

### COMMON APPLICATION FORM- SINGLE PURCHASE

(To be filled in CAPITAL letters)

of receiving office

	Hall Wedter			AP	P No.:
MFD / RIA INFORMATION (Re	efer Instruction No. I.9 & 10) Sub Agent ARN Code	Sub Agent Code /Bank Branc	ch Code/ Internal Code *Emp	ployee Unique Identification Number	RIA Code⁺⁺
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	ployee/relationship mana	ded. I/We hereby confirm that the ger/sales person of the above dist butor/sub broker.			
IGN First / Sole Applicant LERE Authorised Sig		Second App Authorised (		Third App Authorised	
	across Mutual Funds rwith KYC validated, please	OR I am an existing interment on the number here, enterly a 8 and 9. Mode of holding will be as	our name in section 4 & proce	ed to section 11 & 12 to provide FAT(	CA / Additional KYC details.
. UNITHOLDING OPTION - I	Demat Mode ■ Ph	nysical Mode These details are o	compulsory if the investor wishe		
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. GENERAL INFORMATION	APPLICATION FOR (	Zero Balance Folio 🔘 Investme	ent ^MODE OF HOLDING:[	Please tick(√)] ○ Single ○ Joint (	Default) Any one or Survivo
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Mr. Ms. M/s.	•			STATUS^: O Resid	dent Individual O NRI
DBV D D W W A A	PAN / PEKRN^**		CKYC Id^**		
. THIRD APPLICANT DETAIL	S (Investor Name ar	nd Date of Birth should be	as per PAN Card.)		
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12. ADDITIONA	L KYC DETA	ILS																		
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1 <sup>st</sup> Applicant	0	0	0	0		C	)		0		0	0		С	)	С				
2 <sup>nd</sup> Applicant	0	0	0	0	0 0 0									С	)	C				
3 <sup>rd</sup> Applicant	0	0	0	0	0				0		0	0		0						
Guardian	0	0	0	0		C			0		0	0		0						
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PEP DETAILS***					lst At	pplican	nt	2nd	l Applican	ıt	:	3rd App	licant			Guar	dian			
Are you a Politic	ally Exposed I	Person (PEP)^	\**		Yes	•	_	Yes			_	Yes O	NoC			s O	No			
Are you related	to a Politically	/ Exposed Per	son (PEP)^*	:	Yes (	O No	0	Yes	O No C	)	,	Yes 🔾	NoC		Ye	s O	No	0		
13. POWER OF	ATTORNEY (	POA) HOLD	ER DETAILS	(Re	fer Instru	ction No	o. II. 1)								PAN^					
First Applicant F		Mr./Ms./M/																		
Second Applica	nt POA Name	Mr./Ms./M/	s																	
Third Applicant	POA Name																			
14. NOMINATIO modify any of the Non		etails, Registro	pAN of Gu		Nominee	form s	f Birth Norminee		parately.	(Write		al letters	:)	Relatior ninee		Nomir	nee /G	uard	ian	
						DD MN	и үүүү												_	
FOR NOMINATIO	N OPT-OUT:	I/We DO NO	OT wish to m	ake a no	ominatio	n. (Ple	ase tick (	(✓) if the	unit holde	er do	es not wis	sh to no	minat	e any	one)				П	
I / We, the unders / our mutual fund of all the unit hold by the Mutual Fur	l folio(s) and u lers in the folio,	nderstand the my/our legal	implications heir(s) would	/ issues i need to	nvolved iı submit al	n non-c I the rec	appointme quisite doc	ent of any cuments i	nominee( ssued by th	s) and ne Co	nd am/ are ourt or such	further nother c	aware ompe	that in tent au	case of m thority, as	ny dei s may	mise , be re	dec	ıth	
15. DECLARATION  I/We would like to Information Memory details relating to we scheme is through enacted by the Gomanagement Limit agree NAM India conter mode), payar information is giver Nationality/Origin of /Ordinary Account, funds in my/our Nincome Tax Rules, I and belief, true, corfeed/portfolio hold Adviser. I hereby aud DND/DNDC, as the	invest in Nippor randum (KIM) ar arious services. legitimate sour wernment of Inded (NAM India) in debit from my ble to him for the by the undersigand I/We hereby (FCNR Account. EE/FCNR Account are tanded and the ninded are tanded completings/ NAV etc. in ithorize the reprecase may be.	n India nd subsequent of	amendments received nor be not designed factory Authority, stand that the rvice charges appeting Schem rulars given by he funds for stand that all additional additio	thereto. I/ een induce or the pur d accept i NAM India as applica es of varime/us are abscriptio anal purc informati a the Form a Asset Ma	We have red by any pose of common agree and agree and may, at industrial was a correct and have been and provided and its approvided and its apposite (s) of you irect Planting and position of the control of the contr	read, und y rebate on travene et a bebets absoli- cime to tial Funds and com- een reminde unde ed in the porting An ur Mutuc of all Sch nt Limite	derstood (I or gifts, dir igner, all igner,	pefore fillin ectly or in the ectly or in the ectly or in the estion of any the said Territon, discord the holder hangst which confirm the abroad the will also be accordant as well as in the ectly as seen as well as in the property special to the said the	ag application of application of the second	on formaking allation addition of the dominal both all bo	rm) and is/og this inves ns / Rules / I ns including services co me/us all the being reco of India.  anking cha eived from served from ye vidence give you m mentioned	are bour tment. I / Notificati g those e complete e comm mmende I/We cor nonels or abroad i e Income e provide y/our co Mutual F mode of	d by the decons / D we decons / D we decons / D we decons / D we decons with the decons of the decon	e detail clare the clare t	s of the SA nat the am s or any ot ing the Nig vithout any orm of trai nereby dea We are No my/our Na ved bankir ad with Ru e, to the be provide th r / SEBI-Rec	I, SID & ount her A  pppon y prior I com clare n-Reson-Re nog chiles 114 et ar for overi	& KIM i invest pplico Life India notice missident sident annel 1 from the contraction our known is action of the contraction of	ncluded in a ble Lodia As e to report of locial control of locial	ding the aws sset me. I any pove dian rnal rom the dge lata nent	
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MFD /RIA INFORMATION ( Name & ARN Code	Refer Instruction No. 25) Sub Agent ARN Co	de   Sub Agent Code / Bank	Branch Code/ Inte	ernal Code   *Em	ployee Unique Identificat	tion Number	RIA Code**
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*Please sign below in case the EUIN is employee/relationship manager/sales p							
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Name of 2nd holder Mr./	Ms.			PAN No / P	EKRN. M A N	O A T O R Y	O KYC
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Scheme / Plan / Option	Frequency (Please vany one)	Enrollment Period	SIP Date	SIP Amount	Step-Up Faci Amount	lity (Optional) (Refe Frequency	r Instruction No. 26)  Count
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Plan: Direct Regular	Quarterly Yearly	DR Default Date (31/12/2060)	g,		(Multiples of ₹100 only")	Yearly (Default)	(Default 1 time)
Nippon India	Daily <sup>ss</sup> Weekly <sup>ss</sup>	From M M Y Y Y	D D	_		Half-yearly	Increase SIP amount
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Note : \$\$ Daily & Weekly SIP Frequer			•				
DECLARATION   I/We would like to Memorandum (KIM) and subseque to various services. By filling up this One Time Bank Mandate Form. I/We through legitimate sources only an Government of India or any Statute (NAM India) liability. I understand the from my folio for the service charge for the different competing Scheme	ent amendments thereto. I/ form I understand that the e have not received nor bee id is not designed for the pur ory Authority. I accept and a not the NAM India may, at its es as applicable from time t nes of various Mutual Func	We have read, understood (before imount towards my lumpsum / sy induced by any rebate or gifts, di pose of contravention or evasion gree to be bound by the said Term absolute discretion, discontinue o time. The ARN holder has disclos s from amongst which the Sche	e filling application vstematic investm rectly or indirectly, of any Act / Regula s and Conditions i any of the services aed to me/us all the	n form) and is/are ent plan (SIP) trai , in making this in tions / Rules / Not ncluding those es s completely or p e commissions (i	bound by the details on nsaction will be debite vestment. I/We declar tifications / Directions on xcluding / limiting the Nartially without any print the form of trail com	of the SAI, SID & KIM ind d from bank account e that the amount inv or any other Applicab dippon Life India Asse or notice to me. I agru mission or any other i	cluding details relating a details provided in my vested in the Scheme is alle Laws enacted by the than agement Limited ee NAM India can debit mode), payable to him
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SIGN HERE First / Sole Application  Authorised S		1					
	the amount mentioned in C	ne Time Bank Mandate should be		ount that you wou	uld like to invest in sche	mas of NIME on any tr	ansaction day

Note for Existing Investor: Fill the below mentioned bank details  $\underline{ONLY}$  if there is a change in your bank details. To know existing OTBM details send SMS to 966 400 1111 by typing "OTBM (space) Last 6 digits of Folio Number".



#### ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

APP No.:

UMRN (For Office Use Only)		Date:	D D M M	Y Y Y Y
Sponsor Bank Code (For Office Use Only)		✓ Create	x Modify	x Cancel
Utility Code (For Office Use Only)	I/We hereby authorize	Nippon Inc	lia Mutual Fund	
to debit (tick / ) SB / CA / CC / SB-NRE / SB-NRO / Other	Bank a/c number (Destination Bank	( Account Number)		
With Bank (Name of Destination Bank)	-	IFSC / MICR		
an amount of Rupees	(Amount in word)		₹ (Amoun	it in figure)
DEBIT TYPE    x Fixed Amount   √ Maximum Amount   FRE	EQUENCY: X Monthly X Quarterly	X Half Yearly	X Yearly 🗸 as &	when presented
Reference 1 (Folio No.)	Reference 2			
1. I agree for the debit of mandate processing charges by the bank we confirm that the declaration has been carefully read, understood instructions as agreed and signed by me. 3. I have understood that a mendment request to the user entity a corporate or the bank whe from:	& made by me/us. I am authorising the u I am authorized to cancel/amend this mo	user entity/Corporat	e to debit my accou	int, based on the
To: D D M M Y Y Y Y Signature of Account	nt Holder Signature of Acco	unt Holder	Signature of Ac	count Holder
Phone No: 1 Name as in Bank		k Record 3	Name as in B	ank Record
***As per NPCI Circular effective from 01st April 2024, Maximum period of vo	alidity of this mandate is 40 years only.			·
				- 🎉 :

THIS SECTION IS INTENTIONALLY KEPT BLANK



OTBM + Multiple Sip Enrollment Form / 26th Oct 2024 / Ver 2.7

APP No.:

Nippon india Mutual Fund
Wealth sets you free

|--|

MFD /RIA INFORMATION ( Name & ARN Code	Refer Instruction No. 25) Sub Agent ARN Co	de   Sub Agent Code / Bank	Branch Code/ Inte	ernal Code   *Em	ployee Unique Identificat	tion Number	RIA Code**
ARN-153155	ARN-				E-271894	ı	
*Please sign below in case the EUIN is employee/relationship manager/sales p							
	oplicant / Guardian rised Signatory	'	d Applicant / sed Signatory	/	L.	Third Applica Authorised Sign	·
REQUEST FOR Registra							,
SIP TYPE SIP with first in strain SIP with SI	ly for investors whose		n the folio mer	ntioned in the			nall be debited
APPLICANT DETAILS			FOLIO N	О.			
Name of Sole/1st holder Mr./	Ms./M/s			PAN No / P	EKRN. M A N	O A T O R Y	O KYC
Name of 2nd holder Mr./	Ms.			PAN No / P	EKRN. M A N	O A T O R Y	O KYC
Name of 3rd holder Mr./	Ms.			PAN No / P	EKRN. M A N I	O A T O R Y	О кус
		sical Mode (Ref. Instruction No	. 23) Demat Acco				
	Securities Depository Li	nited (NSDL)			ntral Depository Sec	curities Limited (CE	OSL)
DP ID No. Beneficiary Acco	ount No.		Target ID I	No			
Enclosures (Please tick any	y one box) : Client	Master List (CML) 🔲 Tra	nsaction cum I	Holding State	ment 🔲 Cance	lled Delivery Inst	ruction Slip (DIS)
SIP DETAILS (Refer Instruction No. ** In case of Nippon India ELSS Tax So							
\$ Investor has to mandatorily mention					n date.		
Scheme / Plan / Option	Frequency (Please vany one)	Enrollment Period	SIP Date	SIP Amount	Step-Up Faci Amount	lity (Optional) (Refe Frequency	r Instruction No. 26)  Count
Nippon India	Daily <sup>ss</sup> Weekly <sup>ss</sup>	From M M Y Y Y	D D	_		Half-yearly	Increase SIP amount
Scheme 1	Monthly (Default)	To <sup>s</sup>	(Any date from 1" to 31" of a given month)"	(in figures)	₹	<b>_</b>	time(s)
Plan: Direct Regular	Quarterly Yearly	DR Default Date (31/12/2060)	g,		(Multiples of ₹100 only")	Yearly (Default)	(Default 1 time)
Nippon India	Daily <sup>ss</sup> Weekly <sup>ss</sup>	From M M Y Y Y	D D	_		Half-yearly	Increase SIP amount
Scheme 2	Monthly (Default)	To <sup>s</sup>	(Any date from 1" to 31" of a given month)"	(in figures)	₹		time(s)
Plan: Direct Regular	Quarterly Tearly	DR Default Date (31/12/2060)	g,		(Multiples of ₹100 only")	Yearly (Default)	(Default 1 time)
Nippon India	Daily <sup>ss</sup> Weekly <sup>ss</sup>	From M M Y Y Y	D D	<b>~</b>		☐Half-yearly	Increase SIP amount
Scheme 3	Monthly (Default)	To <sup>s</sup>	(Any date from 1" to 31" of a given month)""	(in figures)	₹	Yearly (Default)	time(s)
Plan: Direct Regular	Quarterly Yearly	DR Default Date (31/12/2060)			(Multiples of ₹100 only")	Fearly (Delduit)	(Derduit Furne)
Nippon India	I — I	From M M Y Y Y	D D	<b>=</b>		Half-yearly	Increase SIP amount
Scheme 4	Monthly (Default)	To <sup>s</sup> M M Y Y Y	(Any date from 1 <sup>st</sup> to 31 <sup>st</sup> of a given month)""	(in figures)	(Multiples of ₹100 only")	Yearly (Default)	time(s) (Default 1 time)
Plan: Direct Regular	Quarterly Yearly	DR Default Date (31/12/2060)			(Multiples of ₹ 100 only )		(Bordani ramo)
Nippon India	l	From M M Y Y Y	D D	<b>∓</b>		☐Half-yearly	Increase SIP amount
Nippon india	l l	To <sup>s</sup> M M Y Y Y Y	(Any date from 1 <sup>st</sup> to 31 <sup>st</sup> of a given month)***	(in figures)	(Multiples of ₹100 only")	Yearly (Default)	time(s) (Default 1 time)
Plan: Direct Regular		DRDefault Date (31/12/2060)			, ,	, , ,	
Note : \$\$ Daily & Weekly SIP Frequer			•				
DECLARATION   I/We would like to Memorandum (KIM) and subseque to various services. By filling up this One Time Bank Mandate Form. I/We through legitimate sources only an Government of India or any Statute (NAM India) liability. I understand the from my folio for the service charge for the different competing Scheme	ent amendments thereto. I/ form I understand that the e have not received nor bee id is not designed for the pur ory Authority. I accept and a not the NAM India may, at its es as applicable from time t nes of various Mutual Func	We have read, understood (before imount towards my lumpsum / sy induced by any rebate or gifts, di pose of contravention or evasion gree to be bound by the said Term absolute discretion, discontinue o time. The ARN holder has disclos s from amongst which the Sche	e filling application vstematic investm rectly or indirectly, of any Act / Regula s and Conditions i any of the services aed to me/us all the	n form) and is/are ent plan (SIP) trai , in making this in tions / Rules / Not ncluding those es s completely or p e commissions (i	bound by the details on nsaction will be debite vestment. I/We declar tifications / Directions on xcluding / limiting the Nartially without any print the form of trail com	of the SAI, SID & KIM ind d from bank account e that the amount inv or any other Applicab dippon Life India Asse or notice to me. I agru mission or any other i	cluding details relating a details provided in my vested in the Scheme is alle Laws enacted by the than agement Limited ee NAM India can debit mode), payable to him
undersigned and particulars given  I confirm that I am resident of In	,	•	Nationality/Origin	n and I/We hereb	y confirm that the fund	ds for subscription ha	ve been remitted from
abroad through normal banking calso be from funds received from a	hannels or from funds in my	our Non-Resident External /Ordi	nary Account/FCN	IR Account. I/We			
++ I/We, have invested in the Sche respect of my/our investments und	eme(s) of your Mutual Fund	under Direct Plan. I/We hereby gi	ve you my/our co	nsent to share/p	rovide the transaction	ns data feed/ portfoli	o holdings/ NAV etc. in
Thereby authorize the representative		0 ,,			•		
SIGNATURE	hus and anatom to the		la management and a state of the state of th		Daniel Maria d. 1. 7		
By signing this SIP enrolment form I				nea in One Time E		The facility of the second	
SIGN HERE First / Sole Application  Authorised S		1					
	the amount mentioned in C	ne Time Bank Mandate should be		ount that you wou	uld like to invest in sche	mas of NIME on any tr	ansaction day

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#### ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

APP No.:

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Sponsor Bank Code (For Office Use Only)		✓ Create	x Modify	x Cancel
Utility Code (For Office Use Only)	I/We hereby authorize	Nippon Inc	lia Mutual Fund	
to debit (tick / ) SB / CA / CC / SB-NRE / SB-NRO / Other	Bank a/c number (Destination Bank	( Account Number)		
With Bank (Name of Destination Bank)	-	IFSC / MICR		
an amount of Rupees	(Amount in word)		₹ (Amoun	it in figure)
DEBIT TYPE    x Fixed Amount   √ Maximum Amount   FRE	EQUENCY: X Monthly X Quarterly	X Half Yearly	X Yearly 🗸 as &	when presented
Reference 1 (Folio No.)	Reference 2			
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To: D D M M Y Y Y Y Signature of Account	nt Holder Signature of Acco	unt Holder	Signature of Ac	count Holder
Phone No: 1 Name as in Bank		k Record 3	Name as in B	ank Record
***As per NPCI Circular effective from 01st April 2024, Maximum period of vo	alidity of this mandate is 40 years only.			·
				- 🎉 :

THIS SECTION IS INTENTIONALLY KEPT BLANK



# Know Your Client (KYC) Application Form (For Individuals only)

Country Code

			(Please fill the form in English and in BLOCK Letters Fields marked with '*' are mandatory field:		
Application Type*	☐ New ☐ Update				
		(Mand	latory for KYC undate request)		
	□ Normal □ Minor □ Λ	`			
			ion-lace to face mode)		
Norman					
PAN	Please el	nclose a duly attested copy of your Pa	'AN Card Form 60 furnished		
	Prefix First Nar	ne I	Middle Name Last Name		
Name* (same as ID proof)					
Maiden Name (If any*)					
Father / Spouse Name*					
Mother Name*					
Date of Birth*					
Gender*	☐ M- Male	F-Female	T-Transgender		
Marital Status*	■ Married	☐ Unmarried ☐	Others		
Citizenship*	☐ IN- Indian	Others-Country	Country Code		
Residential Status*					
Occupation Type*	_	<del></del>	<u> </u>		
Occupation Type	_	<del>-</del>	<u> </u>		
2 PROOF OF IDENTITY					
Falles metadory 1964    New   Update   (Mandatory for KYC update request)					
Agocination Type*   New   Update  KYC Number*   Normal   Minor   Adabase OTP based E-KYC (in non-face to face mode)  FERSONAL DETAILS* (Please refer instruction A at the eard)  FERSONAL DETAILS* (Please refer instruction A at the eard)  PAND   Please acrices a play diseased copy of year PAN Care   Please Surritives    PERSONAL DETAILS* (Please refer instruction A at the eard)  Normal* teams as ID poul)  Malden Name (If wy')  Faither if Spouse Name*  Oendear   Mr. Male  Normal* distance   Pries Name   International Pands					
☐ B - Voter ID Card					
Account Type*   Nerval   Morr   Authors of the Control of the Cont					
Account Types*   Normal   More   Application Types*   Normal   More   Adaption of the Normal   More   Account Types*   Personal   Form (01 limitated   Normal   Formal Name   Last Name   Normal Yearne acciling principle   Normal   Normal Name   Normal Yearne acciling principle   Normal   Normal Yearne acciling principle   Normal Yearne acciling yearne   Normal Yearne yearne yearne yearne   Normal Yearne ye					
☐ E-National Popula	ion Register Letter				
F-Proof of Possess	sion of Aadhaar				
II.	ion				
III.  Offline verification	of Aadhaar	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
·	nent / Overseas Address Details (F	Please see instruction <b>B</b> at the e	nd)}		
	7in / Post	Code*			
	Zip / i ost				
			as per ISO 3166		
3. CORRESPONDENCE	LOCAL ADDRESS DETAILS (PI	ease refer instruction <b>B</b> at the er	nd)		
Same as Current / Perman	ent / Overseas Address details (In such	cases address details as below need	d not be provided)		
I.Certified copy of OVD or equi	valent e-document of OVD or OVD obtain	ined through digital KYC process nee	eds to be submitted (anyone of the following OVDs)		
	er				
_					
=					
D-NREGA Job Ca	d				
<u> </u>			<del></del>		
<u>_</u>			<del></del>		
_	ddress - Document Type code				
	<del>                                     </del>				
			City / Town / Village*		
	Zip / Post	Code*	0, , , , , , , , , , , , , , , , , , ,		
State/UT*		Country			

4.Contact Details (All	communication	ons will l	be sent	on pro	vided	Mobile	e no. /	/ Email	I- ID)	(Ema	il ld iı	n <b>CA</b>	PITA	L le	tters	onl	v) (F	leas	se re	fer i	nstr	ucti	on (	C at	t the	en	d)	
Email ID				T		П	$\top$	$\top$	T			$\overline{}$	Т	T		<u> </u>		$\top$	T	T	T	T	T				ĺ	П
Mobile			Т	el. (Off	f) T				_			7	el. (	Ras			$\frac{\perp}{}$	 7	$\pm$	$\pm$	$\pm$	$\pm$			$\overline{}$			
			'	Ci. (Oii	'/								Ci. (	103														
5.Remarks (If any)																												
																										Т		Τ
6.Applicant Declarati	ion																											
I hereby declare that the		ahove an	o truo an	d correc	t to the	heet of	my kr	nowledge	a and	helief s	and Lu	ındarta	ka to	infor	m vo	u of	anv											
changes therein, immedia I may be held liable for it.																												
I hereby consent to receive	ing information from	m Central	KYC Reg	istry thro	ugh SM	S/Email	on the	above re	egiste	red num	ber/em	nail add	dress.															
I am/We are also aware t my/our masked Aadhaar o								-									-											
Intermediaries with whom			,		0	JCKEI AII	nic ille,	along w	ш ра	sscoue	anu as	аррііс	аые,	willi r	XITVA 6	and o	illei		0:		(					r		
Date DD-MM	- Y Y Y Y	Υ		Place:	.														Sig	natur	e / Th	numb	) Imp	ress	ion o	f App	lican	
		_										_																
7.Attestation / For Of	ffice Use Only	y																										
Documents Recei	ved Certif			☐ E-k ent		ata red Video				AI	☐ Da	ata re	eceiv	ved 1	from	Off	line	verif	ficat	ion		] [	Digit	al K	(YC	Pro	oces	S
KYC	In-Person Verifi	cation (IF	PV) Carri	ied Out	by											Ins	tituti	on D	etail	S								
Date	D D - N	и м –	YY	YY					Na	me			$\top$	T		T	T				$\top$	Τ	Т			П	T	T
Emp. Name									Со	de				Τ			I				I	Τ						$\Box$
Emp. Code									En	np. Bra	anch					$\Box$	$\perp$				$\perp$		$\Box$				$\perp$	$\perp$
Emp. Designation																												
Emp. Branch																												
	[Employ	/ee Signat	ure]																									



## FATCA - CRS Declaration and Supplementary Information Declaration Form for Individuals

APP No.:

Please co	nsult a tax professional for further guidanc	e regarding your tax residency for FATC	A & CRS compliance	
NAME:				
PAN: or PAN Exempt KYC Ref No. (PEKRN)				
	<b>7-1</b>			
Place of Birth		Country of Birth		
Nationality Indian U.S.  Others (Please specify)		Tax Residence Address (for KYC address) Residential Registered Office  Business		
If 'No',	please proceed for the signature	of declaration	·	_
	<b>', please fill</b> for All countries <b>(othe</b> ent / Green Card Holder / Tax Resid			ourpose i.e., where you are a Citizen
Sr. No.	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 or C (as defined below)
1				→ Reason A B C
2				→ Reason A B C
>> Rec	ason A - The country where the Accounts ason B - No TIN required. (Select this re ason C - Others; please state the reaso	ason Only if the authorities of the r		to its residents. do not require the TIN to be collected)
Gross Annual Income (Rs.) [Please tick (✓)]			Net-worth  Rsas on  D D M M Y Y Y Y (Not older than 1 year)	
Below 1 Lac		OR  re  Oscillation  or  oscillation  oscill	Rsas on  D D M M Y Y Y Y (Not older than 1 year)	
DECLA	RATION			
I hereby confirm that the information provided here in above 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 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.  Date: / /  Signature:  Place:				
Date:	1 1			:
Place:			Signature:	
				(