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Know Your Client														1001										1	.		lutu	al Fu	ind	: .
Application Form (Fo	r Inc	divi	idu	als	onl	y)	Арі Тур	olica	tion															+	4aq,	er b	ent	ar zii	ida	gi ra.
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Name* (same as ID proof)	Ц																			\square										
Maiden Name (If any*)																														
Father / Spouse Name*																														
Mother Name*																														
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(Certified copy of <u>any one of a</u>	the fo	llowi	ing I	Proo	f of Id	dentit	у [Р	ol] ne	eds	to b	e su	bmitte	əd)																	
A- Passport Number																Pas	spor	Ex	piry I	Date			DI	D -	М	M -	Y	Y Y	Y	
B- Voter ID Card										\Box	_																			
D- Driving Licence	Ш															Driv	/ing L	icer	nce E	Expir	уD	ate	DI	D -	М	M -	Y	ΥY	Y	
E- Aadhaar Card											_																			
F- NREGA Job Card										Ц							_													
Z- Others (any docume	nt no	otifie	ed b	oy th	ne ce	entra	l go	vern	mei	nt)							lde	ntifi	icatio	on N	umł	ber								
3. Proof of Address (PoA)*																														
3.1 Current / Permanent	/ Ove	ersea	as A	\ddr	ess [Detai	ls (F	Pleas	e se	e ins	stru	ction	D at	the e	nd)															
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Same as Current / Perma															nce / I	ocal a	ddress	es, pl	ease fi	ll 'Ann	nexur	re A1'	, Subr	nit re	elevant	t docu	ment	ary pro	oof)	
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State/UT*											Co	untry	*									С	ounti	ry C	Code		6	is per	ISO	3166
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State/UT*			Γ	T	1	T	T	Τ	Τ		\square				С	oun	try'	*				Τ	Τ	T					_	(Lu Co	unti									316	5
6. Details of Related P	Perso	on (Op	tio	nal)) (p	lea	se r	efei	r ins	struc	ctior	n G	at t	he	end	i) (b	in ca	se of	fado	ditic	onal	l rel	ated	d pe	erso	ns, j	olea	ase f	ill 'A	Anr	าехเ	ure	B1′)							
Related Person		Г] D	ele	etior	n o	f Re	elate	ed F	Pers	son			K١	(C	Nu	nbe	er of	Rel	lated	d Pe	erso	on (if a	vail	able	€*)	Γ	T	Γ	Г	Т	Г	T	Т	Г						
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Proof of Identity [P	ol] o																				ptioi	naiy																				
(Certified copy of any on	<u>ne</u> of	the i	foll	ow	ing l	Prc	oof (of Id	lenti	ty[F	Pol]	nee	ds t	o be	ə sı	ıbm	itteo	d)																								
A- Passport Numbe	ər	Γ	Τ	Т		Т	Τ														I	Pas	ssp	ort	Ex	piry	Da	ate				D	D	-[M	M	- γ	Y	Y	Y]	
B- Voter ID Card			╈	t	+	╈	╈	┢	H	╡		Τ	Γ	\square																												
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Z- Others (any doc	ume	nt n	oti	ifie	ed b	by f	the	cei	ntra		ove	rnm	nen	t) [Т	Т				Τ	Т	٦.	dei	ntifi	icat	ion	N	Jmp	ber	Γ	Τ	Т	Τ	Т	Т	Т	Г				٦
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8. Applicant Declarati	ion																																									
 I hereby declare that the deta therein, immediately. In case liable for it. I hereby declar- legislation or any notification 	ails fu e any e that	of the I am	ab n no	ove ot m	info nakin	orma Ig th	tion nis a	is fou pplic	und t ation	o be for	false the	e or u ourpo	untru ose c	e or of co	misl ntra	eadi vent	ng c ion (or mis of an	repre	senti	ng, I	am	awai	re th	at I r	nay	be h	eld				[Si	gna	iture	/ Th	umb	Impr	essio	n]			٦
I hereby consent to receiving							0							-					red nu	umbe	r/em	ail a	ddre	SS.																		
Date: DD-MM	VI —	Y	Y	Y	Y				Pl	ace	: [Sig	natu	re /	Thur	nb li	npre	ssio	n of A	Appli	cant		
9. Attestation / For Of	fice	Use	e 0	nly	y																																					
Documents Receiv	ved	C	ert	tifie	edC	;op	ies											_																								
KYC Ve	rifica	tion	Ca	arri	ed C	Jut	by	(Re	fer I	nstr	uctic	n I)															In	stitu	utio	n De	etai	ls										
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Emp. Designation																																										

KYC Details Change form (For Individuals Only)	CVL	Place fo				Applicat South (RN: 54	1854		
Please fill this update / modification	form in ENGLISH	and in BLOC	K LETTER	RS (Ple	ase str	ike off	Secti	ons	that a	re not	t use	d).
A Name of Applicant (Mandatory as per	original KYC record	ds)										
Title Mr. Ms. Other (Please s	Aadhaar Number, if a	inv:				PAN						
Name												
Date of Birth d d / m m / y y y	y											
Please Provide the new KYC details which s B. Mandatory fields for KYCs done before	•		ecoras.									
1. Father's/Spouse Name	Sie i Sandary 20			1.1	1.1	1.1	1.1.		1.1	1 1	1	1
2. Current Marital status Single Married			Nationality									
Note "FOR OFFICE USE ONLY": The IPV Column be mandatorily filled for changes to Identity and		Tily filled for all KY	_s registered	d before	Tst Janua	iry 2012.	Origina	als See	en and V	erified s	nould	
		_				_						
C. Identity Details (please see guideline 1. New Name (As appearing in supporting identification												
Name												
2. New Status Please tick (✓) □ Resident Individual	Non Resident (P	assport Copy Mand	atory for NR	ls & Forei	gn Natior	nals)						
3. PAN	Please enclose a duly	attested copy of y	our PAN Car	d								
4. Proof of Identity submitted for PAN exempt	,											
Aadhaar Card Passport Voter ID		Others						(Please se	e guideli	ne 'D'	ove
D. Address Details (please see guideline	es overleaf)											
1. New Address for Correspondence					1							
City / Town / Village							-	Pin Co	oda			_
State			Country									
2. Contact Details			country					1				
Tel. (Off.) (ISD) (STD)			Tel. (Res.)	(ISD)	(STD)							
Mobile (ISD) (STD)			Fax	(ISD)	(STD)							
E-Mail Id.												
Passport Ration Card Registered Lease/S *Latest Telephone Bill (only Land Line) *Late *Not more than 3 Months old. Validity/Expiry date 4. New Permanent Address of Resident Applic	est Electricity Bill *L of proof of address sub	atest Gas Bill 🗍 O omitted 🔤 d	thers (<u>Please</u> d / m	specify)	y y	у у					<	
								$\left \cdot \right $				+
City / Town / Village								Pin Co	ode			
State			Country									
 5. Proof of address to be provided by Applic. Passport Ration Card Registered Lea *Latest Telephone Bill (only Land Line) *Not more than 3 Months old. Validity/Expiry of 6. Any other information: 	ase/Sale Agreement o *Latest Electricity Bill	of Residence □D □*Latest Gas Bi	riving Licen	se ⊡V s (<u>Please</u> :	oter Iden specify)	tity Card						
SIGNATURE OF APPLICANT		DECLARA	ΓΙΟΝ				SIGN	ΙΑΤΙ	JRE C	DF AF	PLIC	CA
	nereby declare that th			re true ai	nd correc							
	e best of my/our kr											
	ou of any changes t formation is foun											
	isrepresenting, I am											
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P	ace:			u / III I	, уу	уу						
FOR O	FFICE USE ON	ILY			IPV	Done	on	d d	d / m	n m /	у	y
AMC/Intermediary name OR code	502/Sta	mp of the interme	diary should	d contair		Seal/S	tamp c	of the	interme	diarv sh	ould o	onta
		Staff Na	· ·	a contall		Jean 3	unp C		Staff Na	-	Juid C	UNIC
(Originals Verified) Self Certified Document copies re	eceived	Designa							Designat			
		Name of the O					Na		f the Or		on	
(Attested) True copies of documents received		Signatu							Signatu			
Main Intermediary		Date							Date			

Know Your Client (KYC For Individuals Only (Please fill the form in English a Fields marked with * are mand South Gujarat ARN: 5485	and in BLOCK Lett		(To be a	additio	nally fil ⁻ ype:	lled by	y custo ormal (I	CK mers us PAN is r mpt Inv	sing old mandate	KYC fo			Had	UTI I UTI I g, ek l	Mutu beht		Ind	» gi ka.
1. Identity Details (Please	refer instruction	A at the end)																
PAN		Plea	ise enclos	e a dul	y attes	ted c	opy of	your PA	N Card									
	Prefix	 Firs	tName					Mido	lleNam	ne				La	ast Na	ime		
Name* (same as ID proof)																		
Maiden Name (If any*)											Π							
Mother Name*																		
Residential Status* Occupation Type*	_	tional Private S Professio		□ F □ F □ \$	Person Public Self Er	of In Secto		origin	overnm [,] etired	_	ctor House	ewife	□ S	tudent				
2. FATCA/CRS Informatio	n (Tick if Applicat	ble)	Resid	ence fo	or Tax	Purp	oses ir	n Jurisd	iction(s) Outsi	de Ind	dia (P	ease re	efer inst	ructior	n B at f	he ei	nd)
Additional Details Require Country of Jurisdiction of Tax Identification Number Place / City of Birth*	Residence*		jurisdictio				untry (Code o	f Juriso			c	ountry	Code	per ISC	D 3166 as pe	r ISO	3166
Line 3 District*		Zip / P	ost Code		ountry*				State					er Indian y Code				1988 9 3166
			-															
3. Details of Related Pers										-		ase fill	'Annex	ure B1')				
Related Person Related Person Type*	Deletion of R			KYC N Assigne		er of F	Relatec	Perso	· ·		· _	ive						
Name*	Prefix (If KYC number ar	First	Name ovided, belo	ow deta	ils of se		6 are of	Middle						Las	t Name	÷		
Proof of Identity [Pol] of (Certified copy of <u>any one of</u> t																		
A- Passport Number						/		Pas	sport E	xpiry I	Date		DI) — M		ΥΥ	Y Y	
B- Voter ID Card																		
C- PAN Card									inglig	T		Date						-
D- Driving Licence								DIIV	ing Lic		zypiry	Date		D — M	IVI -	ΥΥΥ	Y Y	
F- NREGA Job Card																		
Z- Others (any documer	nt notified by the	e central gov	/ernment)					Ident	ificatio	on Nu	ımber						
4. Remarks (If any)																		
 5. Applicant Declaration I hereby declare that the details furn therein, immediately. In case any o liable for it. I hereby declare that legislation or any notifications/direct I hereby consent to receiving inform Date: DD - MM - [f the above information I am not making this a tions issued by any gov	n is found to be fa application for th vernmental or sta	alse or untrue e purpose of tutory authori h SMS/Email	or misle f contrav ty from ti	eading o vention o ime to tir	r misre of any i ne.	presentir Act, Rule	ng, I am a es, Regula	ware that ations or	I may be	held			gnature / T e / Thumb				t



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)

South	Gujarat		5/85/
South	Gujaral	AKIN.	04004

	First / Sole Applicant / Guardian	
Name		
Gender M F O PAN	Oca	cupation Type Service Business Others
Father's Name		
Folio No.		
	as available in KRA database. In case of any change	
Type of address given at KRA <pre></pre>	ential or Business \checkmark Residential \checkmark	Business V Registered Office
Permissible documents are Passport	Election ID Card PAN Card Govt ID Card Driv	ing License ● UIDAI Card ● NREGA ● Job Card ● Others
Date of Birth D D M M Y Y	Y Place of Birth	
Country of Birth		
Nationality		
Are you a tax resident of any country oth	er than India? Yes √ No √	
	which you are resident for tax purposes and the	associated Tax ID Numbers below
County#	Tax Identification Number [%]	Identification Type
		(TIN or Other, please specify)
*To also include USA, where the individual %In case Tax Identification Number is not a		
	Second applicant	
Name		
Gender M F O PA	N Occ	cupation Type Service Business Others
Father's Name		
Folio No.		
Address of tax residence would be taken as available in		
Type of address given at KRA 🗸 Reside	ential or Business \checkmark Residential \checkmark	Business 🗸 Registered Office
Permissible documents are Passport e Ele	ction ID Card ● PAN Card ● Govt ID Card ● Drivir	g License ● UIDAI Card ● NREGA ● Job Card ● Others
Date of Birth D M M Y Y	Y Place of Birth	
Country of Birth		
Nationality		
Are you a tay resident of any country oth	or than India? Yes (No. (
Are you a tax resident of any country oth		associated Tax ID Numbers below
· ·	which you are resident for tax purposes and the	associated Tax ID Numbers below.
Are you a tax resident of any country oth		
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 [%]	Identification Type
		(TIN or Other, please specify)
"To also include USA, where the individual	is a citizen / green card holder of The USA	
[%] In case Tax Identification Number is not a	vailable, kindly provide its functional equiva	alent \$

	Third applicant	
Name		
Gender M F O	AN O	ccupation Type Service Business Others
Father's Name		
Folio No. Address of tax residence would be taken	n as available in KRA database. In case of any chang	e please approach KRA & notify the changes
Type of address given at KRA 🛛 🗸 Resid	ential or Business V Residential V	Business 🗸 Registered Office
Permissible documents are Passport	t	iving License UIDAI Card NREGA Job Card Others
Date of Birth D M M Y Y	Y Place of Birth	
Country of Birth		
Nationality		
Are you a tax resident of any country oth	ner than India? Yes ✓ No	\checkmark
If yes, please indicate all countries in	which you are resident for tax purposes and th	e associated Tax ID Numbers below.
County#	Tax Identification Number%	Identification Type (TIN or Other, please specify)
[#] To also include USA, where the individual [%] In case Tax Identification Number is not a		
	Certification	
	me/us on this Form is true, correct, and co	the FATCA & CRS Instructions) and hereby omplete. I / We also confirm that I / We have accept the same.
First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date D D M M Y Y Y Y	Place	
	FATCA & CRS Terms & Condition	21
1962, which Rules require Indian financial certifications and documentation from all c	Board of Direct Taxes has notified Rules 1 institutions to seek additional personal, ta our unit holders. In relevant cases, informa e, we may also be required to provide info	14F to 114H, as part of the Income- tax Rules, x and beneficial owner information and certain ation will have to be reported to tax authorities rmation to any institutions such as withholding
Should there be any change in any informa	ation provided by you, please ensure you	advise us promptly, i.e., within 30 days.
		ve multiple relationships with us or our group eve you have already supplied any previously
If you have any questions about your tax re holder, please include United States in the		If you are a US citizen or resident or greencard h your US Tax Identification Number.
\$It is mandatory to supply a TIN or function is yet available or has not yet been issued.		re tax resident issues such identifiers. If no TIN In this to the form.
In case investor has the following Indicia per country, customer to provide relevant Curi		res self to be non-tax resident in the respective

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	1. Self-certification that the unit holder is neither a citizen of United States of America nor a resident for tax purposes;
	 Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND
	3. Any one of the following documents:
	Certified Copy of "Certificate of Loss of Nationality
	<i>or</i> Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship;
	or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	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; and
	2. Documentary evidence (refer list below)
Telephone number in a country	If no Indian telephone number is provided
other than India	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; and
	2. Documentary evidence (refer list below)
	If Indian telephone number is provided along with a foreign country telephone number
	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; OR
	2. Documentary evidence (refer list below)
Standing Instruction to transfer funds to an account maintained in	 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; and
a country other than India (other than depository accounts)	2. Documentary evidence (refer list below)

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.

AMC contact address & call center details.

Blank space for your branch or any other details