

Additional KYC

Cust Id: _____

Date: _____

Name: _____

I. Status of Applicant: Please (✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor (through Guardian)	<input type="checkbox"/> Non-Resident(Repatriable)NRE	<input type="checkbox"/> Non-Resident (Non-Repatriable)NRO
<input type="checkbox"/> AOP	<input type="checkbox"/> HUF	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> Private Limited Company
<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Trust
<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO	<input type="checkbox"/> BOI	<input type="checkbox"/> Society
<input type="checkbox"/> LLP	<input type="checkbox"/> PIO	<input type="checkbox"/> Non Profit Organisation	
<input type="checkbox"/> Foreign Nationals [Please Specify Country] _____		<input type="checkbox"/> Others [Please Specify] _____	

II. Occupation Details (Please ✓) :

<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Professional
<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Doctor
<input type="checkbox"/> Student	<input type="checkbox"/> Business [Nature of Business] _____		
<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Casino Owner	<input type="checkbox"/> Arms manufacturer	<input type="checkbox"/> Gambling services offerer
<input type="checkbox"/> Money lender	<input type="checkbox"/> Pawn Broker	<input type="checkbox"/> Others [Please specify] _____	

III. Gross Annual Income (Please ✓) :

- Below INR 1 Lac
- INR 1-5 Lacs
- INR 5-10 Lacs
- INR 10-25 Lacs
- INR 25 Lacs - INR 1 Crore
- > INR 1 Crore

IV. Net-worth in INR _____ as on date: _____ (should not be more than 6 months old- not mandatory for Individuals)

V. Source of Wealth (Please ✓)

- Salary
- Business Income
- Gift
- Ancestral Property
- Rental Income
- Prize Money
- Royalty
- Others [Please Specify]: _____

VI. Are you: (Please ✓)

- Politically Exposed Person (PEP)
- Related to a Politically Exposed Person (PEP)
- Not Applicable

Signature of Applicant

FATCA Declaration

Cust Id: _____

Date: _____

Name: _____

- I. Place of Birth: _____
- II. Country of Birth: _____
- III. Nationality: _____
- IV. Is the applicant(s)/ guardian's Tax Residency other than India?
 Yes No

If Yes, please provide the following information [mandatory]:

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Category	Applicant Details
Country of Tax Residency 1	
Tax Payer Ref. ID No. 1	
Identification Type 1 <i>(TIN or other, please specify)</i>	
Country of Tax Residency 2	
Tax Payer Ref. ID No. 2	
Identification Type 2 <i>(TIN or other, please specify)</i>	

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, 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 of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I 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 end.

Signature of Applicant

Bank Use Section

Branch: _____
 Employee Code: _____
 RM Name: _____
 Approved by: _____