

ARN- <b>153155</b> \ / PMRN Code#	ARN- Sub-Distributor Code	E <b>E-271894</b>	Internal Code for Sub-broker/ Employee
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#By mentioning RIA/ PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIN box has been intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. ☐

**1** EXISTING FOLIO NO.

**2** MODE OF HOLDING / OPERATION ☐ Single ☐ Anyone or Survivor ☐ Joint (Default option is anyone or survivor)

**3 APPLICANT'S DETAILS** (Name and Date of Birth as per PAN) (Please refer to the Instruction No. A, C, D, R) All fields are mandatory. Gender ☐ Male ☐ Female

[illegible]

PAN / PEKRN\*

KIN^ ☐ Proof Attached

Date of Birth\*\*

GUARDIAN NAME IF MINOR / CONTACT PERSON (FOR NON INDIVIDUALS) / POA HOLDER																									
Mr	Ms					First							Middle							Last					

PAN / PEKRN\*

KIN<sup>a</sup> ☐ Proof Attached Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian

Date of Birth\*\*

[illegible]

PAN / PEKRN\*  KIN^ ☐ Proof Attached Date of Birth\*\*

<b>3<sup>rd</sup> APPLICANT</b>	Mr	Ms								First								Middle										Last				
---------------------------------	----	----	--	--	--	--	--	--	--	-------	--	--	--	--	--	--	--	--------	--	--	--	--	--	--	--	--	--	------	--	--	--	--

PAN / PEKRN\*

KIN^ ☐ Proof Attached

Date of Birth\*\*

\*Mandatory information - If left blank, the application is liable to be rejected.\*\*Mandatory in case the Sole/ First applicant is minor. ^Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

#### 4 CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address										Overseas Address (Mandatory for NRI / Fil Applicants)									
HOUSE / FLAT NO.										HOUSE / FLAT NO.									
STREET ADDRESS										STREET ADDRESS									
CITY / TOWN					STATE					CITY / TOWN					STATE				
COUNTRY							PIN CODE			COUNTRY							PIN CODE		

Mobile No.  Tel. No.  Office  Tel. No.  Residence

Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email ID	
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Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA (Please refer Instruction No. Z and ✓)

<b>Second Holder Contact details</b>	Mobile No.		Email ID	
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Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

<b>Third Holder Contact details</b>	Mobile No.		Email ID	
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Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here)

**If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here)**

(Refer instruction Z)

## 5 TAX STATUS (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other <u>Specify</u>
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

#### 6 DEMAT ACCOUNT DETAILS (OPTIONAL) (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

[illegible]

**7 BANK DETAILS** (Mandatory) Redemption / Dividend / Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Bandhan MF has DC facility (Please refer to the Instruction No. I)

Name of the Bank																
Branch						Account Number										
City						Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others	(please specify)			
MICR Code						RTGS/NEFT Code (IFSC Code)										

**Note:** In case the registered bank mandate is different from that used to source the investment, please enclosed the a cheque copy.

I / We understand that the instructions to the bank for Direct Credit / NEFT / CAMS OTM will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my / our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I / We would not hold Bandhan Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by DC/NEFT/CAMS OTM.

**8 INVESTMENT & PAYMENT DETAILS** (\*Please draw the cheque in favour of Bandhan Mutual Fund)

Type of Investment (☒ anyone) ☐ Lumpsum ☐ SIP ☐ SIP with TOP-UP ☐ Micro SIP Photo ID No. (for Micro SIP)

Scheme	Name	Plan	Option	Amount	Dividend Frequency	Dividend Sweep (fill relevant form)
I	Bandhan					<input type="checkbox"/>
II	Bandhan					<input type="checkbox"/>
III	Bandhan					<input type="checkbox"/>
IV	Bandhan					<input type="checkbox"/>
V	Bandhan					<input type="checkbox"/>
						Total

**PAYMENT DETAILS**

Mode of payment	<input type="checkbox"/> Self	<input type="checkbox"/> Third Party Payment (Please fill the 'Third Party Payment Declaration Form')	Payment mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Bandhan OTM	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> RTGS/NEFT		
Amount (figures)			Cheque/DD/UTR/UMR No.			Cheque Date	D D M M Y Y			
Account No.			Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others	Please specify
Bank & Branch Name										

**SIP DETAILS** (\*In case of the Monthly Option if no date is selected in the form, the default date is 10<sup>th</sup> of every month. \*The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter). \*default frequency is yearly.)

Scheme	SIP date*		Installment Amount (₹)	From Date (DD/MM/YY)	To Date (DD/MM/YY) (Default 40 years)	Frequency Weekly - 7 <sup>th</sup> / 14 <sup>th</sup> / 21 <sup>st</sup> / 28 <sup>th</sup> (Default date 7 <sup>th</sup> ) Monthly (Default) / Quarterly (any date from 1 <sup>st</sup> - 31 <sup>st</sup> of the given month)	SIP Top-up*	
							Top-up Amount (₹)	Frequency <sup>A</sup>
I	D	D						Half Yearly Yearly
II	D	D						<input type="checkbox"/> <input type="checkbox"/>
III	D	D						<input type="checkbox"/> <input type="checkbox"/>
IV	D	D						<input type="checkbox"/> <input type="checkbox"/>
V	D	D						<input type="checkbox"/> <input type="checkbox"/>

Existing OTM (UMRN) (Above SIPs to be mapped using existing UMRN)

**9 NOMINATION DETAILS** Mandatory section for Individuals (Single or Joint) ☐ I/We wish to nominate ☐ I/We do not wish to nominate<sup>ss</sup>

Nominee Name & Address	Relationship with Investor	In case of Minor (Birth proof to be attached)			Allocation %
		Guardian Name	Relationship with the minor	Date of birth	
Nominee 1					
Nominee 2					
Nominee 3					

Other Details (Guardian details to be furnished in case nominee is a minor)

Nominee 1	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 2	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 3	PAN	Mobile	Email ID	Nominee/ Guardian sign

<sup>ss</sup>OPT-OUT: I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in my / our folio.

**Sign Here →** First / Sole Applicant / Guardian Second Applicant Third Applicant

**10 FATCA AND CRS DETAILS FOR INDIVIDUALS** (including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality		
First Applicant / Guardian			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others Please specify
Second Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others Please specify
Third Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others Please specify

**Are you a tax resident (i.e. are you assessed for tax) in any other country outside India?** ☐ YES ☐ NO (please tick ✓)

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)			
First Applicant / Guardian				Reasons	A	B	C
Second Applicant				Reasons	A	B	C
Third Applicant				Reasons	A	B	C

☐ Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

☐ Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ Reason C → Others please state the reasons thereof :

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

Instrument No.	Dated	Amount (₹)	Scheme
	D D M M Y Y		

**OCCUPATION** [Please tick (✓)]

**GROSS ANNUAL INCOME** [Please tick (✓)]

**OTHERS** [Please tick (✓)]

**12 DECLARATION & SIGNATURES** (Please refer to the Instruction No. K)

**Sign Here →**

Badhte Raho



F	O	R		O	F	F	I	C	E		U	S	E		O	N	L	Y
---	---	---	--	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---

**Date**

**Utility Code** FOR OFFICE USE ONLY

Tick (✓)

CREATE	✓
MODIFY	✗
CANCEL	✗

**I/We hereby authorize**

Bandhan Mutual Fund

to debit tick (✓)

<input type="checkbox"/>	<b>SB</b>	<input type="checkbox"/>	<b>CA</b>	<input type="checkbox"/>	<b>CC</b>	<input type="checkbox"/>	<b>SB-NRE</b>	<input type="checkbox"/>	<b>SB-NRO</b>	<input type="checkbox"/>	<b>Other</b>
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**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

PAN /  
Application No.

Mobile No.	+91
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## Reference

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	<input checked="" type="checkbox"/> <b>Until Cancelled</b>							

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 appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

# SIP & SIP-TOP UP REGISTRATION / RENEWAL

ARN- Distributor <b>153155</b> Code#	ARN- Sub-Distributor Code	E <b>E-271894</b>	Internal Code for Sub-broker/ Employee
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Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First / Sole Applicant /  
Guardian / Authorised Signatory

Please Tick (✓) ☐ SIP Registration ☐ SIP Renewal ☐ SIP with Top-up Registration ☐ SIP - Change in Bank Details

Please mention relevant SIP details below and also in the Bandhan Common Mandate (Bandhan OTM).

## UNIT HOLDER INFORMATION

Existing Folio Number  PAN

Name of the First Holder (Name and Date of Birth as per PAN)

## SYSTEMATIC INVESTMENT PLAN DETAIL (For Monthly / Quarterly frequency, choose any date from 1<sup>st</sup> to 31<sup>st</sup> of a given month)

Scheme  Plan  Option

Frequency Please (✓) ☐ Weekly Datewise (Transfer date will be 7<sup>th</sup>/ 14<sup>th</sup>/ 21<sup>st</sup>/ 28<sup>th</sup> of the month) ☐ Monthly (Default date 10<sup>th</sup>) ☐ Quarterly (Default date 10<sup>th</sup>)

SIP Day  SIP Period From  To  OR  40 Years Installment Amount (₹)  in figures

SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration. Frequency ☐ Half Yearly ☐ Yearly\* (Default) Amount ₹  in figures  (The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter)

For SIP applications received during NFO, the SIP will start only after 30 days from the NFO allotment date.

## INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP installments.)

☐ My existing OTM registered to be used for initial & subsequent SIP instalments  (OR)

☐ Cheque No.  Cheque Date  Cheque Amount  Bank & Branch Name

## DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding ₹ 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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## Bandhan One Time Mandate (OTM)

UMRN  Date

Sponsor Bank Code  Utility Code

Tick (✓)

CREATE ☒  
MODIFY ☐  
CANCEL ☐

I/We hereby authorize  to debit tick (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

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

PAN / Application No.  Mobile No.

Reference  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  To   
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 appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

## SIP &amp; SIP-TOP UP REGISTRATION / RENEWAL

ARN- Distributor <b>153155</b> Code#	ARN- Sub-Distributor Code	E <b>E-271894</b>	Internal Code for Sub-broker/ Employee
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Signature of First / Sole Applicant /  
Guardian / Authorised Signatory

Please Tick (✓) ☐ SIP Registration ☐ SIP Renewal ☐ SIP with Top-up Registration ☐ SIP - Change in Bank Details

Please mention relevant SIP details below and also in the Bandhan Common Mandate (Bandhan OTM).

## UNIT HOLDER INFORMATION

Existing Folio Number  PAN

Name of the First Holder (Name and Date of Birth as per PAN)

SYSTEMATIC INVESTMENT PLAN DETAIL (For Monthly / Quarterly frequency, choose any date from 1<sup>st</sup> to 31<sup>st</sup> of a given month)

Scheme  Plan  Option

Frequency Please (✓) ☐ Weekly Datewise (Transfer date will be 7<sup>th</sup>/ 14<sup>th</sup>/ 21<sup>st</sup>/ 28<sup>th</sup> of the month) ☐ Monthly (Default date 10<sup>th</sup>) ☐ Quarterly (Default date 10<sup>th</sup>)

SIP Day  SIP Period From  To  OR  40 Years Installment Amount (₹)  in figures

SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration. Frequency ☐ Half Yearly ☐ Yearly\* (Default) Amount ₹  in figures  (The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter)

For SIP applications received during NFO, the SIP will start only after 30 days from the NFO allotment date.

## INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP installments.)

☐ My existing OTM registered to be used for initial & subsequent SIP instalments  (OR)

☐ Cheque No.  Cheque Date  Cheque Amount  Bank & Branch Name

## DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding ₹ 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian /  
Authorised Signatory

Second Applicant

Third Applicant

## Bandhan One Time Mandate (OTM)

UMRN  Date

Sponsor Bank Code  Utility Code

Tick (✓)

CREATE ☒  
MODIFY ☐  
CANCEL ☐

I/We hereby authorize  to debit tick (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

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

PAN / Application No.  Mobile No.

Reference  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  To   
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 appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

# Know Your Customer (KYC) Application Form | Individual



## Important Instructions:

- Fields marked with '\*' are mandatory fields.
- Tick '✓' wherever applicable.
- Please fill the form in English and BLOCK letters.
- Please fill the date in DD-MM-YY format.
- For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- Please read section wise detailed guide
- List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- List of two character ISO 3166 country codes is available at the end.
- KYC number of applicant is mandatory for update application.
- The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

<b>For office use only</b> (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New <input type="checkbox"/> Update
	KYC Number	<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"/> <input type="text"/> <input type="text"/> (Mandatory for KYC update request)
	Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

## ☐ 1. Personal Details (Please refer instruction A at the end)

<input type="checkbox"/> Name* (Same as ID proof)	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<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"/>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T- Transgender			
PAN*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others – Country <input type="text"/> Country Code <input type="text"/> <input type="text"/>			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			

## ☐ 2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- |  |  |                             |   |
|--|--|-----------------------------|---|
| <input type="checkbox"/> A-Passport Number                     | <input type="text"/>   | Passport Expiry Date        | <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="checkbox"/> B-Voter ID Card                       | <input type="text"/>   |                             |   |
| <input type="checkbox"/> C-Driving Licence                     | <input type="text"/>   | Driving Licence Expiry Date | <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="checkbox"/> D-NREGA Job Card                      | <input type="text"/>   |                             |   |
| <input type="checkbox"/> E-National Population Register Letter | <input type="text"/>   |                             |   |
| <input type="checkbox"/> F-Proof of Possession of Aadhaar      | No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer |                             |   |
| <input type="checkbox"/> E-KYC Authentication                  | No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer |                             |   |
| <input type="checkbox"/> Offline verification of Aadhaar       | No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer |                             |   |

<b>PHOTO*</b>
Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>														
Line 2	<input type="text"/>														
Line 3	<input type="text"/>														
District*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State/U.T Code*	<input type="text"/>	City/Town/Village*	<input type="text"/>	SO 3166 Country Code*	<input type="text"/>						


## ☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

- |   |  |
|---|--|
| <input type="checkbox"/> Same as above mentioned address (In such cases address details as below need not be provided)                                    |  |
| I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) |  |
| <input type="checkbox"/> A-Passport Number  | <input type="text"/>   |
| <input type="checkbox"/> B-Voter ID Card  | <input type="text"/>   |
| <input type="checkbox"/> C-Driving Licence  | <input type="text"/>   |
| <input type="checkbox"/> D-NREGA Job Card   | <input type="text"/>   |
| <input type="checkbox"/> E-National Population Register Letter  | <input type="text"/>   |
| <input type="checkbox"/> F-Proof of Possession of Aadhaar   | No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer |
| <input type="checkbox"/> E-KYC Authentication   | No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer |
| <input type="checkbox"/> Offline verification of Aadhaar  | No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer |
| IV <input type="checkbox"/> Deemed Proof of Address – Document Type code  | <input type="text"/>   |

<b>Address</b>															
Line 1*	<input type="text"/>														
Line 2	<input type="text"/>														
Line 3	<input type="text"/>														
	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State code	<input type="text"/>	City/Town/Village*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>						





		<b>FATCA-CRS Declaration &amp; Supplementary KYC Information</b> <b>Declaration Form for Individuals</b> <i>Please seek appropriate advice from your tax professional on your tax residency, related FATCA &amp; CRS guidance</i>							
PAN / PEKRN*									
Name									
Address Type [for KYC address]		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>			
Place of Birth					Country of Birth				
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		Occupation Details [Please tick any one (✓)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____			
Net Worth in INR. In Lacs & Date [Optional]		_____ dd-mmm-yyyy							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information [if applicable]		[Please specify]			

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India?   Yes ☐ No ☐

**If 'Yes', please fill for all countries** (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.  
 ➤ Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected]  
 ➤ Reason C → Others – Please specify the reasons \_\_\_\_\_

#### 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 [CAMS/Fund/AMC] to disclose, share, rely, 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 / any of the 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/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:  
Place:

Signature:

#### Acknowledgement

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. \_\_\_\_\_ PAN \_\_\_\_\_ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal