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Know Your Client Application Form (For (Please fill the form in English an Fields marked with "*' are mandato	d in B	LOC			nly)	Тy	plicat pe* ′C Tyj			pdat		Y C N u N is ma			□ P	PAN	Exe	emp	t Inv	vest	ors	(Re	fer in	I	ction I	N	A	-		nd
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7. Remarks (If any)		nica by		intrai g	govon	iiiio	,							Tuer		Iout			unn	501										
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South Gujarat ARN: 54854	Supplementary CKYC Form
Know Your Client (KYC) Application Form	(To be additionally filled by customers using old KYC form)



For Individuals Only (Please fill the form in English and in BLOCK Letters) Fields marked with * are mandatory fields

PAN

Date:

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

□ PAN Exempt Investors

KYC Type: 🗆 Normal (PAN is mandatory)

Please enclose a duly attested copy of your PAN Card

	Prefix First Name		MiddleName		Last Name
Name* (same as ID proof)					
Maiden Name (If any*)					
Mother Name*					
Residential Status*	Resident Individual	Non Resident Indi	an		
	Foreign National	Person of Indian (0		
Occupation Type*	S-Service Private Sector	Public Sector	Government Sector		
	 O-Others Professional B-Business 	 Self Employed X-Not Categorised 	Retired Hous	sewife 🔝 Stu	dent
			1		
2. FATCA/CRS Information	(Tick if Applicable)	lence for Tax Purposes in	Jurisdiction(s) Outside Ind	dia (Please refer	instruction B at the end)
Additional Details Require	ed* (Mandatory only if above option	is ticked)			
Country of Jurisdiction of	Residence*	Country	Code of Jurisdiction of F	Residence	as per ISO 3166
Tax Identification Number	or equivalent (If issued by jurisdict	tion)*			
Place / City of Birth*	C	ountry of Birth*		Country C	code as per ISO 3166
Address Line 1*					
Line 2					
Line 3			City / To	wn / Village*	
District*	Zip / Post Cod	le*	State/UT Code		Indian Motor Vehicle Act, 1988
State/UT*		Country*		Country	
3. Details of Related Perso	n (Optional) (please refer instruction G	G at the end) (in case of ad	ditional related persons, ple	ase fill 'Annexure	B1')
Related Person	Deletion of Related Person	KYC Number of Relate	d Person (if available*)		
Related Person Type*	Guardian of Minor	Assignee	Authorized Representa	tive	
	Prefix First Name		Middle Name		Last Name
Name*	(If KYC number and name are provided, be	elow details of section 6 are c	ptional)		
Proof of Identity [Pol] of	Related Person* (Please see instruction		priorialy		
(Certified copy of any one of the	he following Proof of Identity[Pol] needs	to be submitted)			
A- Passport Number			Passport Expiry Date	DD	- M M $-$ Y Y Y Y
B- Voter ID Card					
C- PAN Card					
D- Driving Licence			Driving Licence Expire	y Date	- M M - Y Y Y Y
E- Aadhaar Card					
F- NREGA Job Card					
Z- Others (any documer	nt notified by the central governmer	nt)	Identification N	umber	
4. Remarks (If any)					
5. Applicant Declaration					
 I hereby declare that the details furr 	hished above are true and correct to the best of my				
liable for it. I hereby declare that	f the above information is found to be false or untrol I am not making this application for the purpose	of contravention of any Act, Ru		[Signa	ature / Thumb Impression]
•	tions issued by any governmental or statutory author ation from Central KYC Registry through SMS/Ema	•	r/email address.	Lorgine	

Place :

Signature / Thumb Impression of Applicant



TAURUS MUTUAL FUND

South Gujarat ARN: 54854

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]

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TAURUS MUTUAL FUND

Acknowledgement Slip - FATCA/ Foreign Tax Laws Information - Individual Form

Application

Received Form______
Date _____

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

 $^{\ast}\text{To}$ also include USA, where the individual is a citizen / green card holder of the USA

 $^{\rm s}$ In case Tax Identification Number is not available, kindly provide its functional equivalent

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	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																																		
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	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 rue, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions given under and hereby accept the same.																																		
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respond to our re	ease 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 spond 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.

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"Please submit these details separately for All Holders"

Consent	2 Sinne think	$\overline{}$
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 (ii) 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).	Signature Date d m m 2 0 1 У Place	

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

TAURUS Mutual Fund	ACKNOWLEDGEMENT
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

Received subject to verification with UIDAI and seeding the Aadhaar for your Mutual Fund Investments.