

DSP

For Product Labelling & Suitability (Including Risk-o-Meter of Benchmark) and PRC Matrix For Debt Schemes available on cover pages

**MUTUAL FUND** Distributor / RIA / PMRN Name and ARN / Code Sub Broker ARN & Name Sub Broker/Branch/RM Internal Code EUIN (Refer note below) For Office use only E-271894 ARN-153155 I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. 🔲 I am a First Time Investor in Mutual Fund Industry. 📉 I am an Existing Investor in Mutual Fund Industry. 1. FIRST APPLICANT'S DETAILS Name of First Applicant (Name as per PAN card is mandatory) (Refer Instructions) Date of Birth/Incorporation (Mandatory) Name of Guardian (if minor)/POA/Contact Person (Name as per PAN card is mandatory) (Refer Instructions) Date of Birth (Guardian) (Mandatory) ☐ Father ☐ Mother Attach proof if 1st applicant is a minor Court Appointed **Existing Folio** PAN (1st Appl / Guardian) CKYC - KIN PAN of POA ☐ KYC attached 2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records) NRI Investors should mention their Overseas address (Refer instructions) **Email ID** (in capital) Mobile +91 Tel (STD Code) Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA ☐ PMS ☐ Custodian Mobile No belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA ☐ PMS ☐ Custodian Address Type (Mandatory) Address a. Residential & Business ☐ b. Residential Landmark c. Business City ☐ d. Registered Office Overseas address - Overseas address is mandatory for NRI/FPI Applicants Address a. Residential & Business ☐ b. Residential Landmark c. Business City d. Registered Office 3. KYC DETAILS (Mandatory) **3a.** Status of Sole/1st Applicant (Please tick ✓) ○ Indian Resident Individual ○ Minor (Resident) ○ Minor (Repatriable) ○ Minor (Non Repatriable) ○ NRI (Repatriable) ○ NRI (Non Repatriable) ○ Sole Proprietorship ○ HUF - Indian ○ HUF - NR ○ Partnership Firm ○ Limited Partnership (LLP) O Public Ltd. Co. O Private Ltd. Co. O Body Corporate O Bank O Fls O Insurance Companies O Government Body O AOP/BOI O NPS Trust O Provident Fund ○ Superannuation/Pension Fund ○ Gratuity Fund ○ Mutual Fund ○ FII ○ FPI-Category I/II/III ○ Others Are you a Non-Profit Organization constituted and registered as a Trust or Society under ☐ Yes, our NPO Reg. No is \_ Societies Registration Act, 1860 for religious or charitable purpose as referred to in Clause (15) of Section 2 of the Income Tax Act, 1961, or a company registered under Section 8 of the Companies Act. 2013. **3b.** Occupation Details (Please tick ✓) ○ Private Sector Service ○ Public Sector Service ○ Government Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others (Please specify) **3c.** Gross Annual Income (Please tick ✓) ○ Below 1 Lac ○1-5 Lacs ○5-10 Lacs ○10-25 Lacs ○ >25 Lacs-1 crore M M I Y (Not older than 1 year) **3d.** For Individuals (Please tick ✓) ○ Not Applicable ○ I am Politically Exposed Person ○ I am Related to Politically Exposed Person 4. SECOND APPLICANT'S DETAILS (IF ANY) **™** Mode of Holding (Please tick ✓) ☐ Joint (Default) Anyone or Survivor Date of Birth (Mandatory) 2nd Applicant Name (Name as per PAN card is mandatory) (Refer Instructions) CKYC - KIN PAN **a.** Occupation Details (Please tick ✓) ○ Private Sector Service ○ Public Sector Service ○ Government Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others (Please specify) **b.** Gross Annual Income (Please tick ✓) ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore C. Others (Please tick ✓) ○ Not Applicable ○ Politically Exposed Person (PEP) ○ Related to a Politically Exposed Person (PEP) Page 1 of 3 ACKNOWLEDGEMENT SLIP (To be filled in by the investor) **DSP MUTUAL FUND** Received from an application for purchase of units. Subject to verification and funds realization. Scheme Cheque no. Amount

THIRD APPLICANT'S DETAILS (IF ANY)				
3rd Applicant Name			Date of Birth	(Mandatory)
(Name as per PAN card is mandatory) (Refer Instructions)			D D /	M M / Y Y Y Y
PAN CKYC - KI	in .			
<b>a.</b> Occupation Details (Please tick ✓) ○ Private Sector ○ Agriculturist ○ Retired ○ Housewife ○ Student	ctor Service O Public Sector Servi O Forex Dealer O Others			
<b>b.</b> Gross Annual Income (Please tick ✓) ○ Below 1				
C. Others (Please tick ✓) ○ Not Applicable ○ Politi	cically Exposed Person (PEP) O Re	ated to a Politically	Exposed Person	(PEP)
5. FATCA and CRS DETAILS For Individuals (Mandatory	y) Non Individual investors inclu	ding HUF should m	andatorily fill sep	parate FATCA/CRS details form
Sole/First Applicant/Guardian	2nd Applicant			I Applicant POA
	ace & Country of Birth PLACE	COUNTRY	Place & Country	
Nationality □ Indian □ U.S. □ Other Na	ationality □ Indian □ U.S. □ Other		Nationality 🗆 Inc	dian 🗆 U.S. 🗆 Other
Are you a tax resident of any country other than India	es No If yes, please provide y	our tax identification	n details below	
Country # Tax Identification Identification Number or equivalent Type / Reason*	Country # Tax Identification Number or equivalent	Identification	Country #	Tax Identification Identification Number or equivalent Type/Reason*
Number or equivalent Type/Reason*	Number of equivalent	Type/Reason*	1	Number or equivalent Type/Reason*
2 2		;	<u> </u>	
If you do not have a TIN, you may provide an equivalent TIN as me	entioned in Option a, or choose one op	otion from Option b. I	Please attach a self	f-attested copy of the documentary proof.
□ a □ Social Security Number □ National Insurance Number	r □ Citizen Or Personal Identification	on Code or Number	☐ Resident Regis	tration Number <u>OR</u>
□ <b>b</b> □ Student □ Dependent parent (Appropriate Visa) □ Diplom	mat (Diplomat Visa) [] Mariner / Sea f	eror (CDC) $\square$ Sporten	orson / Drofossions	ol (Appropriato Vica) 🗆 Becontly Shifted
residence (Appropriate Visa) 🗆 Temporary Visit (Temporary	work visa Teacher, Tourist or other v	sa) 🗆 Not qualifying	as tax resident as	not meeting requisite no. of days' stay
(Appropriate Visa) ☐ Country does not issue TIN to resident (please specify)	its in the authorities of the country	or tax residence mei	itioned does not i	equire the This to be disclosed in Other
6. BANK ACCOUNT DETAILS (You can avail Multiple Ba	ank Registration Facility - Refer	instruction 6)		
Bank Name				
		A/C Time		
Bank A/C No.				rent  NRE  NRO FCNR Others
City		SC code: (11 digit	2)	
7. INVESTMENT AND PAYMENT DETAILS (Default pl	lan/option/sub option will be a	pplied incase of 1	no information,	ambiguity or discrepancy)
Cheque/DD should be in favour of: "DSP Mutual Fund" if single	e cheque with multiple schemes OR	"Scheme Name", in	case of single sch	eme / scheme wise cheques.
☐ One time Lumpsum Investment ☐ SIP: Systematic Inve		rm, if not already		ntion LUMPSUM and First SIP eque Details below
Full Scheme/Plan/Option/Sub Op		Amount (₹)		yment Mode:
1. DSP - Scheme Plan O	)ption/Sub Option			RTGS NEFT Funds transfer
2. DSP - Scheme Plan O	ption/Sub Option		Ch	eque/DD/RTGS/NEFT Details:
3. DSP - Scheme Plan O	Option/Sub Option		Re	f. No
Total Amount in words		Amount in Figu		te DDD/MMM/YYYY
Total Amount in words		Allount III i igt	DE	O charges, if any
Payment from Bank A/c No. Pay In A/c	A/c.	<b>Type</b> ☐ Savings ☐	Current  NRE [	□ NRO □ FCNR □ Others
Bank Name				
				Page 2 of 3
Email: service@dspim.com Web	osite: www.dspim.com	Contact	Center: 1800-	208-4499 / 1800-200-4499
Quick	Full scheme name, plan, o		<del></del>	l documents provided if investor name is rinted on payment cheque or if
KYC information provided for each applicant	Nomination facility opted			Praft is used.
<ul> <li>☐ FATCA/CRS details provided for each applicant</li> <li>☐ Non Individual investors should attach</li> <li>☐ FATCA</li> </ul>	$\square$ Form is signed by all appli A Details and Declaration Form $\square$		orm	

	Relationship		If Nominee is a Minor*			
Nominee Name/s & PAN	with applicant*	Date of Birth	Guardian Name* & PAN	Guardian Relation	Allocation (%)*	Nominee/Guardian Signature
1						
2						
3						
Address			inee, please mention Guardian's relations an. Kindly attach proof like Birth Certifica		Total 100%	. (0.1
PT-OUT declaration: I / We hereby co			t any nominee(s) for my mutual func ware that in case of death of all the			
			ent authority, based on the value of			
JNIT HOLDER OPTION:						
Account Demat NSDL: I	N	Depository Par	ticipant (DP) ID (NSDL only)		Beneficiary	Account Number (NSD
Statement Mode CDSL:					,	(
Mode			St. 1. DIS Comm			
(Default) Enclose for demat option:	Client Master List	Iransaction/Hold	ing Statement DIS Copy			
. I/We wish to receive physical copy of the	ho appual report /abridged	summany if om	ail id is not registered in the folio			
• 17 We wish to receive physical copy of the	ie aiiiluat report/abridged	summary, ir em	all ld is not registered in the rollo.			
<b>DECLARATION &amp; SIGNATURES</b>						
DECLARATION & SIGNATURES						
	of the Scheme informat	tion Document	and Statement of Additional inform	nation, Key Infor	mation Memora	andum, Instructions
ving read and understood the contents denda issued by DSP Mutual Fund form	time to time. I/We, here	eby apply to th	ne Trustee of DSP Mutual Fund for L	Inits of the relev	ant Scheme/Pla	an/ Option and agre
ving read and understood the contents denda issued by DSP Mutual Fund form de by the tert and conditions, rules	time to time. I/We, here and regulations.  / We	eby apply to the have unders	ne Trustee of DSP Mutual Fund for L tood the Information requirément	Inits of the relevents of the application	ant Scheme/Plation form, inc	an/ Option and agre cluding FATCA and
ving read and understood the contents denda issued by DSP Mutual Fund form ide by the tert and conditions, rules quirements, terms and conditions (rea	time to time. I/We, here s and regulations.  / We d alongwith instructions	eby apply to the have unders and scheme re	ne Trustee of DSP Mutual Fund for L tood the Information requirément elated documents) and hereby acco	Inits of the relevents of the applicate of the same and	ant Scheme/Plation form, inc d further confir	an/ Option and agre cluding FATCA and im that the informa
ving read and understood the contents denda issued by DSP Mutual Fund form ide by the tert and conditions, rules quirements, terms and conditions (rea byided by me/us on this form true, cor	time to time. I/We, here s and regulations.  / We d alongwith instructions rect and complete. I/ We	eby apply to the have understand scheme reduction	ne Trustee of DSP Mutual Fund for L tood the Information requirément elated documents) and hereby acco the amount invested in the Scheme	Inits of the relevent of the application of the same and through legitima	ant Scheme/Plation form, inc d further confir te sources only	an/ Option and agre cluding FATCA and rm that the informa and is not designed
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#### Debit Mandate Checklist:

• Distributor code & details, if any,

□ DEBIT MANADATE FORM

☐SIP FORM

- Bank Account Number, Bank Name, IFSC or MICR Code
- Write Amount in words and in Figures (maximum limit)
- Your NAME and SIGNATURE as in your bank account

### SIP Registration Checklist:

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details
- Signature/s

Tour NAME and SIGNATURE as in your bank a	ICCOUNT			• Signature/s								
Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/	EUIN (Refer note below)	For Office use only								
ARN-153155		RM Internal Code	E-271894									
The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments.												

start new SIP registrations, using Physical Forms or Online OTM Debit Mandate Form NACH/DIRECT DEBIT MUTUAL FUND [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Date UMRN **Utility Code** Tick(✓) □ CREATE ☐ MODIFY ☐ CANCEL Sponsor Bank Code I/We hereby authorize: DSP MUTUAL FUND Schemes to debit (tick\*) SB / CA / CC / SB-NRE / SB-NRO / Other Bank A/c No.: With Bank: IFSC/MICR ₹ an amount of Rupees Debit Type Reference 1 Folio No: Reference 2 Appln No: l agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. This is to confirm that the declaration has been carefully read, understood and made by me/us. I/We have understood that I/we are authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH/Direct Debit. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/(Debits)/Direct Debits. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit facility and that my/our payment towards my/our investment in DSP Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of DSP Mutual Fund carrying this mandate form to get it verified and PERIOD From to Maximum period of validity of this Signature of Account Holder Signature of Account Holder Signature of Account Holder mandate is 40 years only. Mobile Name of Account Holder Name of Account Holder Name of Account Holder SIP Registration/Renewal Form (for OTM registered investors only) DSP MUTUAL FUND Attention: No need to attach OTM Debit Mandate again, if already registered earlier. Please tick 🗹 as applicable:  $\ \square$  OTM Debit Mandate is attached and to be registered in the folio.  $\square$  OTM Debit Mandate is already registered in the folio. [No need to submit again]. Distributor / RIA / PMRN Name and ARN / Code | Sub Broker ARN & Name | Sub Broker/Branch/RM Internal Code EUIN (Refer note below) For Office use only ARN-153155 E-271894 🔲 I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. Existing Investor Folio No./Application No. Investor Name: Sr. Scheme/Plan/Option/Sub-option SIP Installment SIP Date Start Month/Year Top-Up (Minimum ₹ 100 or in Percentage %) Frequency No Amount (₹) (1st\* to 31st) End Month/Year# (Mention Cheque details, if attached) Amount (₹) or Percentage %) Frequency DSP -☐ Dailv ÓR ☐ Yearly\* ☐ Monthly\* ☐ Half-yearly ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs ☐ Quarterly Top-Up CAP\*: Or till DSP -□ Daily ☐ Yearly\* OR ☐ Monthly\* ☐ Half-yearly ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs For ☐ Quarterly Or till Top-Up CAP\*: DSP -□ Dailv % ☐ Yearly\* OR ☐ Monthly ☐ Half-yearly ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs ☐ Quarterly Top-Up CAP\*: (\*Default option/Date) Total First SIP transactions via single cheque no. favouring 'DSP Mutual Fund' Debit Bank Details: Bank Name: A/C. No.: Declaration: Having read, understood and agreed to the contents of OTM 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 DSP Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP instalments referred above through participation in NACH/infect Debit. The ARN holder, where applicable, has disclosed to me/us all the commissions (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. Signatures [as per Mutual Fund Records/Application] First Second Third Unit Unit Unit Holder's Holder's Holder's Signature Signature Signature ISC Stamp Acknowledgement DSP Mutual Fund Investor Name: Folio No/Application No.

### **Debit Mandate Checklist:**

• Distributor code & details, if any,

ARN-153155

- Bank Account Number, Bank Name, IFSC or MICR Code
   Write Amount in words and in Figures (maximum limit)

Distributor / RIA / PMRN Name and ARN / Code Sub Broker ARN & Name

Your NAME and SIGNATURE as in your bank account

## SIP Registration Checklist:

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details
- Signature/s For Office use only

	following new SIP r							registratio	n with or	r without SIP fo	rm. Once the	mandate	is registe	ered, in	vestor	need	not s	ubm	it mar	date a	gain	and ca	n do	lump s	um ii	nvestmer	nts,
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1410								Name o	of Accou	nt Holder		N	ame of	Accoun	nt Holo	der					Nai	ne of	Accou	ınt Ho	lder		
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1.	DSP -									DD	☐ Daily☐ Monthl	y* For		yrs [	710 vr	· 🗆	7 vrs [			- `		0	R	9	- 1 -	Yearly* Half-ye	- 1
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Website: www.dspim.com | E-mail: service@dspim.com | Contact Centre: 1800-208-4499 / 1800-200-4499

Sub Broker/Branch/

RM Internal Code

EUIN (Refer note below)

E-271894

# Know Your Customer (KYC) Application Form | Individual

F. Please read section wise detailed guide



#### Important Instructions:

District\*

- A. Fields marked with '\*' are mandatory fields.
- B. Tick "wherever applicable.

- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- C. Please fill the form in English and BLOCK letters.
- H. List of two character ISO 3166 country codes is available at the end.
- D. Please fill the date in DD-MM-YY format.
- I. KYC number of applicant is mandatory for update application.
- E. For particular section update, please tick () in the box J. The 'OTP based E-KYC' check box is to be checked for accounts opened using

section number and strike of required to be updated.	the section	ons not		O	IP ba	sed	E-KY	C in r	non-t	ace to	o face	mode	9												
For office use only		Applicat	ion Type	e*		Nev	N		Upd	late															
(To be filled by financial instituti	on)	KYC Nu	mber													(Manda	atory f	or K	YC ur	odate	req	uest)			
		Account	Type*			Nor	mal		Mino	or		Aadha	ar O	TP ba	ased E	-KYC (	in nor	ı-face	e to f	ace r	node	<u>;</u> )			
☐ 1. Personal Details	(Pleas	e refer i	instruc	ction	A at	the	end	)																	
	Prefix			First	Name	;						Mid	dle N	lame						La	st N	ame			
☐ Name* (Same as ID proof)				<u> </u>		<u> </u>	Щ	Щ		Щ		Щ	<u> </u>	Щ			L	<u></u>	Щ	$\perp$	_	<u></u>	Щ	<u> </u>	<u> </u>
Maiden Name						_		Щ		Щ			4	111			L	<del></del>	<u></u>	$\perp$	4	<del>+</del>	Щ	4	
Father / Spouse Name*						<u> </u>	Щ	Щ		Щ		Ш	4			$\perp$	L	<u></u>	Щ.	$\perp$	_	<u></u>	Щ	_	<u>_</u>
Mother Name	of Birth*																								
Date of Birth*		- M M	- Y	YY						,															
Gender*	M- Ma	ale		Щ	F- Fe	male	9		L	」 T-	Trans	gende	er												
PAN*										FC	RM 6	0 furn	ishe	d											
Marital Status*	Ma	rried			Uni	narr	ied			Ot	hers														
Citizenship*	☐ IN-	Indian			Oth	ers	– Co	untry	′							C	ountr	у Со	ode						
Residential Status*	Res	sident Ind	lividual		Nor	n Res	sident	India	an [	Foi	eign N	Nation	al		Per	son of I	ndian	Orig	jin						
2. PROOF OF IDEN	A YTITI	ND AD	DRES	SS* (I	Plea	se r	efer	inst	ruct	tion	<b>B</b> at	the e	end)	)											
Certified copy of OVD or equival	ent e-doc	ument of	OVD or	OVD	obtair	ed t	hroug	h dig	jital k	(YC p	roces	s nee	ds to	be s	ubmitt	ed (any	one c	of the	follo	wing	OVE	)s)			
A-Passport Number					Pas	spor	t Exp	iry [	Date	D	D -	M	M	- Y	Y	Y						DL	ОТ	O*	
B-Voter ID Card																						РΠ	ОТ	<u> </u>	
C-Driving Licence						Ť		Drivi	ing L	icen	се Ех	piry [	Date	D	D -	MM	- Y	Y	Y						
D-NREGA Job Card						Ť																			
E-National Population Re	egister Let	ter				T																		7	
F-Proof of Possession of	_		need to a	ttach. Aa	dhaar c	ard. If s	submitte	ed. Aad	lhaar N	lumber	to be ma	asked by	the c	ustomei											
	Additaat		need to a																						
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III Offline verification of Aad								su, Mau	IIIddi I\	unnen	to be me	iskeu Dj	r trie G	ustorrier								ature /T		out cov	
Address [For other than residen	nt Individua	al, please	mentio	n Ove	rseas	Add	ress]																le lace	, 	
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District*				Pin/P	ost Co	nde*			$\Box$			S	tate/	u.t c	-		ago		ISO 3	166	Соц	ntry (	Code	*	П
													10107	o c							000	,	,,,,,		
3. CURRENT ADDR	RESS D	ETAIL:	S (Ple	ase r	efer	inst	ruct	ion l	B at	the	end	)													
Same as above mentioned	address (	(In such c	ases ad	ddress	detail	s as	belov	v nee	ed no	t be p	orovid	ed													
I. Certified copy of OVD or equiv	ralent e-do	ocument o	of OVD	or OV	D obta	ainec	thro	ugh c	digita	I KYC	proce	ess ne	eeds	to be	subm	itted (a	nyone	of the	he fol	lowin	ıg O'	√Ds)			
A-Passport Number							,																		
B-Voter ID Card																									
C-Driving Licence																									
D-NREGA Job Card																									
E-National Population Re	gister Let	ter																							
F-Proof of Possession of	Aadhaar			No need	l to attac	h. Aad	dhaar ca	ard. If s	ubmitte	ed, Aad	haar Nu	mber to	be ma	sked by	the cust	omer									
II E-KYC Authentication				No need	l to attac	h. Aad	dhaar ca	ard. If s	ubmitte	ed. Aad	haar Nu	mber to	be ma	sked by	the cust	omer									
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Pin/Post Code\*

State/U.T Code\*

ISO 3166 Country Code\*

☐ 4. Contact	Details (All communication	ons will be sent to Mo	obile number/f	Email-ID pr	ovided) (Ple	ease refer	instructi	on <b>C</b> at th	e end)	
Tel. (Off)	-	Tel. (Res)	-		М	obile	-			
Email ID										
☐ 5. Remarks	(If any)									
6. Applicant De	claration									
undertake to informor untrue or misled  I hereby declare the any statute of legitime	hat the details furnished about myou of any changes therein, ading or misrepresenting. I am hat I am not making this appliablation or any notifications/directoreceiving information from ress.	immediately. Incase an a aware that I may be he cation for the purpose o octions issued by any go	ny of the above it led liable for it. ontravention of overnmental or s	information is any Act, Rule statutory aut	s found to be es, Regulation hority from tin	false ns or ne to				
	M - Y Y Y Y	Place:				Si	gnature/1	humb lm	pression (	of Applicant
7. Attestation /	For Office Use only				<u></u>					
Documents Received		E-KYC data	received from	UIDAI 🗌	Data receive	d from Offli	ne verifica	ntion	Digital KY0	C Process
	Equivalent e-docu	ment Video Base	d KYC							
KY	C documents verification	carried out by				Instit	ution det	ails		
Date:	D D - M M - Y Y	YY		Name						
Emp. Name				Code						
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Emp. Designation										
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CAM Sision. You	2	FATCA-CRS se seek appropriate a	Declara	ation	Form for li	ndividua	<u>.s</u>				
PAN / PEKRN*											
Name		·									
Address Type [for KYC address]	Resider Registe Busines	red Office	Nation	ality	□ Indian	US	Others _	(please s	pecify)		
Place of Birth				Coun	try of Birth						
Gross Annual Income Details in INR  Net Worth in INR. In Lacs & Date [Optional]	☐ Below 1 ☐ 5-10 Lac ☐ 25 Lacs	s 🗍 10	5 Lacs -25 Lacs I Crore	Detai	pation ls [Please ny one (√)]	□ Business       □ Professional         □ Public Sector       □ Private Sector         □ Government Service       □ Housewife         □ Student       □ Retired         □ Forex Dealer       □ Others [Please specify]					
Politically Exposed Person [PEP]	☐ Yes ☐ Not Appli										
	I for all count	ries (other than older / Tax Residentification Number (T	India) in whi lent in the re cation (IN) or	ch you spective Identi	are a Reside countries fication Type or other,	ent for tax	is not avai	i.e. where ilable, ple on A, B o	ease tick 🗹		
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2 ➤ Reason A → The	TIN required [Seed]	elect this reason or	nly if the autho	orities of	the respective	Reason Re	son A 🗆	в□	с□		
Declaration:  I acknowledge and compained the above specified in authorize you [CAMS including all changes Management Compained in authorities / a lindia or outside India Further, I authorize to SEBI / RBI / IRDA / Fwriting about any chadditional information Fund/AMC/RTA to pror close or suspend in FATCA & CRS Terms	nformation is fount/Fund/AMC] to come, updates to sum, trustees, their agencies including wherever it is less share the given PFRDA to facilitation anges / modification as may be requivide relevant in my account(s) with	nd to be false or un lisclose, share, rely uch information as ir employees / RTA ig but not limited to egally required and information to othe es single submission ation to the above juired at your / Fu formation to upstre thout any obligatio	true or mislea /, remit in any and when pas ('the Autho the Financial tother investia er SEBI Regis n / update & finformation in nd's end or bam payors to n of advising	ding or form, morovided or ized Pal Intelliging gation a stered In future or other in future or dome enable one of the of the of the of the of the of the other of the of the other other of the other of the other of the other othe	misrepresenting de or manne by me to / arties') or any gence Unit-Inc gencies withoutermediaries/crelevant purpor within 30 da stic or overse withholding to e same. I also	ng, I/ am awer, all / any of the Indian or fo dia (FIU-INE ut any oblig or any regulabses. I also as regulato occur and p	are that I m of the inform Mutual Fur reign gover o), the tax / ation of adv atted interme undertake to undertake rs/ tax auth aay out any	ay liable for nation pro- nd, its Spr nmental of revenue a vising me ediaries re- to keep you e to provide norities. I/V sums from	or it. I hereby vided by me, onsor, Asset r statutory or authorities in of the same. gistered with u informed in de any other We authorize my account		
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