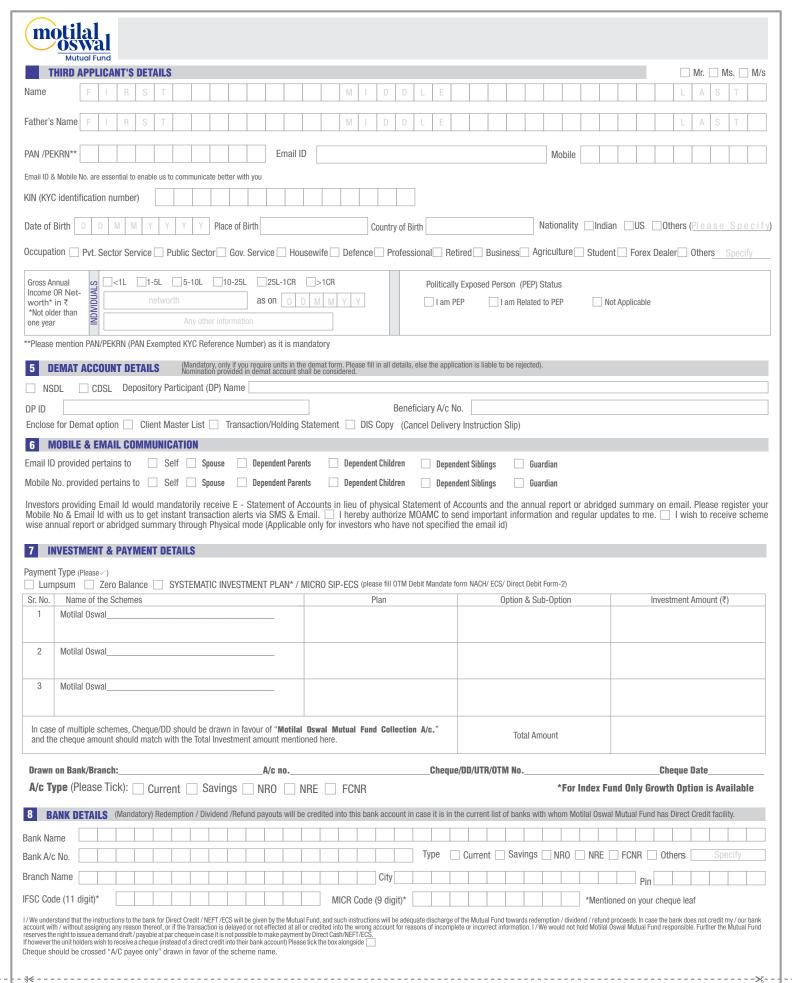
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Email: mfservice@motilaloswal.com. Toll Free No.: +91-22 40548002 | 8108622222 website: www.motilaloswalmf.com



9 FATCA- CRS DECLARATION AND SUPPLEMENTARY INFORMATION

9A Declaration for Individual

Non-Individual investors should mandatorily fi	ill separate FATCA Form Available on '	Website:www.motilaloswalmf.com. '	The below information is required	for all applicants/quardia

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant/Guardian			Indian U.S. Others (Please specify)
Second Applicant			Indian U.S. Others (Please specify)
Third Applicant			Indian U.S. Others (Please specify)
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Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?

If 'No' please proceed for the signature of declaration

If'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes 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)	If TIN is not available, please tick (\checkmark) the reason A, B, & C (as defired below)
First Applicant/Guardian				Reason A B C
Second Applicant				Reason A B C
Third Applicant				Reason A B C

Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers 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 state the reason thereof.

[#]Please attach additional sheets if necessary

	-					
10 NOMINATION DETAILS (Ref	fer Instruction 10)					
PLEASE REGISTER MY/OUR NO	OMINEE AS PER	R BELOW DETAILS				
Name	Date of Birth if nominee is minor	Address	Nominee Relationship With Sole/1 st Applicant	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %

FOR NOMINATION OPT-OUT: 🗆 I/We DO NOT wish to make a nomination (Please tick (🗸) if the unit holder does not wish to nominate anyone)

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 the mutual fund folio.

11 DECLARATION/CONSENT AND SIGNATURE

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I/We hereby apply for the units of the scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate Sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the income tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme (s) & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme (s), legally belong to me/us. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in Favour of the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.

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 Scheme of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs only: I/We confirm that I am/we are Non Residents of Indian nationality/origin and that 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. I/We confirm that the details provided by me/us are true and correct. I declare that the information is to the best of my Knowledge, belief, accurate and complete. I agree to notify MOMF/AMC immediately in the event of information changes.

FATCA / CRS Certification:

Declaration for Individual: I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities

Declaration for Non-Individual: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby con rm that the information provided by me / us on this Form is true, correct, and complete. I / We also con rm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

First / Sole Applicant /
Guardian / Authorised Signatory

Second Applicant

Third Applicant

Date: Place:

Investors who are Trusts/Societies/Section 8 companies (under Companies Act, 2013) constituted for religious or charitable purposes, have to declare their status as NPO to AMC:

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.



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Know Your Customer (KYC) Application Form | Individual

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Name* (Same as ID proof)																						
Maiden Name																						
Father / Spouse Name*																						
Mother Name																						
Date of Birth*	DD-	MM	- Y	Y	Υ																	
Gender*	M- Ma	ale			F- Fema	ale			T-	Trans	gende	er										
PAN*									F	ORM 6	0 furni	ished										
Marital Status*	Mar	ried			Unma	rried] O	thers												
Citizenship*	□ IN-	Indian			Other	s – Co	ount	ry							_ Co	untry (Code					
Residential Status*	Res	ident In	dividual		Non R	esider	nt Inc	dian [Fo	reign N	lation	al	□ Р	erson	of Inc	dian Or	iain					
2. PROOF OF IDE				S * (F													3					
Certified copy of OVD or equiva				•									e subn	nitted (anvo	ne of th	ne follo	vina (DVDs)			
A-Passport Number					Passp		•	•		D -		M -	YY	Y	Y				,			
B-Voter ID Card					. 400p		, y	2410											P	OH	ГО*	
							_			_				B. 4	B 4	V .						
C-Driving Licence							Dri	ving	Licer	ice Ex	piry L	pate L	ם ני	- M	IVI -	YY	YY	_				
D-NREGA Job Card		$\perp \perp \perp$					_							,								
E-National Population R	legister Lett	er																				
F-Proof of Possession o	of Aadhaar	٨	lo need to att	tach. Aad	dhaar card.	If submi	tted, A	adhaar	Numbe	r to be ma	sked by	the custo	omer									
II E-KYC Authentication		٨	lo need to att	tach. Aad	dhaar card.	If submi	tted, A	adhaar	Numbe	r to be ma	sked by	the custo	omer									
III Offline verification of Aa	ıdhaar	Λ	lo need to att	tach. Aad	dhaar card.	If submi	tted, A	adhaar	Numbe	r to be ma	sked by	the custo	omer								b Impres	
Address [For other than reside	ent Individua	al, pleas	e mentior	n Over	seas Ad	ddress	1											;	across pi	the fa	hout cove	ering
Line 1*																						
Line 2																						
Line 3													Ci	ty/Tow	/n/Vill	age*						
District*				Pin/Po	ost Code	e* 🔲					St	tate/U.	T Code	e* 🔲			ISO 3	166 C	ountr	y Cod	le*	
☐ 3. CURRENT ADD	RESS D	FΤΔΙΙ	S (Plas	see re	efer in	etruc	tion	Ra	t the	end)												
Same as above mentioned																						
I. Certified copy of OVD or equi	,											ods to	ho cul	omitto	d (an	one of	the fol	lowing	· ()\/D	IC)		
A-Passport Number	ivalent e-uo	Cument	OIOVD	JI OVL	Oblain	eu iiii	Jugi	uigita	ai iv i v	S PIOCE	333 116	eus io	De Sui	Jiiiiiie	ı (alı)	yorie oi	tile ioi	iOwiii	JOVD	3)		
B-Voter ID Card																						
C-Driving Licence																						
D-NREGA Job Card							+							1								
E-National Population R	legister Lett	er 🔲																				
F-Proof of Possession o	of Aadhaar		1	No need	to attach. A	Aadhaar (card. I	f submit	ted, Aa	dhaar Nui	nber to t	be maske	d by the d	customer	-							
II E-KYC Authentication			1	No need	to attach. A	Aadhaar (card. I	f submit	ted, Aa	dhaar Nui	nber to t	be maske	d by the d	customer	-							
III Offline verification of Aa	ıdhaar		/	Vo need t	to attach. A	ladhaar d	card. It	f submitt	ted, Aad	lhaar Nun	nber to b	e maske	d by the d	ustomer								
IV Deemed Proof of Addres		nent Tvn																				
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District*				Pin/Po	ost Code	e* 🔲					St	tate/U.				•	ISO 3	166 C	ountr	y Cod	le*	

☐ 4. Contact	Details (All communications will be sent to Mobile number/En	mail-ID provided including for validation purpose) (Please refer instruction C at the end)
Tel. (Off)	- Tel. (Res)	Mobile*
Email ID*		
	to validation, hence provide the valid information in legible manner	
5. Remarks	s (If any)	
6. Applicant De	eclaration	
undertake to infor or untrue or misle I hereby declare t any statute of leg time I hereby consent number/email add I am providing the data with KRA a guidelines. Date: D D M	that the details furnished above are true and correct to the m you of any changes therein, immediately. In case any of the ading or misrepresenting. I am aware that I may be held liable fighat I am not making this application for the purpose contraven islation or any notifications/directions issued by any government or receiving information from Central KYC Registry through the sand to download the information from CKYCR exponsent to MF/RTA/SEBI registered intermediary to share this and share the data to other participating intermediaries as MM - YYYYY Place: Place:	above information is found to be false for it. Ition of any Act, Rules, Regulations or intal or statutory authority from time to SMS/Email on the above registered state / applicable Aadhaar XML mandated by PMLA Act/Rules/SEBI Signature/Thumb Impression of Applicant
		Landburg and date the
	/C documents verification carried out by	Institution details
Date:		Name
Emp. Name		Code
Emp. Code		
Emp. Designation Emp. Branch		
Zinp. Station	[Employee Signature]	[Institution Stamp]
In-	Person Verification (IPV) carried out by	Institution details
Date:	D D - M M - Y Y Y Y	
Emp. Name		
Emp. Code Emp. Designation Emp. Branch		[Institution Stamp]
	[Employee Signature]	

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Gross Annua Income Details in INR Net Worth in INR. In Lacs & Date [Optional]		Belo 5-10 25 La	Lacs	6)-25 1 Cro	Lacs ore	Deta	upation uils [Please any one $()$)]	Gove Agric Stude	c Sector rnment ulturist	Se	rvic	e Hou Reti	ate S sew red	Sector
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➤ Reason A → Th ➤ Reason B → No TIN to be collect ➤ Reason C → Ot Declaration: I acknowledge and of the above specified authorize you [KFIN including all change	o TIN ed] hers - confiri inform	m that that is nation is	d [Seles special speci	cify the	tion poe fals	sons rovided se or ur re, rely	d abo	the authorized the authorized to the authorized the	e and cading o	orrect to the misreprese	bes	to its resic country of st of my kn g, l/ am aw	owledge vare that of the info	and I ma	d be	lief. li	requi	se any of I hereby
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