision for additional KYC/FATCA/CRS information)
 (Please fill in BLOCK Letters)

1. APPLICANT DETAILS

	First Applicant / Guardian		Second Applicant		Third Applicant	
Applicant's Name						
Applicant's PAN						
Gender						
Date of Birth						
Father's Name						
Spouse's Name						
Nationality						
Place of Birth						
Country of Birth						
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office
Type of Identification Document given at KRA						
Identification Document No.						
Document Issuing Country						

Address of tax residences would be taken as available in KRA database. In case of any change please approach KRA & notify the changes.

2. ADDITIONAL KYC INFORMATION

Category	First Applicant / Guardian		Second Applicant		Third Applicant	
Gross Annual Income in Rs.	<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	<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	<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
Net Worth in Rs.						
Net Worth as of	D D M M Y Y Y Y		D D M M Y Y Y Y		D D M M Y Y Y Y	
Occupation [Please tick any one (✓)]	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others [Please specify]	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others [Please specify]	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others [Please specify]
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	
Any other information relating to KYC if applicable	[Please specify]		[Please specify]		[Please specify]	

3. FATCA INFORMATION

 Is your Country of Birth / Citizenship / Nationality / Tax Residency other than India? – ☐ Yes ☐ No
 If Yes, please provide the following information [mandatory]

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1*			
Tax Identification Number [#]			
Identification Type (TIN or Other, please specify)			
Country of Tax Residency 2*			
Tax Identification Number [#]			
Identification Type (TIN or Other, please specify)			
Country of Tax Residency 3*			
Tax Identification Number [#]			
Identification Type (TIN or Other, please specify)			

(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

[#]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

* To also include USA, where the individual is a citizen/green card holder of the USA

4. DECLARATION

I/We confirm that the information provided in this form is true & accurate. In the event any of the above information is / are found to be false / incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and / or reverse the allotment of units and the AMC / Trustee / Mutual Fund shall not be liable for the same / I/We will be liable for the consequences arising therefrom. I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am/are aware that the Fund 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; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency.

SIGNATURE(S) (ALL Applicants must sign)	1st Applicant/Guardian	2nd Applicant	3rd Applicant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date	Place		