

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

South Gujarat ARN: 54854



Application ☐ New

Type* ☐ Update KYC Number*

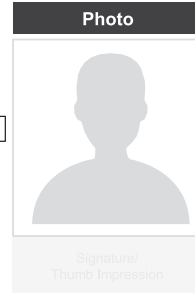
KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

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-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"/> 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 Categorized		



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*	<input type="text"/>	City / Town / Village*	<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*	<input type="text"/>	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
		Country*	<input type="text"/> Country Code <input type="text"/> as per ISO 3166
Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> 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*	<input type="text"/>	City / Town / Village*	<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*	<input type="text"/>	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
		Country*	<input type="text"/> Country Code <input type="text"/> 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, 1988State/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 RepresentativeName* 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)

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

☐ A- Passport NumberPassport Expiry Date - - ☐ B- Voter ID Card☐ C- PAN Card☐ D- Driving LicenceDriving 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 OnlyDocuments 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]



TATA
MUTUAL
FUND

Fields marked with '*' are mandatory fields.
Please fill the form in English and in BLOCK letters.

For office use only <i>(To be filled by financial institution)</i>	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update/Change	
	KYC Number	<input type="text"/>	<input type="text"/>	<i>(Mandatory for KYC update request)</i>

☐ Same as Current / Permanent / Overseas Address details

Line 1*																										
Line 2																										
Line 3																										
District*									Zip / Post Code*							City / Town / Village*										
State/UT														State/UT Code			as per Indian Motor Vehicle Act, 1988									
							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 misrepresentation, 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.

[illegible]

Signature / Thumb Impression of Applicant

South Gujarat ARN: 54854

Annexure B1 – Addition/Deletion of Related Persons



Fields marked with "*" are mandatory fields.

Please fill the form in English and in BLOCK letters.

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

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)

☐ A- Passport Number

☐ 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)

Passport Expiry Date

Driving Licence Expiry Date

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

Supplementary CKYC Form

(To be additionally filled by customers using old KYC 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

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)	<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

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*	<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*	<input type="text"/>
City / Town / Village*	<input type="text"/>
State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
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 <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/>	

(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	<input type="text"/>	Passport Expiry Date	<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="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"/>

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, 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



The Application Form should be completed in English and in BLOCK LETTERS only.

Annexure to Application Form No. _____

Date : / /

a. Name of First / Sole applicant ☐ Mr. ☐ Ms. ☐ M/s.

b. PAN / PEKRN M a n d a t o r y

☐ Individual ☐ Non - Individual

Is the company a Listed Company or Subsidiary of Listed Company or or Controlled by a Listed Company: (if No, please attach mandatory UBO declaration): ☐ Yes ☐ No

☐ Resident Indian
 ☐ NRI
 ☐ PIO
 ☐ HUF
 ☐ Minor RI
 ☐ Minor NRI
 ☐ Trust
 ☐ Proprietorship
 ☐ LLP
 ☐ Partnership
 ☐ Public Ltd. Co.
 ☐ Pvt. Ltd. Co.
 ☐ Non Profit Organisation
☐ Societies
 ☐ FOF
 ☐ Body Corporate
 ☐ Others (please specify).....

☐ Private Sector Service ☐ Public Sector Service ☐ Business ☐ Retired ☐ Government Sector ☐ Agriculturist ☐ Professional ☐ Forex Dealer ☐ Housewife ☐ Student

☐ Others (please specify).....

☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore **OR**

Networth in (Mandatory for Non-individual) ₹ as on

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

 (not older than 1 year)

(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors): ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

☐ Foreign Exchange/Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ None of the above

a. **Name of Second applicant** ☐ Mr. ☐ Ms. ☐ M/s.

b. PAN / PEKRN

☐ Private Sector Service ☐ Public Sector Service ☐ Business ☐ Retired ☐ Government Sector ☐ Agriculturist ☐ Professional ☐ Forex Dealer ☐ Housewife ☐ Student

☐ Others (please specify).....

☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore **OR**

Networth in (Mandatory for Non-individual) ₹ as on

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

 (not older than 1 year)

e. Politically Exposed Person (PEP) Status : ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

a. Name of Third applicant ☐ Mr. ☐ Ms. ☐ M/s.

b. PAN / PEKRN | M | a | n | d | a | t | o | r | y |

☐ Private Sector Service ☐ Public Sector Service ☐ Business ☐ Retired ☐ Government Sector ☐ Agriculturist ☐ Professional ☐ Forex Dealer ☐ Housewife ☐ Student
☐ Others (please specify).....

☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore **OR**

Networth in (Mandatory for Non-individual) ₹ as on

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

 (not older than 1 year)

e. Politically Exposed Person (PEP) Status : ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

I/We declare that the information is to the best of my/our knowledge and belief, and is accurate and complete. I/We agree to notify Tata Mutual Fund/ Tata Asset Management. Ltd. immediately in the event of any change in the information. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.

Mafatlal Centre, 9th Floor, Nariman Point, Mumbai – 400 021 • Toll Free: 1800-209-0101 • E-mail: kiran@tataamc.com • Website: www.tatamutualfund.com



TATA MUTUAL FUND
Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021



**SUPPLEMENTARY KNOW YOUR CLIENT (KYC), Aadhaar Updation,
FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUALS**

South Gujarat ARN: 54854

Mandatory for all Applicant(s) including Joint-holder(s), Guardian (if applicable) and Power of Attorney (if any).
[Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]

A. FATCA & CRS Information (Self Certification)

PAN / PEKRN <input type="text"/>		Folio No. <input type="text"/>	
Name <input type="text"/>			
Type of Address given at KRA		<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> Registered Office	
Nationality <input type="text"/>		Gender <input type="text"/>	Date of Birth <input type="text"/>
Mobile <input type="text"/>		Place of Birth <input type="text"/>	Country of Birth <input type="text"/>
Father's name <input type="text"/>			
Spouse's name <input type="text"/>			
Documents required (if PAN not provided)		<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others	
Identification number of the document provided		<input type="text"/>	

Is the applicant/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency 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.

Sr. No.	Country of Tax Residency#	Tax Payer Identification Number^	Identification Type [TIN or other, please specify]
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

^In case Tax Identification Number is not available, kindly provide its functional equivalent.

B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick ()]	<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife
	<input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify)
Gross Annual Income (Rs.) [Please tick ()]	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore

OR

Net-worth (Mandatory for Non-Individuals)	Rs. <input type="text"/> as on <input type="text"/> (Not older than 1 year)
Politically Exposed Person (PEP) Status*	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

C. AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) Not mandatory for NRIs

Aadhaar No. (Please enclose copy of front & back side)	Date of Birth	PIN Code	Mobile No.	Enrolment Proof#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

If Aadhaar number is applied for, please enclose proof of enrolment.

D. DECLARATION:

I have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Tata Asset Management Limited /Tata Mutual Fund/ Trustees for any modification to this information promptly. I further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

I hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me.

Consent for authentication and sharing of Aadhaar data:

I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/ disclose of the Aadhaar number(s) 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/ our folios with my PAN.

Date:

Place:

Signature



FATCA and Additional KYC Form - Individuals

(Form to be used for Investors using OLD application forms which do not contain the new requirements for FATCA and KYC details.)



South Gujarat ARN: 54854

1. Investor(s) Details

First Holder Name >>	PAN\PEKRN
Second Holder Name >>	PAN\PEKRN
Third Holder Name >>	PAN\PEKRN

2. Know Your Customer (KYC) Details

CATEGORIES	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >1 crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >1 crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >1 crore
Networth in	₹ as on D D / M M / Y Y Y Y (not older than 1 year)	₹ as on D D / M M / Y Y Y Y (not older than 1 year)	₹ as on D D / M M / Y Y Y Y (not older than 1 year)
Others >>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

3. Foreign Account Tax Compliance Act (FATCA) Details

CATEGORIES	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT
Country of Birth >>			
Place of Birth >>			
Nationality >>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)
Type of address given >> at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Residential <input type="checkbox"/> Business
Are you also a resident in >> any other country(ies) for tax purposes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Country of Tax Residency 1 >>			
Tax Identification Number 1 >>			
Identification Type 1 >>			
If TIN is not available please >> tick the reason A, B or C *	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Country of Tax Residency 2 >>			
Tax Identification Number 2 >>			
Identification Type 2 >>			
If TIN is not available please >> tick the reason A, B or C *	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> 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 reasons thereof

4. Declaration and Signatures

I hereby confirm that the information provided hereinabove 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 and 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 understand to provide any other additional information as may be required any intermediary or by domestic or overseas regulator / tax authorities.

Date: _____

Place: _____

1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
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TATA MUTUAL FUND South Gujarat ARN: 54854
Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021
AADHAAR NUMBER UPDATION FORM FOR INDIVIDUALS



Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017, 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.

We, at TATA Mutual Funds have enabled several easy modes of Aadhaar number linking across all TATA Mutual Funds investments.

PLEASE FILL IN YOUR DETAILS BELOW FOR ALL HOLDERS

Folio No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	OR	Application No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
---	----	---

Sole/First Holder's Details

Name			
PAN/PEKRN <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Aadhaar No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Gender Please (✓)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">M</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">F</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">O</div>

Second Holder's Details

Name			
PAN/PEKRN <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Aadhaar No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Gender Please (✓)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">M</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">F</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">O</div>

Third Holder's Details

Name			
PAN/PEKRN <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Aadhaar No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Gender Please (✓)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">M</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">F</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">O</div>

Power of Attorney Details

Name			
PAN/PEKRN <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Aadhaar No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Gender Please (✓)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">M</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">F</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">O</div>

Guardian Details

Name			
PAN/PEKRN <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Aadhaar No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Gender Please (✓)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">M</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">F</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">O</div>

Consent by unit holders for collection, storage, using/sharing of Aadhaar data

I submit my above Aadhaar number and voluntarily give my consent to collection, storage, using/sharing of Aadhaar data Signature:

- Use my Aadhaar details to authenticate from UIDAI
- Use my mobile number mentioned in my account for sending SMS alerts to me
- Consent for Authentication: I, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMf), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI.

I/We 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/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/discard of the Aadhaar number(s) 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/our folios with my PAN.

Sole / 1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
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ACKNOWLEDGEMENT SLIP - AADHAAR UPDATION
(To be filled by Applicant)

Date

D

D

/

M

M

/

Y

Y

Y

Y

Folio Number _____ or Application No. _____

Investor's Name _____

Please retain this Acknowledgement Slip for future reference

Official Acceptance Point Stamp & Sign