

South Gujarat ARN: 54854



4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile

 Tel. (Off)

 Tel. (Res)

5. FATCA/CRS Information (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence*

 Country Code of Jurisdiction of Residence

 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

 Country of Birth*

 Country Code

 as per ISO 3166

Address
Line 1*

Line 2

Line 3

 City / Town / Village*

District*

 Zip / Post Code*

 State/UT Code

 as per Indian Motor Vehicle Act, 1988
State/UT*

 Country*

 Country Code

 as per ISO 3166

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

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
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)

☐ A- Passport Number

 Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

 Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

 Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

**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

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)				
Mother Name*				

Residential Status* ☐ Resident Individual ☐ Non Resident Indian
☐ Foreign National ☐ Person of Indian Origin

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

2. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address
 Line 1*
 Line 2
 Line 3 City / Town / Village*

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

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

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

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name*

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

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

☐ A- Passport Number Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

4. Remarks (If any)

<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

FATCA/ Foreign Tax Laws Information - Self Certification Form

(Individual Sole Proprietor) (Refer to instructions)

[Please seek appropriate advice from a tax professional on FATCA/ Foreign Tax laws related information]

First / Sole Applicant / Guardian

Name																																							
PAN								Folio No.																															
Address																																							
City											State											Country																	
Pincode								Mobile																															
Type of address given at KRA								Residential or Business								Residential								Business								Registered Office							
City of Birth																																							
Country of Birth																																							
Are you a tax resident of any country other than India?	Yes <input type="checkbox"/>							No <input type="checkbox"/>																															

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

¹ Address would be procured as per the data available in KRA database. In case of any change in address please approach KRA to update

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

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent

Second Applicant

Name																																							
PAN								Folio No.																															
Address																																							
City											State											Country																	
Pincode								Mobile																															
Type of address given at KRA								Residential or Business								Residential								Business								Registered Office							
City of Birth																																							
Country of Birth																																							
Are you a tax resident of any country other than India?	Yes <input type="checkbox"/>							No <input type="checkbox"/>																															

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

¹ Address would be procured as per the data available in KRA database. In case of any change in address please approach KRA to update

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

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent

Third Applicant

Name																																																						
PAN											Folio No.																																											
Address																																																						
City											State											Country																																
Pincode											Mobile																																											
Type of address given at KRA											Residential or Business											Residential											Business											Registered Office										
City of Birth																																																						
Country of Birth																																																						
Are you a tax resident of any country 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.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

¹ Address would be procured as per the data available in KRA database. In case of any change in address please approach KRA to update.

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

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent

Certification

I have understood the information requirements of this Form (read along with the FATCA Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions given under and hereby accept the same.

Signature (as per KRA record):

Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Please Sign here

Second Applicant / Auth. Sign

Please Sign here

Third Applicant Sign

Date:

Place:

INSTRUCTIONS

Details under FATCA / Foreign Tax Laws: Towards compliance with tax information sharing laws such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. **Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we 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. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or a Green card holder, please include The United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request to provide this information, if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe that you have already provided this information earlier.

South Gujarat ARN: 54854

Information to Investors

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017 and 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. The purpose of collection/usage of Aadhaar number including demographic information is to comply with the applicable laws / rules / regulations and the provision of the said data is mandatory as per the applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.

Please fill in your details below:

PAN	<input type="text"/>	Aadhaar No.	<input type="text"/>
Name	<input type="text"/>	Gender	<input type="text"/> M <input type="text"/> F <input type="text"/> O

"Please submit these details separately for All Holders"

Consent <p>Consent for linking Aadhaar: I 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 Aadhaar number in accordance with the Aadhaar Act, 2016 (and Regulations made thereunder) and PMLA. I hereby provide my consent for sharing / disclose of the Aadhaar number 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 folio(s) with my PAN(s).</p>	Signature <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	Date <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> y Place <input type="text"/>

For investor's convenience, our Registrar M/s. Karvy Computershare Pvt. Ltd. (RTA) is collecting this mandatory information for authentication and seeding across all Mutual Funds being serviced by them where you are already an investor or would become an investor in future.

Online Facility for Linking Aadhaar: Alternatively, investor/s can use online / sms facility on our RTA's website www.karvymfs.com to link their Aadhaar number/s.

Please submit separate form duly filled, signed, by each of the holders and submit at your nearest Karvy Computershare Branch or you can dispatch the hard copy to -

Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B
Unit – CPZ - Aadhaar Updation
Plot Nos. 31 & 32 | Financial District | Nanakramguda
Serilingampally Mandal | Hyderabad - 500032 | India

We Acknowledge the receipt of Aadhaar Linking request.

From Mr/Mrs/Ms:

PAN

Date d d m m y y y y

Signature of Taurus Mutual Fund branch officer