

# CKYC & KRA KYC Form

South Gujarat ARN: 54854



Haq, ek behtar zindagi ka.

## 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 ☐ 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 <input type="text"/>	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"/>		
<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"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	Country*	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"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	Country*	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, 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]



# KYC Details Change form (For Individuals Only)



Place for  
Intermediary Logo

Application No. :  
South Gujarat ARN: 54854

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

## A Name of Applicant (Mandatory as per original KYC records)

Title ☐ Mr. ☐ Ms. ☐ Other (Please specify) \_\_\_\_\_ Aadhaar Number, if any: \_\_\_\_\_ PAN \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth | d | d | / | m | m | / | y | y | y | y |

Please Provide the new KYC details which should be updated in your KYC records.

## B. Mandatory fields for KYCs done before 1<sup>st</sup> January 2012

1. Father's/Spouse Name \_\_\_\_\_

2. Current Marital status ☐ Single ☐ Married

3. Current Nationality ☐ Indian ☐ Other (Please specify) \_\_\_\_\_

Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details.

## C. Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).  
Name \_\_\_\_\_

2. New Status Please tick (✓) ☐ Resident Individual ☐ Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)  
☐ Aadhaar Card ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others \_\_\_\_\_ (Please see guideline 'D' overleaf)

## D. Address Details (please see guidelines overleaf)

1. New Address for Correspondence

City / Town / Village \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

2. Contact Details

Tel. (Off.) (ISD) (STD) \_\_\_\_\_ Tel. (Res.) (ISD) (STD) \_\_\_\_\_

Mobile (ISD) (STD) \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_

E-Mail Id. \_\_\_\_\_

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.  
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ \*Latest Bank A/c Statement/Passbook  
☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Gas Bill ☐ Others (Please specify) \_\_\_\_\_  
\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.  
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ \*Latest Bank A/c Statement/Passbook  
☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Gas Bill ☐ Others (Please specify) \_\_\_\_\_  
\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

6. Any other information: \_\_\_\_\_

## SIGNATURE OF APPLICANT

Old signature as per original KYC  
Wherever Applicable

## DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

Place: \_\_\_\_\_

Date: | d | d | m | m | y | y | y | y |

## SIGNATURE OF APPLICANT

## FOR OFFICE USE ONLY

IPV Done ☐ on | d | d | / | m | m | / | y | y | y | y |

AMC/Intermediary name OR code \_\_\_\_\_

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received  
Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name  
Designation  
Name of the Organization  
Signature  
Date

Seal/Stamp of the intermediary should contain

Staff Name  
Designation  
Name of the Organization  
Signature  
Date

# 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

## Supplementary CKYC Form

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

KYC Type: ☐ Normal (PAN is mandatory)

☐ PAN Exempt Investors



Haq, ek behtar zindagi ka.

### 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 ☐ 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

Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
<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



UTI Mutual Fund

South Gujarat ARN: 54854

# FATCA & CRS Annexure for Individual Accounts (Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

## First / Sole Applicant / Guardian

Name																											
Gender	M	F	O	PAN						Occupation Type	Service	Business	Others														
Father's Name																											
Folio No.																											
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																											
Type of address given at KRA	<input checked="" type="checkbox"/> Residential or Business <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Registered Office																										
Permissible documents are	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> PAN Card <input type="radio"/> Govt ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA <input type="radio"/> Job Card <input type="radio"/> Others																										
Date of Birth	D	D	M	M	Y	Y	Y	Y	Place of Birth																		
Country of Birth																											
Nationality																											

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.

County#	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## Second applicant

Name																											
Gender	M	F	O	PAN						Occupation Type	Service	Business	Others														
Father's Name																											
Folio No.																											
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																											
Type of address given at KRA	<input checked="" type="checkbox"/> Residential or Business <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Registered Office																										
Permissible documents are	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> PAN Card <input type="radio"/> Govt ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA <input type="radio"/> Job Card <input type="radio"/> Others																										
Date of Birth	D	D	M	M	Y	Y	Y	Y	Place of Birth																		
Country of Birth																											
Nationality																											

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.

Are you a tax resident of any country other than India?

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

County#	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### Third applicant

Name																																																																																																																											
Gender															M	F	O	PAN																									Occupation Type															Service	Business	Others																																																															
Father's Name																																																																																																																											
Folio No.																																																																																																																											
<i>Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA &amp; notify the changes</i>																																																																																																																											
Type of address given at KRA																									✓	Residential or Business															✓	Residential										✓	Business										✓	Registered Office																																																											
Permissible documents are																									<input type="radio"/>	Passport										<input type="radio"/>	Election ID Card										<input type="radio"/>	PAN Card										<input type="radio"/>	Govt ID Card										<input type="radio"/>	Driving License										<input type="radio"/>	UIDAI Card										<input type="radio"/>	NREGA										<input type="radio"/>	Job Card										<input type="radio"/>	Others									
Date of Birth															D	D	M	M	Y	Y	Y	Y	Place of Birth																																																																																																				
Country of Birth																																																																																																																											
Nationality																																																																																																																											

Yes ☒ No ☒

County#	Tax Identification Number%	Identification Type (TIN or Other, please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## Certification

Signatures	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><b>First / Sole Applicant / Guardian</b></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><b>Second Applicant</b></p>
	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><b>Third Applicant</b></p>

Date

D

D

M

M

Y

Y

Y

Y

Place

## FATCA & CRS Terms & Conditions

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for 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 you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$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.

In case investor has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> <li>1. Self-certification that the unit holder is neither a citizen of United States of America nor a resident for tax purposes;</li> <li>2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND</li> <li>3. Any one of the following documents:  Certified Copy of "Certificate of Loss of Nationality  <b>or</b> Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship;  <b>or</b> Reason the customer did not obtain U.S. citizenship at birth</li> </ol>
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> <li>1. Self-certification that the unit holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li> <li>2. Documentary evidence (refer list below)</li> </ol>
Telephone number in a country other than India	<p><b><i>If no Indian telephone number is provided</i></b></p> <ol style="list-style-type: none"> <li>1. Self-certification that the unit holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li> <li>2. Documentary evidence (refer list below)</li> </ol> <p><b><i>If Indian telephone number is provided along with a foreign country telephone number</i></b></p> <ol style="list-style-type: none"> <li>1. Self-certification that the unit holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; <b>OR</b></li> <li>2. Documentary evidence (refer list below)</li> </ol>
Standing Instruction to transfer funds to an account maintained in a country other than India (other than depository accounts)	<ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li> <li>2. Documentary evidence (refer list below)</li> </ol>

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body\*
2. Valid identification issued by an authorized government body\* (e.g. Passport, National Identity card, etc.)

**\* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**

<p><b>AMC contact address &amp; call center details.</b></p>	<p><b>Blank space for your branch or any other details</b></p>
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