

Common Aadhaar linking form across Karvy Serviced Mutual Funds

INFORMATION TO INVESTORS

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017, carried out amendments to prevention of Money Laundering (Maintenance of Records) Rules, 2005.

As per the new rules linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders. Failing which, the folios will be frozen by 31/12/2017.

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.

We, at Karvy enabled several convenient modes of Aadhaar number linking across all Karvy serviced Mutual Funds.

| Please fill in your details below: | | | | | | | | | | | | | | |
|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PAN Aadhaar No. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Please submit these deta Please tick the funds you have investments in: | ils separately for All Holders" | | | | | | | | | | | | | |
| Mirae Asset MF Indiabulls MF Baroda Poineer MF | Motilal Oswal MF | | | | | | | | | | | | | |
| LIC MF JM Financial MF Principal MF | Peerless MF | | | | | | | | | | | | | |
| Taurus MF BOI AXA MF Edelweise MF | Quantum MF | | | | | | | | | | | | | |
| IDBI MF Canara Rebeco MF Axis MF | DHFL Pramerica MF | | | | | | | | | | | | | |
| UTI MF Invesco MF Reliance MF Sahara MF | | | | | | | | | | | | | | |
| Consent | | | | | | | | | | | | | | |
| I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, 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 there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the 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 with my / our PAN. Signature Date d m m y y y Place | | | | | | | | | | | | | | |
| For investor convenience, Karvy Computershare is collecting this mandatory information for authent participating Karvy Serviced Mutual Funds listed above where you are already an investor or would become a places submit the form during funds listed formal the helders. | an investor in future. | | | | | | | | | | | | | |
| Please submit the form duly filled, signed, for all the holders, separately, and submit at your nearest or you can dispatch the hard copy to - | Karvy Computershare branch | | | | | | | | | | | | | |
| Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B Unit – CPZ - Aadhaar Updation Plot Nos. 31 & 32 Financial District Nanakramguda Serilingampally Mandal Hyderabad - 500032 India | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Computershare ACKNOWLEDGEMENT | | | | | | | | | | | | | | |
| PAN I I I Date d m m Y Y Y | | | | | | | | | | | | | | |
| From Mr/Mrs/Ms: Signature of Received subject to verification with UIDAI and seeding the Aadhaar for your Mutual Fund Investments. | Karvy Branch Official | | | | | | | | | | | | | |

| | | | <u>Re</u> | equest fo (Please fi | | | in CAPITA | _ | | | lios | | | | C | A | Our Mission | Your Growth |
|--|---|---|---|--|---|---|--|--|-------------------------------------|----------------------------|---------------------------|---------|---------|----------|-----------|--------|-------------|-------------|
| Date | d d m m y y | /уу | | | | | | | | | | | | | | | | |
| To Com Cher | puter Age Mana mai. | igeme | nt Servie | ces (CAMS) | | | | | | | | | | | | | | |
| 1. | PAN | | | | | R | Refer instruct | tions# 1 | | | | | | | | | | |
| | I request CAMS | 6 to lin | k my be | low given A | adhaar | num | ber in al | l my f | olios | of M | Fs sei | viceo | d by C | AMS | as inc | licate | ed belo | ow. |
| 2. | Name: | | | | | | | | | | | | | | | | | |
| | Aadhaar No. | | | | | | | | _ | | | | | | | _ | | |
| | Enclosed | Self Car | | copy of Aad | haar (or | | Letter is: physical / | | | | | | | | | | | |
| | | | | | <u>(</u> | ons | ent & S | Signa | iture | | | | | | | | | |
| | I hereby provide m | / conser | nt to CAMS | S/Mutual Funds | | | | | | | | | | | | | | |
| 2. Fo dil 3. I a wi int | or validating my Aad or updating/linking m igence purpose in li uuthorize CAMS/Muu th other SEBI Regi termediaries based urther declare that th | y Aadha ne with F ual Fund stered T on PAN | ar numbe PMLA requ ds service ntermedia or other ke | r based on the uirements and / d by CAMS to d ries like KRAs ey information a | PAN give Account of download , Mutual available odation in | enrichn I / shar Funds with su all my | nent purpo re my Aadł s to facilita uch interme / / new folio Folios in N | ose. naar & ate sing ediaries os(s) se | associa gle sub s. erviced | ated de missio by CA | emograp n / upd .MS | hic inf | ormatio | n (inclu | uding an | y upda | ated info | ormation) |
| \bigcirc | Aditya Birla Sun | Life MI | F | | ИF | | or | \bigcirc I | CICI F | Pruder | ntial MF | = | С | SBI | MF | | | |
| \bigcirc | DSP BlackRock | MF | | ◯ Kotak M | 1F | | | \bigcirc 1 | Tata N | 1F | | | С | IDF | C MF | | | |
| \bigcirc | L&T MF | | | | ИF | | | \bigcirc ι | Jnion | MF | | | С |) Mał | nindra I | ИF | | |
| \bigcirc | IIFL MF | | | | MF | | | \bigcirc s | Shrirar | n MF | | | | | | | | |
| | | Signatu | Ire | | | | | | | | | | | | | | | |
| Not Whi Sub valid Sub valid If no Sub Sub Alte M/s. Dep | s form should be sul applicable for NRIs ile providing Aadhaa mission of this form dations. Please ens o MF(s) selected or omit duly filled and s rnately, you can dis Computer Age Mar artment: Aadhaar P ala Towers, 158 An | , Non-Ind does no ure your any othe igned for patch the nagemen roject | dividuals, I popy, pleas ot warranty mobile nu er discrepa rm to your e filled and th Services | HUFs e indicate the p / linking of Aad mber is update uncies in MF se nearest CAMS d signed form(s s Pvt. Ltd. (CAI | haar Nur d in your lection n 6 / AMC t) to the | nber in Aadha oticed, oranche | i your Folio aar databa by default es | inking in os. It is se it will b | subject | t to aut | henticat | ion wi | | | | | | |
| | nowledgement | | | | | | | | | | | | | | С | A | | Your Growth |
| Linkin | aar linking request fo g your Aadhaar in aar with concerned a | MF Foli | os will be | | | and a | uthenticati | on of y | /our | | | | Stamp | & Sign | nature, D |)ate | | |
| Versio | on 1.2 | | | | | | | | | | | | | | | | | |



Common Aadhaar linking form across Karvy Serviced Mutual Funds / AIF

| Name of the Non-Individual | | | | \Box | | | | | | | | | | | | | | | | | | | _ |
|----------------------------|--|--|--------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| PAN of the Non-Individual | | | \Box | | | | | | | | | | | | | | | | | | | | |

Consent of Individual Authorized Signatories

I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made there under, 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 there under) and PMLA. I/We hereby provide my/our consent for sharing / disclose of the 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 with my/our PAN.

| No. | Name of the Authorized Signatory | PAN of the Authorized Signatory | Aadhaar of the Authorized Signatory | Date of Birth of the Authorized Signatory (DD/MM/YYYY) | Mobile Number of the Authorized Signatory | Pin code of the Authorized Signatory | Gender of the Authorized Signatory (M/F/Others) | Signature of the Authorized Signatory |
|-----|--|---------------------------------------|---|--|---|--|---|---|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

Details of Authorized Signatories as available in Aadhaar (Kindly use another form in case of > 6 signatories)

Certificate from Company Secretary / any other competent authority of the Organization

I, ________, Company Secretary / Competent Authority to issue this certification on behalf of the organization hereby confirm the correctness of the above information. The above specified list of personnel covers all authorized signatories on behalf our organization and this list will supersede all our earlier ASL. We will let you know the changes / modifications from time to time, if any, through appropriate means to KARVY / participating Mfs / AIFs. Above signatories have consented for sharing the above information with KARVY / participating MFs in corporate & individual capacity and also for validating the same with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is required under any law / regulatory purpose.

Regards

For

Company Secretary / Authorized Signatory (ies)

Form for 'Aadhaar Linking of Authorized Signatories'



Certificate from Company Secretary/any other competent authority of the Organization

| То | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--------|-----|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| MFRTAs/Mutu <address></address> | al Fui | nds | | | | | | | | | | | | | | | | | | | |
| Name of the Non-Individual | e | | | | | | | | | | | | | | | | | | | | |
| PAN: | | | | | | | |] | | | | | | | | | | | | | |

I/We, ______, Company Secretary / Competent Authority (to issue this certification on behalf of the organization) hereby confirm that enclosed list of personnel covers all authorized signatories (associated with MF investments and allied activities) on behalf our organization. These signatories have consented in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them for sharing/disclosing of their Aadhaar number(s) including demographic information with all SEBI registered Mutual Funds/AMCs and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the corresponding non-individuals folios.

This information is provided to comply with the PMLA requirements including sharing of information with regulatory/statutory authorities and should not be used for any other purpose unless it is required under any law / regulatory purpose. We hereby confirm that given information is true, reliable and also assure you to share the changes / modifications from time to time, if any through appropriate means to MFRTAs/participating MFs for updates and onward sharing.

Regards

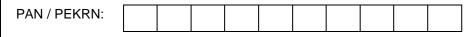
For <<u>Name of the Non-Individual</u>>

<Company Secretary / Competent Authority (Name & Sign with stamp/seal)>

Enclosed: List of Authorized Signatories along with their Aadhaar card copies

Version 1.4

Annexure – List of Authorized Signatories:



| S. No. | Name of the Authorized Signatory (AS)# (as per Aadhaar Card) | Date of Birth (as per Aadhaar Card) # | Gender (M-Male; F-Female; T- Transgender) | PAN of AS*# | Aadhaar Number of AS*# (Proof to be enclosed) | Signature of AS# (Consent for sharing Aadhaar information, authentication with UIDAI in accordance with Aadhaar Act, 2016 and sharing with MFs/RTAs as indicated in the covering letter) | Photo of AS (optional) [Stamp Size photo] |
|-----------|---|---|---|-------------|--|---|---|
| | | (dd-mmm- yyyy) | | | | | |
| | | (dd-mmm- yyyy) | | | | | |
| | | (dd-mmm- yyyy) | | | | | |
| | | (dd-mmm- yyyy) | | | | | |
| | | (dd-mmm- yyyy) | | | | | |
| | | (dd-mmm- yyyy) | | | | | |

Mandatory fields

*where PAN & Aadhaar is not applicable (in case of Foreign Directors), any other officially valid document (like Passport) to be submitted along with photograph to be affixed

Signature of Company Secretary / Competent Authority & with Stamp, Seal & date

Version 1.4