

9 FATCA- CRS DECLARATION AND SUPPLEMENTARY INFORMATION

9A Declaration for Individual

Non-Individual investors should mandatorily fill separate FATCA Form Available on Website: www.motilaloswalmf.com. 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 ☐

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 (✓) the reason A, B, & C (as defined below)
First Applicant/Guardian				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> 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 (Refer Instruction 10)

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER 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 applicant, at 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 confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm 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
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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).	<input type="radio"/> Yes <input type="radio"/> No
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.

OTM Debit Mandate form NACH/ ECS/ Direct Debit/SIP Form

Distributor ARN / RIA#				Distributor Name				Sub-Distributor ARN				Internal Sub-Broker/ Employee Code				EUIN				
ARN/RIA-	ARN - 153155							ARN-									E - 271894			

#By mentioning RIA code, I/We authorize you to share with the SEBI Registered Investment Advisor the details of my/our transactions in the scheme(s) of Motilal Oswal Mutual Fund.

Investors applying under Direct Plan must mention "Direct" in ARN Column

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

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 UNIT HOLDER INFORMATION

☐ Mr. ☐ Ms. ☐ M/s

Existing Folio Number	<input type="text"/>	Existing UMRN	<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"/> <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"/>
Name	<input type="text"/> F I R S T	<input type="text"/> M I D D L E	<input type="text"/> L A S T

2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option	SIP Frequency	SIP Date & Period (SIP Period should not exceed 40 years)	SIP Installment Amount	SIP Booster <input type="checkbox"/> Yes <input type="checkbox"/> No
Motilal Oswal_____	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP Any Day/ <input type="checkbox"/> Weekly SIP - Any Day of Transfer_____ (Monday to Friday) Date SIP <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> To <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> (Except 29 th , 30 th and 31 st)	(₹)_____ (in figures)	Amount (₹)_____ Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹)_____
Motilal Oswal_____	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP Any Day/ <input type="checkbox"/> Weekly SIP - Any Day of Transfer_____ (Monday to Friday) Date SIP <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> To <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> (Except 29 th , 30 th and 31 st)	(₹)_____ (in figures)	Amount (₹)_____ Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹)_____
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*Incase if no date is selected, 7th would be the default SIP Date.

SIP cheque No.

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 SIP cheque Date

D	D	M	M	Y	Y	Y	Y
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SIP Amount Min. ₹100/- (Daily), SIP Amount Min. ₹500/- (Weekly/Fortnightly/ Monthly), ₹1,500/- (Qtrly) & ₹6,000/- (Annual SIP) and in multiples of ₹1

₹500/- and in multiples of ₹ 500/- for Motilal Oswal ELSS Tax Saver Fund

*For Index Fund Only Growth Option is Available


3 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

This is to confirm that the declaration/instruction has been carefully read, understood. ~~I/We have understood that I/we are authorized to cancel/amend~~ this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorized the debit and express my willingness and authorize to make payments through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of NACH/ECS (Debits)/Direct Debits/Standing Instructions. Authorization to Bank: This is to inform that I/We have registered for ECS/ NACH (Debit Clearing)/ Direct Debit/ Standing Instructions facility and that my/our payment towards my/our investment in Motilal Oswal Mutual Fund shall be made from my/our bank account with your Bank. I/We authorize the representatives Motilal Oswal Mutual Fund carrying this mandate form to get it verified and executed. (Please attach a cancelled cheque/cheque copy)

(To be signed by all holders if mode of operation of Bank Account is 'Joint')



OTM Debit Mandate form NACH/ ECS/ Direct Debit [Applicable for Lumpsum Additional Purchases as well as SIP Registrations]



UMRN

For Official Use

Date

Tick (✓)

Create ☒

Modify ☐

Cancel ☐

Sponsor Bank Code

CITIOOPIGW

Utility Code

NACH00000000022806

I/We hereby authorize

Motilal Oswal Mutual Fund

To Debit (to tick ✓)

☐ SB
 ☐ CA
 ☐ CC
 ☐ SB-NRE
 ☐ SB-NRO
 ☐ Other

Bank a/c number

with Bank

Bank name and branch

IFSC

Or MICR

an amount of Rupees

FREQUENCY ☐ Mthly ☐ Qtly ☐ H.Yrly ☐ Yrly ☒ As & when presented DERIV TYPE ☐ Fixed Amount ☒ Maximum Amount

FREQUENCY

Reference 1

Reference 1		Reference 2	
Reference 2	Application No.	Email ID	

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

Period From <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="8"> </td></tr> </table> To <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="8"> </td></tr> </table>	D	D	M	M	Y	Y	Y	Y									D	D	M	M	Y	Y	Y	Y									1. Sign _____ _____ Name as in bank record (mandatory)	2. Sign _____ _____ Name as in bank record (mandatory)	3. Sign _____ _____ Name as in bank record (mandatory)
D	D	M	M	Y	Y	Y	Y																												
D	D	M	M	Y	Y	Y	Y																												

Maximum period of validity of this mandate is 40 years only

This is to confirm that 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 instruction as agreed and signed by me. I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Application No.

Folio No.	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Investor Name				
Scheme Name			Plan		Option	
SIP Period From	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div></div>	To	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div></div>			

Stamp & Signature

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SIP cheque No.

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D	D	M	M	Y	Y	Y	Y
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3 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

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(To be signed by all holders if mode of operation of Bank Account is 'Joint')



OTM Debit Mandate form NACH/ ECS/ Direct Debit [Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Tick (✓) Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel <input checked="" type="checkbox"/>			UMRN <input type="text"/>	For Official Use <input type="text"/>	Date <input type="text"/>
	Sponsor Bank Code <input type="text"/>		Utility Code <input type="text"/>		<input type="text"/>
	I/We hereby authorize <input type="text"/>		To Debit (to tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other		<input type="text"/>
	Bank a/c number <input type="text"/>		with Bank <input type="text"/>		<input type="text"/>
		IFSC <input type="text"/>		Or MICR <input type="text"/>	

an amount of Rupees

FREQUENCY ☐ Mthly ☐ Qtly ☐ H.Yrly ☐ Yrly ☒ As & when presented

DERIV TYPE ☐ Fixed Amount ☒ Maximum Amount

FREQUENCY

Reference 1

Reference 1		Reference 2	
Reference 2	Application No.	Email ID	

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D	D	M	M	Y	Y	Y	Y																												
D	D	M	M	Y	Y	Y	Y																												

Maximum period of validity of this mandate is 40 years only

This is to confirm that 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 instruction as agreed and signed by me. I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

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Scheme Name			Plan		Option	
SIP Period From	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div></div>	To	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div></div>			

Stamp & Signature

Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A. Fields marked with "*" are mandatory fields.
B. Tick " wherever applicable.
C. Please fill the form in English and BLOCK letters.
D. Please fill the date in DD-MM-YY format.
E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
F. Please read section wise detailed guide
G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H. List of two character ISO 3166 country codes is available at the end.
I. KYC number of applicant is mandatory for update application.
J. 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

For office use only

(To be filled by financial institution)

Application Type*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

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

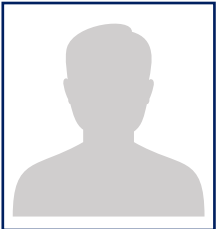
	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<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"/>			
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"/>	<input type="checkbox"/> FORM 60 furnished		
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)

- ☐ A-Passport Number Passport Expiry Date - -
- ☐ B-Voter ID Card
- ☐ C-Driving Licence Driving Licence Expiry Date - -
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

PHOTO*



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"/>	City/Town/Village*	<input type="text"/>	
District*	<input type="text"/>	Pin/Post Code* <input type="text"/>	State/U.T Code* <input type="text"/>	ISO 3166 Country Code* <input type="text"/>

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

- ☐ 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)
- ☐ A-Passport Number
- ☐ B-Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- IV ☐ Deemed Proof of Address – Document Type code

Address

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

[Institution Stamp]



FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

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

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]	_____ <i>dd-mmm-yyyy</i>								
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 required 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 [KFIN/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 [KFIN, 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