

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 Details**Overseas 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 Entities

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

#### PART - A

<b>PAN*</b>									
<b>Name</b>									
<b>Address Type</b> <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							
<b>Place of Birth</b>					<b>Country of Birth</b>				
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1-5 Lacs			Net Worth in INR. In Lacs	_____			
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs			Net Worth Date				
	<input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> > 1 Crore							
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning <input type="checkbox"/> To be blank if the same is not applicable				Any other information  [if applicable]		[Please specify]		

Is your [Entity] 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 / Company Identification Number or	Identification Type <i>[TIN or other, please specify]</i>
1			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code here \_\_\_\_\_ *(Refer Instructions o)*

**Part B [to be filled by Financial Institutions or Direct Reporting NFFEs]**

We are a	<p><b>GIIN</b> (Global Intermediary Identification Number):</p> <table border="1" style="width:100%; height: 30px;"> <tr> <td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td><td style="width:4%;"> </td> </tr> </table> <p><b>Note:</b> <i>If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</i></p> <p><b>Name of the sponsoring entity</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>GIIN not available</b> <i>[tick any one]:</i></p> <p><input type="checkbox"/> Applied For</p> <p><input type="checkbox"/> Not required to apply for – specify sub-category code      <input type="checkbox"/> <input type="checkbox"/> <i>[refer instructions c.]</i></p> <p><input type="checkbox"/> Not obtained - Non-participating FFI</p>																				
<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; margin-bottom: 10px;"></div> Financial Institution / FFI <i>[refer instructions a.]</i>																					
<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; margin-bottom: 10px;"></div> Direct Reporting NFFE <i>[refer instructions a.]</i>																					

**Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]**

1	Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] <i>[refer instructions d.]</i>	Yes <input type="checkbox"/> <i>(Please specify the name of the Stock Exchange(s) where it is traded regularly)</i> 1. _____ 2. _____
2	Is the entity a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] <i>[refer instructions e.]</i>	Yes <input type="checkbox"/> <i>(Please specify the name of the listed company, name of the Stock Exchange (s) where it is traded regularly)</i>  Name of the listed company: _____ Name of the Stock Exchange: <i>Others</i> _____
3	Is the entity an Active NFE?	Yes - Nature of business _____ Please specify sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> <i>[refer instructions g.]</i>
4	If the entity a Passive NFE: <i>[refer instructions h.]</i>	Yes - Nature of business _____ Also submit UBO Form <i>[provided separately]</i>

**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/We 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.

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date :

Place :

**Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons**

**I. Investor Details:**

*(Mandatory for Non-individual Investors)*

<b>Name of the Investor:</b>														
<b>PAN</b>														

*\* if PAN is not available, specify Folio No.(s)*

**II: Category**

- Our company is a Listed Company listed /Subsidiary or Controlled by a Listed Company *[If this category is selected,no need to provide UBO details]*
- Unlisted Company     
  Partnership Firm / LLP     
  Unincorporated association / body of individuals     
  Public Charitable Trust
- Private Trust     
  Religious Trust     
  Trust created by a Will     
  Others [please specify] \_\_\_\_\_

**UBO / Controlling Person(s) details**

S.No	Name Of UBO #	Country of Tax Residency #	Taxpayer Identification Number/PAN/Equivalent ID Number #	Identification Type#	% of Beneficial Interest #	CP/UBO (Refer Instructions E)	Place & Country of Birth#	Date of Birth [dd-mm-yyyy]\$	Address\$,Address Type*&Contact details [include City,Pincode,State, Country]	Gender\$ [Male, Female, Others]	Father's Name\$	Nationality \$	Occupation [Service, Business, Others]

# Mandatory fields

\* Address Type should either Residence or Business or Registered office

\$ Mandatory if PAN of UBO/Controlling persons is not provided

Note:If the given rows are not sufficient,required information in the given format can be enclosed as additional sheet(s)duly signed by Authorized Signatory

**\*Note that some of the mutual Funds may call for additional information/documentation wherever required or if the given information is not clear/incomplete/incorrect and you may to have provide the same as and when solicited**

**Declaration**

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals,read & understood the FATCA terms and conditions.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 you 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 mutual Fund,its Sponsor,Asset Management Company,trustees,their employees/associated parties/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 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/update & 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/documentary proof as may be required at your end

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Place:

Date:

**Tick(✓)** Sponsor Bank Code  HDFC0999999 **Utility Code**  NACH00000000002146

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

MODIFY  CANCEL

**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**

From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

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/ammdent request to the user entity/corporate or the bank where I have authorised the debit.

Write <b>Name of your Bank</b> (as in Cheque/pass book) <b>Mandatory</b>	Write <b>Your Bank a/c no.</b> (as in Cheque/pass book) <b>Mandatory</b>	Mention any one of <b>Your bank code IFSC or MICR code</b> (as in Cheque/pass book) <b>Mandatory</b>	Tick <b>Bank account type</b> <b>Mandatory</b>	Mention the date
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**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**  NACH00000000002146

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

MODIFY  CANCEL

**Bank A/c number**  **3**

**with Bank**  **4** **IFSC**  **5** **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	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

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

**8** **9**

• 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/ammdent request to the user entity/corporate or the bank where I have authorised the debit.

Write <b>Payment Start date</b> <b>Mandatory</b>	<b>Sign as per Bank records</b> (Sign of all account holders primary & Joint required) <b>Mandatory</b>	Write <b>Name of Bank account holders - as per bank records</b> (All signatories name required) <b>Mandatory</b>	Write <b>Mandate Amount (In both figure &amp; words)</b> To be debited <b>Mandatory</b>
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Mandatory columns to be filled		
<b>1</b> Date in DD/MM/YYYY format	<b>2</b> Select the Account type	<b>3</b> Customer's bank account number
<b>4</b> Name of the bank	<b>5</b> IFSC code of customer bank	<b>6</b> Amount in Words
<b>7</b> Amount in figures	<b>8</b> ACH start date	<b>9</b> Name(s) of the customer(s) and Signature(s)