

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

Application ☐ New

South Gujarat ARN: 54854

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	<div>Photo</div> <div>Signature/ Thumb Impression</div>
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		
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) (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"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	City / Town / Village*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State/UT*	Country*	Country Code	as per Indian Motor Vehicle Act, 1988
<input type="text"/>	<input type="text"/>	<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	City / Town / Village*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State/UT*	Country*	Country Code	as per Indian Motor Vehicle Act, 1988
<input type="text"/>	<input type="text"/>	<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
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 [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

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]

South Gujarat ARN: 54854

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)

☐ Same as Current / Permanent / Overseas Address details

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									

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 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: DD-MM-YYYY Place:

Signature / Thumb Impression of Applicant

South Gujarat ARN: 54854

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	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												<i>(Mandatory for KYC update request)</i>

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

Related Person Type*

<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative
--	-----------------------------------	--

Name*

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

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

<input type="checkbox"/> A- Passport Number		Passport Expiry Date	
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	
<input type="checkbox"/> E- Aadhaar Card			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (any document notified by the central government)		Identification Number	

[Signature / Thumb Impression]

[illegible]

Signature / Thumb Impression of Applicant

Documents Received ☐ Certified Copies

KYC Verification Carried Out by	
Date	<div>DD</div> <div>MM</div> <div>YYYY</div>
Emp. Name Emp.	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Code	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Emp. Designation	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Emp. Branch	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
<div>[Employee Signature]</div>	

Institution Details	
Name	
Code	

[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 1st 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

SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM

South Gujarat ARN: 54854



(Complete the relevant section legibly in black/ dark coloured ink and in BLOCK LETTERS.)

1.	EXISTING UNIT HOLDER INFORMATION	*Mandatory
	Unitholder's Name 	Folio No.

2.	FIRST APPLICANT'S INFORMATION* [Please shade (●)]	
	<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s. 	PAN <input type="radio"/> KYC
	Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Sole Proprietorship <input type="radio"/> HUF <input type="radio"/> Partnership Firm <input type="radio"/> Limited Partnership (LLP) <input type="radio"/> Listed Company <input type="radio"/> Unlisted Company <input type="radio"/> Body Corporate <input type="radio"/> Bank/FI <input type="radio"/> Insurance Company <input type="radio"/> Government Body <input type="radio"/> AOP/BOI <input type="radio"/> Trust <input type="radio"/> Society <input type="radio"/> Provident Fund <input type="radio"/> Superannuation/Pension Fund <input type="radio"/> Gratuity Fund <input type="radio"/> FII <input type="radio"/> Others (Please Specify)	
	Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)	
	Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore	
	Net-worth in ₹ _____ as on D D M M Y Y Y Y (Not older than 1 year)	
	Please shade (●)* <input type="radio"/> Politically Exposed Person <input type="radio"/> Related to Politically Exposed Person <input type="radio"/> Not Applicable	For Non - Individual Investors* (Is the entity involved in / providing any of the following services) Foreign Exchange / Money Changer Services <input type="radio"/> Yes <input type="radio"/> No Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] <input type="radio"/> Yes <input type="radio"/> No Money Lending / Pawning <input type="radio"/> Yes <input type="radio"/> No Any other information [Please specify]: _____

3.	SECOND APPLICANT'S INFORMATION* [Please shade (●)]	
	<input type="radio"/> Mr. <input type="radio"/> Ms. 	PAN <input type="radio"/> KYC
	Status* <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)	
	Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)	
	Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore Net-worth in ₹ _____	
	Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable	

4.	THIRD APPLICANT'S/ GUARDIAN/ POWER OF ATTORNEY INFORMATION* [Please shade (●)]	
	<input type="radio"/> Mr. <input type="radio"/> Ms. 	PAN <input type="radio"/> KYC
	Status* <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)	
	Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)	
	Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore Net-worth in ₹ _____	
	Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable	

5.	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 have read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund (formerly Union KBC Mutual Fund) and the terms and conditions and policies on the website.	
	Signature Sole/ First Applicant/ Guardian	Signature Second Applicant
		Signature Third Applicant

NOTE

In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP) status which were forming a part of uniform KYC form is now captured in the application form of the Fund. Also, the detail regarding nature of services viz. Foreign Exchange/ Gaming/ Money Lending, etc., (applicable for first/sole applicant) is required to be provided as part of Client Due Diligence (CDD) Process of the Fund.

The said details are mandatory for both Individual and Non Individual applicants.

FORM FOR DETAILS UNDER FATCA & CRS/ FOREIGN TAX LAWS

Annexure for Individual Accounts (Including Sole Proprietor) South Gujarat ARN: 54854
(Please consult your professional tax advisor for further guidance on your tax residency, if required)



To be filled in BLOCK LETTERS [Please refer instructions overleaf. Please strike off sections that are not applicable].

The below information is required for all Applicant(s)/ Investor(s):

Existing Folio No:

Application No:

Is any of the applicant's/guardian's country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If yes, please provide the below mentioned information (mandatory)

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Permanent Account Number (PAN) / PAN Exempt Number.			
AADHAAR Card Number ⁵⁵			
Name			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential
Country of Tax Residency 1			
Tax Payer Ref. ID No. 1			
Documentation Type 1 (TIN or Other Please specify)			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Documentation Type 2 (TIN or Other Please specify)			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Documentation Type 3 (TIN or Other Please specify)			

⁵⁵Self attested copy of Aadhaar Card or Letter issued by UIDAI containing Aadhaar Number or proof of application of enrolment for Aadhaar to be attached.

Investor(s) Declaration and Signature(s):

- Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund (formerly Union KBC Mutual Fund) and the terms and conditions and policies on the website and FATCA/ CRS terms and conditions before investing. I/ We, hereby apply to the Trustee of Union Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee(s) acknowledging receipts of my/our credit will constitute full discharge of liabilities of Union Mutual Fund/ AMC/ Trustee/ Sponsor. I/ We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/ We hereby agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SAI/KIM and addenda thereto and this application form and instructions thereto. I/ We hereby confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (formerly Union Asset Management Company Private Limited) (the AMC) and its empanelled broker(s) has not given any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ we have the express authority to invest in units of the Scheme and the AMC/ Trustee/ Mutual Fund/ Sponsor will not be responsible if such investment is ultravires the relevant constitution.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External/ Ordinary account/ FCNR account(s).

- I/ We acknowledge and confirm that the information provided above is true and correct to the best of my/ our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ we am/ are aware that I/ we may liable for it. I/ We hereby authorize the Fund/ the AMC/ the Registrar and Transfer Agent (the RTA) to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, the AMC, trustees, their employees / RTAs (the Authorized Parties) or any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/ revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/ us of the same. Further, I/ we authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission/ updation & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes/ modification to the above information in future and also undertake to provide any other additional information as may be required at your/ Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/ we authorize the Fund/ the AMC/ the RTA to withhold and pay out any sums from my/ our account(s) or close or suspend my/ our account(s) without any obligation of advising me/ us of the same.

Declaration with regards to Aadhaar Card Number:

- I hereby provide my consent to Union Mutual Fund, its RTA (CAMS) and the AMC for the following:

- For validating my Aadhaar Number with UIDAI through authorized entities.
- For updating/seeding my Aadhaar number based on the PAN given in all my accounts maintained with Union Mutual Fund for KYC & other related due diligence purpose in line with PMLA requirements and account enrichment purpose.

- I hereby authorize Union Mutual Fund/its RTA (CAMS)/the AMC to share my Aadhaar details (including any updated information) with other SEBI Registered Intermediaries like KRAs, Mutual Funds to facilitate single submission / update across all my accounts associated with such intermediaries based on PAN or other key information available with such intermediaries, in accordance with applicable laws.

First / Sole Applicant/ Guardian

Second Applicant

Third Applicant

Date:

Place:

Refer overleaf for instructions.

South Gujarat ARN: 54854



To,
Union Mutual Fund

[illegible]

Enclosed: ☐ Self attested copy of Aadhaar Card (Refer Instruction No. 3) OR ☐ Letter issued by UIDAI containing proof of 'Applied for Aadhaar enrolment'
(Wherever physical Aadhaar Card not received/ official Aadhaar Card Number is not issued)

[illegible]

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/seeding my Aadhaar number in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and Prevention of Money Laundering Act (PMLA).

I hereby provide my consent for sharing/disclosing of my Aadhaar number including demographic information with the asset management companies of SEBI registered mutual funds and their Registrar and Transfer Agents (RTAs) and KYC Registration Agencies (KRAs) for the purpose of updating the same in my folios.

I have read, understood and agree to abide by the guidelines.

Signature

Date:	D	D	M	M	Y	Y	Y	Y
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[illegible]

1. This form should be submitted separately for each PAN/PEKRN.
2. The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per 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.
3. While providing Self Attested Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios" and sign on the copy with date.
4. Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).
5. Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. Incase of mismatch, request is liable to be rejected.
6. Please ensure that the requisite details and documents have been provided. The form should be submitted only at the designated Investor Service Centres of Union Mutual Fund.
7. Investors are advised to retain the acknowledgement slip signed/stamped by the collection Centre where they submit the form.
8. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.

Received, subject to verification Form for Updation of AADHAAR

from Mr/Ms :

PAN/PEKRN:

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US:

Union Asset Management Company Pvt. Ltd. (formerly Union KBC Asset Management Company Private Limited)
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059.
Toll Free: 1800 200 2268 | **Tel No.:** 022 67483333 | **Website:** www.unionmf.com | **Email:** investorcare@unionmf.com



Collection centre's stamp with date and time of receipt