

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



**ADITYA BIRLA
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

Common Application Form For Resident Indians and NRIs/FIIs/FPIs

(Please read the instructions before filling up the form. All sections to be completed in english in black / blue coloured ink and in block letters.)

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIIN)	Application No.
ARN-71722				

EUIIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

I/we hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First Applicant / Authorised Signatory	Second Applicant	Third Applicant
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Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction 1 (viii))

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

Existing Unitholder please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

Existing Folio No.

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

Name of First/Sole Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory) Date of Birth**

AADHAR Card Number CKYC Number (Prefix if any) 14 digit CKYC Number

Name of the Second Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory) Date of Birth**

AADHAR Card Number CKYC Number (Prefix if any) 14 digit CKYC Number

Name of the Third Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory) Date of Birth**

AADHAR Card Number CKYC Number (Prefix if any) 14 digit CKYC Number

Name of the Guardian (as per PAN/ Aadhaar Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non-individual Investors)

PAN / PEKRN (Mandatory) Date of Birth**

AADHAR Card Number CKYC Number (Prefix if any) 14 digit CKYC Number

Relationship of Guardian (Refer Instruction No. 2(ii))

ISD CODE TEL: OFF.

TEL: RESI #The application is liable to get rejected if does not match with PAN card/ Aadhar card

Proof of the Relationship with Minor** ** Mandatory in case the First / Sole Applicant is Minor

Tax Status [Please tick (✓)] (Applicable for First / Sole Applicant)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIIs	<input type="checkbox"/> NRI - NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club / Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI - NRE	<input type="checkbox"/> Bank and FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Others	(Please Specify)

Acknowledgement Slip (To be filled in by the Investor)

Common Application Form

Application No.

Collection Centre /
ABSLAMC Stamp & Signature

Received from Mr. / Ms. _____ Date : ____/____/____

[Please Tick (✓)] Enclosed PAN/PEKRN Proof KYC Complied NECS Form Yes No

Aditya Birla Sun Life AMC Limited

(Formerly known as Birla Sun Life Asset Management Company Limited)

Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013

+91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

Contact Us:

1800-270-7000

adityabirlacapital.com



For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)
<input type="checkbox"/> I am Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach mandatory UBO Declaration)
<input type="checkbox"/> I am Related to Politically Exposed Person	Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Applicable	Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

5. DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 3(B)

NSDL: Depository Participant Name: _____ DPID No.:

I	N								
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 Beneficiary A/c No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CDSL: Depository Participant Name: _____ Beneficiary A/c No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Enclosed: Client Master Transaction/ Statement Copy/ DIS Copy

6. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 7)

I/We wish to nominate I/We DO NOT wish to nominate and sign here 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				

To register multiple nominee please fill separate Multiple nomination Form.

7. FATCA & CRS INFORMATION [Please tick (✓)] For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / 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	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No [^]			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/green card holder of USA. [^]In case Tax Identification Number is not available, kindly provide its functional equivalent.



8. DECLARATION(S) & SIGNATURE(S) (Refer Instruction No. 1)

To,
The Trustee,
Aditya Birla Sun Life AMC Ltd.

Date	D	D	M	M	Y	Y	Y	Y
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Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

For Non-Individual Investors: I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of Aditya Birla Sun Life AMC Ltd. and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify ABSLAMC / ABSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.

For NRIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR account. (Refer Inst. No. 6)

I/We confirm that details provided by me/us are true and correct.**

I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Aditya Birla Sun Life AMC Ltd. (Investment Manager of Aditya Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.adityabirlacapital.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

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 acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) 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/our folios.

FATCA & CRS Declaration: I/ We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer Inst. No. 14)

Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant
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CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company. Yes No



VALUE ADD

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services.

I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the abovementioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company. Yes No

I/We am/are interested in knowing my/our credit score and am/are happy to receive help in this regard.

I / We hereby provide my consent to :-

- Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct check on my/our credit information with any of the credit bureau.
- Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct a background check either by their employees or through any third party vendor. Yes No

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Multi Scheme SIP/CSIP Facility Application Form SIP (WITH MICRO SIP)

Investment through NACH/AUTO DEBIT (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Distributor Name & ARN/ RIA No. ARN-71722	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIIN)
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EUIIN is mandatory for "Execution Only" transactions. Ref. Instruction No. D-3

I/we hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First Applicant / Authorised Signatory	Second Applicant	Third Applicant
Request for <input type="checkbox"/> Registration of SIP <input type="checkbox"/> Registration of CSIP <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> Additional Micro SIP in same folio <input type="checkbox"/> OTM Registration	Date	D D M M Y Y Y Y

Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction 1 (viii))

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

Existing Investor Folio No.	Application No.
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1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.

2. INVESTMENT DETAILS (Refer Instruction C5 & C8)

SR. No.	Scheme Name	Plan/ Option	1 st Investment Amount	SIP/CSIP Installment Amount	Frequency	SIP Date
1.	ABSL				Monthly <input type="checkbox"/> (max 4 debit dates) (Only one date for CSIP/Step UP SIP) (Fast Forward SIP is only available for Monthly Frequency) (CSIP frequency-Monthly only) OR Weekly <input type="checkbox"/> (Please mention any day from Monday to Friday) (Default day is Wednesday)	1 <input type="checkbox"/> 7* <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 28 <input type="checkbox"/> (*Default Date)
2.	ABSL					
3.	ABSL					

Cheque Date: D D M M Y Y Y Y Cheque number: Cheque Amount: Drawn on Bank and Branch:

*For Regular SIP - "Default end date is December 31, 2099. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 31st December, 2099 by default".

DEBIT MANDATE-ONE TIME MANDATE / NACH / AUTO DEBIT [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

Date D D M M Y Y Y Y

(tick✓) UMRN

CREATE MODIFY CANCEL

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize: **ADITYA BIRLA SUN LIFE MUTUAL FUND** to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No. Bank Name & Branch IFSC OR MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half-Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: Mobile

Reference 2 Appln No: Email:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD From to or Until Cancelled

1. Sign 2. Sign 3. Sign

Name as in bank records (mandatory) Name as in bank records (mandatory) Name as in bank records (mandatory)

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Aditya Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Aditya Birla Sun Life Mutual Fund or the bank where I have authorised the debit.

Acknowledgement Slip (To be filled in by the Investor)

SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT FACILITY APPLICATION FORM

Application No. Collection Centre / ABSLAMC Stamp & Signature

Received from Mr. / Ms. Date :

2. INVESTMENT DETAILS (Refer Instruction C5 & C8) (Contd....)

CSIP/SIP Start Date: <input type="text" value="DDMMYYYY"/>	For CSIP End Date: 60 years - Your Current Age <input type="text"/> years = <input type="text"/> years OR <input type="checkbox"/> Till Further Instruction (Refer Instruction E5)
	For SIP End Date: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 31/12/99 <input type="checkbox"/> Others <input type="text" value="DDMMYYYY"/> (Please specify)

STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NACH) (Refer Instruction C-21)

Amount (Default of ₹ 500/-) ₹ 500/- ₹ 1,000/- Amount (In multiples of ₹ 500/-) **STEP-UP SIP Frequency (Default Yearly)** Half Yearly Yearly

3. FOR CENTURY SIP (Please read detailed Terms & Conditions for availing CSIP)

Date of Birth* GENDER* MALE FEMALE

NOMINATION DETAILS (Refer Instruction No. E-14)

I/We do hereby nominate the undermentioned Nominee to receive Insurance Coverage benefit to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Nominee Name : _____ Date Of Birth (in case of minor): ____ / ____ / ____

Relationship : _____ Guardian / Parent Name (in case of minor): _____

Address : _____ Signature of Nominee or Parent / Guardian

Note: Nomination as stated above, shall be considered to avail Insurance coverage benefit In case Nominee details are not provided the single/multiple nominee detail, if available in the Common Application Form (CAF) or in the registered folio would be considered as a nominee for insurance. For the purpose of insurance coverage, nominee would remain same across all CSIP schemes registered in the folio. (For complete details refer to terms & conditions – Century SIP point 14). Aditya Birla Sun Life AMC Limited would intimate the above nomination to Aditya Birla Sun Life Insurance for the purpose of insurance cover.

4. DECLARATION(S) & SIGNATURE(S)

I/We hereby authorise Aditya Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold ABSLAMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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 acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

For Century SIP: I/We hereby opt for Aditya Birla Sun Life Century SIP and agree and confirm to have read, understood and accepted the Terms and Conditions of Century SIP and Insurance Cover.

For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year. (refer Instruction no: C-19).

Signature(s)	Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
	First Applicant	Second Applicant	Third Applicant

(To be signed by All Applicants if mode of operation is Joint)

INSTRUCTIONS FOR ONE TIME MANDATE FORM

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/AUTO DEBIT form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of NACH/AUTO DEBIT Facility, SIP registration through NACH/AUTO DEBIT facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Aditya Birla Sun Life Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
- Please mention the amount in figures and words.
- Please fill all the required details in the Debit Mandate Form for NACH/Auto Debit. The sole/first holder must be one of the holders in the bank account.
- The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

Acknowledgement		ISC Stamp
Investor Name: _____	Folio No./Application No. _____	
<input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM		

Website : www.birlasunlife.com | E-mail : connect@birlasunlife.com | Contact Centre : 1-800-270-7000/ 1-800-22-7000

Acknowledgement Slip (To be filled in by the Investor)

SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT FACILITY APPLICATION FORM

Scheme Name _____ Plan _____ Option _____

Scheme Name _____ Plan _____ Option _____

Amount (₹) _____

Request for

Registration of SIP Registration of CSIP

Renewal of SIP

Change in Bank Details

Additional Micro SIP in same folio

OTM Registration

**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 Type* New 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

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* --

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others – Country Country Code

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 Categorized

Photo

Signature/
Thumb Impression

2. Proof of Identity (PoI)* (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 [PoI] needs to be submitted)

A- Passport Number Passport Expiry Date --

B- Voter ID 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

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

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

Address Type* Residential / Business Residential Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

Passport Number Passport Expiry Date --

Voter ID Card

Driving Licence Driving Licence Expiry Date --

Aadhaar Card

NREGA Job Card

Others (any document notified by the central government) Identification Number

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*

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

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 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

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 [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]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

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]