

Advisor/Distributor : Code/Name

UnitHolder Information

Name of the First Applicant :

PAN/Exempt No.:

Date of Birth :

Tax Status* :

Father Name :

Mother Name :

Name of Guardian :

Date of Birth :

PAN/Exempt No. :

Contact Address :

City :

Pincode :

State :

Country :

Tel.(Off) :

Tel.(Res) :

Email :

Fax.(Off) :

Fax.(Res) :

Mobile:

Mode of Holding :

DP ID :

Occupation :

Name of Second Applicant :

PAN/Exempt No. :

Second Applicant Email:

Second Applicant Mobile :

Second Applicant Date of Birth :

Name of Third Applicant :

PAN/Exempt No.:

Third Applicant Email :

Third Applicant Mobile :

Third Applicant Date of Birth :

Other DetailsOverseas Address
(If investor is NRI) :

City :

Pincode :

Country :

Bank Mandate Details

Name of Bank :

Branch :

A/c No. :

A/c Type :

IFSC Code :

Bank Address :

City :

Pincode :

Country :

Nomination Details

Nominee Name 1 :

Date of Birth:

Relationship :

Percentage :

Guardian Name(If nominee 1 is minor) :

Guardian PAN :

Nominee Address :

City :

Pincode :

State :

Nominee Name 2 :

Date of Birth:

Relationship :

Percentage :

Guardian Name(If nominee 2 is minor) :

Guardian PAN :

Nominee Name 3 :

Date of Birth:

Relationship :

Percentage :

Guardian Name(If nominee 3 is minor) :

Guardian PAN :

Declaration and Signature**For Signature:-**

I/We hereby authorize the Distributor, NSE & AMC (including its Registrars) to utilize my/our KYC information, such as identity, address and signature for the purpose of validation and to comply with the legal and regulatory requirements. I/We accept that for any transaction submitted offline i.e. with wet signatures, the signature available in my KYC records would be used for signature verification and in the event of such signature not being available or legible, the AMC would be within its rights to carry out further checks to validate the authenticity of the request or reject any such offline request.

Date :

Place :

Signature 1st Applicant :

Signature 2nd Applicant :

Signature 3rd Applicant :

***Documents Required:**

Trust : Trust Deed and Authorised Signatory List
 Partnership Firm : Partnership Deed and Authorised Signatory List.
 Societies : Bye-Laws and Authorised Signatory List
 FII & LLP : Overseas Auditors Certificate, Authorised Signatory List ,Board Resolution/Authorisation to Invest
 Corporate : Board Resolution and Authorised signatory List
 Minor : Proof of Date of Birth

For all investors, a Cancelled cheque should also be mandatorily submitted as proof of bank account.

Individual Investor – Additional KYC and FATCA compliance mandatory for IIN activation.

Corporate / HUF Investor – Additional KYC, FATCA and UBO compliance mandatory for IIN activation.

Note: For Corporate and HUF investors all forms have to be submitted in physical post making necessary submissions on NMF II platform. Once the submissions are made on the platform printed version of forms will be generated from NMF platform.

This Investor Form was generated through NMF II platform.

FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PAN*										
Name										
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Unspecified							
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office								
Place of Birth				Country of Birth						
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1-5 Lacs			Occupation Details [Please tick any one (√)]	<input type="checkbox"/> Business	<input type="checkbox"/> Professional			
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs				<input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector			
	<input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> > 1 Crore				<input type="checkbox"/> Government Service				
Net Worth in INR. In Lacs	_____					<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife			
Net Worth Date	dd-mmm-yyyy					<input type="checkbox"/> Student	<input type="checkbox"/> Retired			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Related to PEP			Any other information [if applicable]	[Please specify]				
Politically Exposed Person [PEP]	<input type="checkbox"/> Not Applicable									

* If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India – Yes No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

Declaration:

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 [Fund/AMC/RTA/NSE] 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 / Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I authorize Fund/AMC/RTA/NSE to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Date :

Signature:

Place :

First Applicant / Guardian

Sponsor Bank Code HDFC0999999 **Utility Code** NACH0000000002146

Tick(✓) CREATE MODIFY CANCEL I/We hereby authorize NATIONAL SECURITIES CLEARING CORPORATION LTD. to debit tick (✓) SB CA CC SB-NRE SB-NRO Others

Bank A/c number

with Bank **IFSC** or **MICR**

an amount of Rupees ₹

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

IIN **Mobile No.**

Mandate ID F O R O F F I C E U S E O N L Y **Email ID**

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

PERIOD

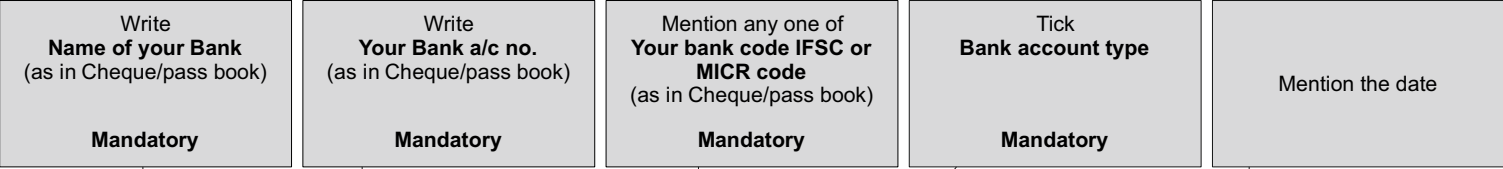
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To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Or **Until Cancelled**

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

• This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
 • I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.



NSE NMF II UMRN F O R O F F I C E U S E O N L Y Date ¹

Sponsor Bank Code HDFC0999999 **Utility Code** NACH0000000002146 ²

Tick(✓) CREATE MODIFY CANCEL I/We hereby authorize NATIONAL SECURITIES CLEARING CORPORATION LTD. to debit tick (✓) SB CA CC SB-NRE SB-NRO Others ³

Bank A/c number ⁴

with Bank ⁵ **IFSC** or **MICR**

an amount of Rupees ₹ ⁶ ⁷

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

IIN **Mobile No.**

Mandate ID F O R O F F I C E U S E O N L Y **Email ID**

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

PERIOD

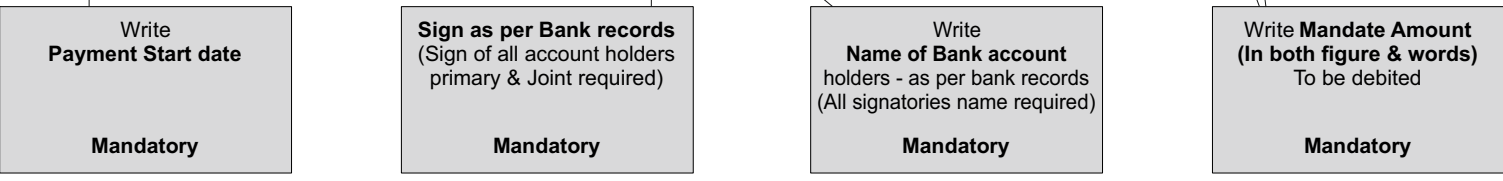
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Or **Until Cancelled**

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

• This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
 • I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.



Mandatory columns to be filled		
① Date in DD/MM/YYYY format	② Select the Account type	③ Customer's bank account number
④ Name of the bank	⑤ IFSC code of customer bank	⑥ Amount in Words
⑦ Amount in figures	⑧ ACH start date	⑨ Name(s) of the customer(s) and Signature(s)