

AAA INDIA EQUITY FUND

GUIDELINES FOR EASY COMPLETION OF DOCUMENTS

Dear Investor,

Welcome to AAA India Equity Fund. For the ease of completing your application, the following guidelines have been prepared. These are designed for assisting you in completing the documentation and processing your application as soon as possible. Kindly ensure these guidelines are adhered to so as to enable us in completing, processing your application

Fund	AAA India Equity Fund					
Documents	 Investor Application Form Contribution Agreement KYC Application Form along with relevant FATCA and UBO declarations. PLEASE NOTE IN CASE THE INVESTOR IS CKYC REGISTERED, THE CKYC FORMS DO NOT REQUIRE COMPLETION. PLEASE PROVIDE YOUR KIN NUMBER INSTEAD AND ANY FURTHER INFORMATION REQUIRED WILL BE REQUESTED FROM YOU. HOWEVER, FATCA, CRS(AS APPLICABLE) WILL STILL REQUIRE COMPLETION. Supporting documents as required in the Investor Application Form and KYC Form and guidelines mentioned overleaf Please ensure that all the documents are self-attested by the Investor and stamped by Distributor as below: In-person verification (IPV) Stamp with Employee Name, Designation, Name of the Organization, Employee Code, Signature and Date Seal with Distributor ARN Code 					
Investor	To be filled in BLOCK LETTERS IN ENGLISH. Form submitted without proper documents or improperly attested					
Information	documents is liable to be rejected. Form should be filled in legible writing, any cancellation/corrections should be counter signed by the Investor(s)					
	The name(s) of the Contributor has to be the same as mentioned in the PAN Card					
	Full signatures are required at any point of correction or cancellation.					
	In case of individual Investors making a joint application, the Contribution Agreement should be signed by all the investors.					
	In case of Minor application, Proof of Age of Minor, Relationship of Guardian, KYC details (including PAN card, Proof of Identity and Proof of Address) of Guardian are to be provided. Minor application should not have joint holder. If minor PAN / KYC is available, the same is to be provided. Photographs of both minor and guardian should be affixed in the form.					
Other Information	Only individuals can have nomination.					
momation	In the contribution Agreement, the address to be mentioned must be the permanent address. In cases, where communication address differs from the registered/permanent address, then proof of address has to be provided for both the address.					
	If this application is signed under Power of Attorney (PoA), such power of attorney or a duly certified copy thereof must accompany this Contribution Agreement. In addition, all the supporting documents have to be submitted for both the Contributor and the POA holder.					
	Once all documents are ready to be collected, please call 022 24812200 asking for the AIF Investor Relations team.					



CHECKLISTFORDISTRIBUTORS

Check Box

Sr. No.		
1	Application Form completed and duly signed	
	Please ensure that the investor's photograph is affixed and is signed across	
	The investor has put a full signature in the relevant pages	
	In case of Individual investors,	
	Has the investor completed his KYC with CERSAI - CKYC?	
2	If 'Yes', Provide KYC Registration Number.	
2	IF 'No', duly filled in CKYC Form along with self attested copies of all applicable documents	
	The intermediary or the distributor must do IPV with seal	
	The investor has to fill in and sign the FATCA-CRS declaration	
	This has to be provided for all the holders	
3	Contribution Agreement duly signed and initialed on the relevant pages (including the completion of any	
	relevant Exhibits in the Contribution Agreement).	
	Please note that witness signature is mandatory on the signature page of the Contribution Agreement	
4	Payment will be requested from on the drawdown notices (which will include payment instructions) which	
	will be issued to you in due course. Nomination Details completed, if applicable	
5	· · · · · · · · · · · · · · · · · · ·	
6	Cancelled Cheque Leaf for registered bank mandate provided (should be personalized and bearing the name of the investor)	
7	Self-Attested PAN Card copy of Applicant(s).	
,	The intermediary or the Distributor must do IPV on KYC Application form in case of Individual.	
8	Certified true copy of Power of Attorney, if applicable.	
0	The copy of Power of Attorney shall be originally notarized	
	The copy of 1 ower of According shall be originally notarized	
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VII DECLARATIONS AND SIGNATURE(S) [(Please tick (V)]

"I/We hereby declare that all the information and particulars given by me/us in this application form are true to the best of my/our knowledge and belief. I/We agree to immediately inform you if there is any change in any of the information given in this application or in the Annexure(s) to this application. I/ We declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, the Fund/Investment Manager, inter alia, has the right to ask me/us to withdraw from the Fund or transfer the units held by me/us to a transferee as may be designated by it and/or take necessary steps for breach of representation and warranties. I/We also agree to furnish such further information as you or SEBI or any other regulatory authority may require from me/us from time to time in relation to the holdings of Units of the Fund and I/we agree that if I/we fail to give such information, you shall have the right to treat me/us a Defaulting Contributor."

	First Holder	Second Holder	Third Holder
Place: Date :	Photograph of (Please sign across the photograph	Photograph of (Please sign across the photograph	Photograph of (Please sign across the photograph
	First Holder	Second Holder	Third Holder



CHECK LIST

Have You	
	Filled in the Investor Application Form
	Filled in the Investor's CKYC
	Attached KYC Additional Information FATCA Declaration as the case may be
	Executed Contribution Agreement
	Signed all relevant Annexures
	Enclosed self/certified copies (as set out in the applicable Investor Information Form) of your Identity, Address
	Proof and PAN Card



	it (KYC)	NICKDA
		MSKRA
(Please fill the form in Er	glish and in BLOCK Letters)	KYC Service
1. Identity Details (P	ease refer instruction A at the end)	ANALIS AND DESCRIPTION OF
PAN	Please enclose a duly attested copy of your PAN Card.	
	Prefix First Name Middle Name	Last Name
Name* (same as I	D proof)	
Maiden Name (If any	9	
Father / Spouse Na	me*	
Mother Name*		
Date of Birth*		Photo
Gender*	☐ M- Male ☐ F- Female ☐ T-Transgender	The second second
Marital Status*	☐ Married ☐ Unmarried ☐ Others	
Citizenship*	☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐)	
Residential Status*	Resident Individual Non Resident Indian	
	☐ Foreign National ☐ Person of Indian Origin	
Occupation Type*	S-Service (Private Sector Public Sector Government Sector)	
	☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐	Student)
	☐ B-Business	
	X-Not Categorised	
2. Tick if Applica	Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the	end)
- NAME OF THE PARTY OF THE PART	equired* (Mandatory only if section 2 is ticked)	72950
	ode of Jurisdiction of Residence*	
	umber or equivalent (If issued by jurisdiction)*	
	ISO 3166 Country Code of Births	
Place / City of Birth	ty (Pol)* (Please refer instruction C at the end)	
	one of the following Proof of Identity[Pol] needs to be submitted, If PAN Card copy is not provided) Passport Expiry Date	
B-Voter ID Card D-Driving Licence F-NREGA Job C	e Driving Licence Expiry Date	
B- Voter ID Card D- Driving Licence F- NREGA Job C	e Driving Licence Expiry Date and Identification Number	
F- NREGA Job C	e Driving Licence Expiry Date Driving Licence Driving Driv	
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5. Contact Details (A	il communications will be sent on prov	vided Mobile no. / Email-ID) (Please refer instruction F at the end)
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Fax	Ema	all ID
6 Details of Related	Person (in case of additional related)	persons, please fill 'Annexure B1') (please refer instruction G at the end) Addition of
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Related Person	Deletion of Related Person Guardian of Minor	KYC Number of Related Person (if available*) Authorized Representative
Related Person Type*	Prefix First Name	200 000 7000 1 1 177 500 00 00 00 00 00 00 00 00 00 00 00 00
Name*		
	(if KYC number and name are provided	ed, below details of section 6 are optional)
Proof of Identity [Pol	of Related Person* (Please see Instru	ruction (H) at the end)
122 m 6/c	of the following Proof of Identity[Pol] nee	
A- Passport Number		Passport Expiry Date
B- Voter ID Card		
☐ C- PAN Card		
D- Driving Licence		Driving Licence Expiry Date
F- NREGA Job Card		
Z- Others (any document	nent notified by the central government	ment) Identification Number
7. Remarks (If any)		
7. Remarks (if any)		
8. Applicant Declaratio	1	
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Instructions/Guidelines for filling individual KYC Application Form

General Instructions:

- Self-Certification of documents is mandatory.
- 2. KYC number of applicant is mandalory for updation of KYC details.
- 3. For particular section update, please tick (*) in the box available before the section number and strike off the sections not required to be updated.
- Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [E].
- 5. If any proof of identity or address is in a foreign language, then translation into English is required.
- 6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- 9. For non-residents and foreign nationals (allowed to trade subject to RB) and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- 10. in case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Personal Details' section

- Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of identity submitted falling which the application is liable to be rejected.
- 2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory,

B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/ insurance number, citizen/personal identification/services code/immber, and resident registration number)

C. Clarification / Guidelines on filling 'Proof of Identity [Pol]' section, if PAN Card copy is not enclosed

- 1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2. Mention identification / reference number if 'Z. Others (any document notified by the central government)' is ticked.
- In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (5).
- Others identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.
- 5. Letter issued by a gazetted officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling 'Personal Details' section

- 1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3. Others includes Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill; Bank account or Post Office savings bank account statement; Decuments Issued by Government departments or foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central' State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWIAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debt cards issued by Banks.

E. Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2. In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

F. Clarification / Guidelines on filling 'Contact details' section

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
- 2. Do not add '0' in the beginning of Mobile number.

G. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available

H. Clarification / Guidelines on filling 'Related Person details - Proof of Identity [Poil of Related Person' section

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

L. List of people authorized to attest the documents after verification with the originals:

- 1. Authorised officials of Asset Management Companies (AMC).
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassyl Consulate General in the country where the client resides are permitted to attest the documents.
- 6. Government authorised officials who are empowered to issue Apostille Certificates.

J. List of people authorized to perform in Person Verification (IPV):

- 1. Authorised officials of Asset Management Companies (AMC)
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- 4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
- 5. In case of NRI applicants, a person permitted to aftest documents, may also conduct the In Person Verification and confirm this in the KYC Form.



List of Two-Digit state / U.T Codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP
Andhra Pradesh	AP	Jammu & Kashmir	JK
Arunachal Pradesh	AR	Jharkhand	JH
Assam	AS	Kamataka	KA
Bhar	BR	Kerala	KL.
Chandigarh	CH	Lakshadweep	LD
Chattisgarh	CG	Madhya Pradesh	MP
Dadra and Nagar Havell	DN	Maharashtra	MH
Daman & Diu	DD	Manipur	MN
Delhi	DL	Meghalaya	ML
Goa	GA	Mizoram	MZ
Gujarat	GJ	Nagaland	NL.
Haryana	HR	Orissa	OR

PY
PB
RJ
SK
TN
TS
TR
UP
UA
WB
XX

List of ISO 3166 Two-Digit Country Code

Country	Code	Country	Country	Country	Country	Country	Country
Afghanisian	Code	Dennican Republic	DO	Libya	LY	Saint Plane and Mounten	PM
Alandistanda	AX	Equator	EC	Lischtenstein	LI LI	Sain Vincert and the Grandines	VC
Aborts	AL.	Egypt	EG.	Lifectoria	LT	Sames	WS
Algeria	DZ.	El Salvedor	EQ.	Luserbours	LU	San Martin	SM
Aventar Serros	AS	Equatorial Guinea	90	Micar	MO	San Yorke and Principe	51
	AD	Estate Gottes	ER	100000	MC	Saud Araba	SA.
Andona Angola	AD AD	Estonia	EE	Macadonia, the former Yugoslav Republic of Medagascar	MG	Saud Acabia Senegal	SA.
Angula Angula	AD AL	Estoria	ET	Metagracue	MW	Senegel Switza	PS
CONTRACTOR OF THE PROPERTY OF	The second second second	COLUMN TO .					
Antigua and Barbuda	AG AG	Falktand Islands (Melvinsa) Faroe Islands	PK	Maldysia	MY	Seycheline Serva Learne	SC
						Sera Leore	
Angentina	AK	TW	72	Mult	ML.	Singapore Contractor	56
Arrania	AM	Print	71	Media Mandal Manda	MT	Siri Maarten (Dutch part)	SX
Anbe		France	PR.	Marshall Islanda	MH	Socks	SK.
Australia	ALI	French Guiana	GP PP	Mertinique	MO	Slovenia Reference Militaria	SB
Austra		French Polynesia		Mauriania	MPK	Solomon Manda	
Azerbajan	AZ	Prench Southern Territories	TF.	Meanitus	MU	Somete	50
Dahamak	85	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	DH	Garribia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	
Bangladesh.	BD	Georgia	CE.	Monresia, Pederated States of	PM	South Sudan	55
Barbados	100	Germany	DE	Moldovs, Republic of	MO	Spain	6.5
Belanus	BY	Chara	CH	Monator	MC	Sri Lanks	LK
Belgium	DE	Géralter	GI	Mangolia	MIN	Sudan	SD
Belge	82	Greace	GPE.	Morningo	ME	Same	SH
Benth	8.1	Greenland	GL	Morteemat	MS	Svebard and Jan Mayer	5.1
Berruste	BM	Granada	CD	Materia	MA	Seatland	SZ
Shoheri	51	Guadeloupe	GP.	Micerbique	MZ	Sweden	SE
Botiste, Plumetional State of	80	Guen	GU	Myocerus	NBJ	Setzsferd	CH
Sonare, Sini Eustatus and Saba	80	Guaternate	GT	Nambia	NA.	Syrien And Republic	SY
Spenia and Heroegovine	BA	Guerrowy	GG	Noors	NE	Tablean, Province of China	TW
Botswarus	BW	Guines	GN	Nepul	NP	Tajktutan	TJ
Bouvetlaland	BV	Guirres-Beass	GW	Netherlands.	NL.	Tarusmia, Unded Republic of	TZ
Braci	En.	Guyaras	GV	New Caledonia	NC	Theiland	TH.
British Indian Ocean Territory	10	Pain	HT	New Zealand	NZ	Tesp-Lasis	TL
Sturies Denuscellers	BN.	Pleand telland and McDonald Islands	HBA	Nicaragua	M	Togo	TG
Bulgaria	BG	Holy See (Valican City State)	WA.	Niger	NE	Tokelau	TK
Burkina Faxo	DF	Pondurae	HN	Nigeria	NG	Tonga	70
Burundi	Di	Hong Kong	HK	Niue	NU .	Trinidad and Tobago	77
Cabo Verde	CV	Hungary	HU	Nortok latend	NF	Turista	TN
Cambodia	301	kaland	15	Northern Mariana Istenda	MP	Turkey	TH
Carrancon	CM	Inda	IN.	Norway	NO	Turkmentdan	TM
Carnete	CA	Extonesia	10	Ornati	OM	Turks and Caloos blands	TC
Cayman blands	KY	Iran, Islamic Republic of	15	Paktatan	PK	Tuvalu	TV
Central African Reputition	CF.	fract	10	Palmi	PW	Upanda	UG
Chad African Regulite:	TD	Ind	IE.	Paintine, State of	PW	Uganta	UA
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China Christma Island	CN	brasi	L.	Pagus New Guinea Paragusy	PG	United Kingdom United States	GB
		toty	IT.				
Cocca (Keeling) Islands	00	Jamelca	.30	Peru	PE :	United States Minor Outlying Islands	UM
Colombia	E0:	Japan	JP.	Prilipines	PH	Oragony	LIY
Control	KM	Jarsey	30	Picalm	PN	Uzbekisten	UZ
Congo	CG	Jordan	30	Polarel	PL.	Versuits	VU
Congo, the Democratic Republic of the	CD	Kazaihatan	NZ.	Portugal	PT	Venezuela, Solivatan Republic of	VE
Cook latenda	CK	Kanya	HE	Parti No.	PR	VistNam	VN
Costs Rica	CR	Kettal	NO.	Outer	DA	Virgin Islanda, Britan	VG
Cote d'Iware 10tte d'Ivoire	a	Koma, Democratic People's Republic of	KP	Reunion Plaunion	RE	Virgin Islanda, U.S.	W
Croelte	HR	Kowa, Republic of	KPE.	Romania	MO	Wells and Future	WF
Cube	CU	Kowait	HOW	Russian Pedension	MU	Western Salvers	EH
Curacao Kluragao	CW	Kyrgyzsten	KCS	Matancia	MAN.	Yerren	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Sant Batheleny Gent Batheleny	BL.	Zambia	ZM
Czech Republic	CZ	Lahte	EV	Saint Helenia, Ascension and Tristen de Cunhe		Zimbahwa	ZW
Dermark:	DK	Laborion	LB	Saint 10th and Nevis	KN		ACCOUNTS.
Dibout	DJ	Lasofro	1.5	SaintLucia	LC		
Communa	256	Liberta	1.85	Saint Martin (Prench part)	LET.		



Annexure A1 Know Your Customer (KYC)	Application Form Inc	lividual Correspon	dence / Local A	ddress		CAMS	KRA KYC Services
1. Correspondence / Loca	al Address Details (Ple	ase see instruction E	at the end)				
Same as Current / Perm.	anent / Overseas Add	ress details					
Line 1*							
Line 2							
Line 3					City / Town /	Village*	
District*	Pi	n / Post Code*		State / U.	T Code*	ISO 3166 Country (Code*
Tel. (Off) Fax 3. Applicant Declaration • I hereby declare that the details furnish therein, immediately, in case any of the liable for 6. I hereby declare that I alequisation or any notificational directors.	is above information is found to in not making this application	be false or untrue or misles for the purpose of contrave	eding or misrepresent milon of any Act. Rul	ng. I am aware t	hat I may be held		
. I hereby consent to receiving informati				riemail address.			
Date: 0 0 - 0 0 - 7	T T T	ce:				Signature / Thursb Impress	ion of Applicant
Important Instructions: A) Fields marked with " are mand: B) Please fill the form in English ar C) Please fill the date in DD-MM-Y D) Please read as Dion wise details at the end.	d in BLOCK letters. YYY format.	F) List of two Char G) KYC nUmber of H) For particular s	raCler ISO 3166 Co f appliCent to mand eCtion Update, plea	Untry Codes is story for Updai se tICk (*) in t	On ACt, 1988 is avail available at the end. le application the box available beli quired to be updated	ore the	
For office use only (To be filled by Americal institution)	Application Type* KYC Number	□ New □	Update		(Mandatory for	KYC update request)	



Annexure B1				CAMSKRA
Know Your Customer (KY	C) Application Form Indiv	idual Corresponden	ce / Local Address	KYC Services
1. Details of Related Po	erson (In case of additional r	elated persons, please	fill 'Annexure B1') (please refer instru	uction G at the end) Addition of
Addition of Related Pers	on Deletion of Related F	Person KYC Numb	er of Related Person (if available*)	
Related Person Type*	Guardian of Minor	Assignee	Authorized Represent	Last Name
Name*	Profix Pi	provided, below details of	Middle Name	Las Name
Proof of Identity [Pol] of	f Related Person* (Please se	e instruction (H) at the	end)	
A- Passport Number			Passport Expiry Date	e DO-MW-VVV
☐ B- Voter ID Card				
☐ C- PAN Card				
D- Driving Licence			Driving Licence Expi	iry Date
F- NREGA Job Card				had build bed had
	nt notified by the central g	overnment)	Identification F	Number
therein, immediately. In case any liable for it. I hereby declare that legislation or any notifications/dire	of the above information is found to be it am not making this application for others issued by any governmental or i	states or untrue or misleading. The purpose of contravention statutory authority from time to t		
	mation from Central KYC Registry thro	Les transported to the second	egistered numberlemall address.	Signature / Thumb Impression of Applicant
	Place			additional pathons and committee of Additionals
3. Attestation / For Office	DARRIGH TALES			
Documents Received	Certified Copies			
KYO	C Verification Carried Out by		Insti	tution Details
Emp. Name Emp. Code Emp. Designation Emp. Branch			Code	
Important Instructions: A) Pields marked with " are ma B) Piesas till the form in English C) Piesas till the dais in DD-MB D) Piesas read section wise de at the end.	h and in BLOCK letters. I-YYYY format.	 F) List of two character G) KYC number of app H) For particular section 	ide as per Indian Motor Vehicle Act, 1988 in 15O 3166 country codes is available at the licant is mandatory for update application, in update, please tick (*) in the box available strike off the sections not required to be up	e end. le before the
For office use only (To be filled by Americal Institution)	Application Type* KYC Number	□ New □Up		ry for KYC update request)
C) Please fill the date in DD-Mt. D) Please read section wise de at the end. For office use only	E-YYYY format. tailed guidelines / instructions Application Type*	G) KYC number of app H) For particular section section number and	licant is mandatory for update application, n update, please tick (*) in the box available strike off the sections not required to be up date	le before the odaled.

CA	Our Mission Your Growth	FATCA-CRS Declaration & Supplementary KYC Information DeclarationFormforIndividuals Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance							
PAN / P	EKRN*	reads seek appropriate duvice from you							
Address KYC ad	s Type [for dress]	☐ Residential ☐ Registered Office ☐ Business			Nationality		Indian ☐ US ☐ Others <u>(Please Specify</u>		
Place of	f Birth				Country of B	Birth			
INR	Details in	□ Below 1 Lakh □ 1-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ 25 lacs - 1 Cr □ > 1 Crore			Occupation Details [Ple tick any one		Business		
Net Wo INR. In Date [O	Lacs &	dd-mmm-yyyy							
[PĖP]	d Person	☐ Yes ☐ Related to PEP☐ 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 Series of the series of t									
S. No.	Country of Residency	Number (TIN) or [TIN		[TIN	I or other, ase specify]		f TIN is not ava ilable, please tick □ t he reason A, B or C <u>as defined below</u>]		
2							■ Reason A □ B □ C □ ■ Reason A □ B □ C □		
FATCA-CRS Declaration & Supplementary KYC Information DeclarationFormforIndividuals — Joint Holder Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance									
PAN / P Name	EKRN*								
	s Type [for dress]	Residential Registered Office Business				Nationality	I	Indian ☐ US Others <u>(Please Specify</u>	
Place of	f Birth						Country of B	Birth	
INR	Details in	□ Below 1 Lakh □ 1-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ 25 lacs - 1 Cr □ > 1 Crore			Occupation Details [Please tick any one $()$]		□ Business □ Professional □ Public Sector □ Private Sector □ Government Services		
Net Worth in INR. In Lacs & Date [Optional] dd-mmm-yyyy				□ Agriculturist □ Housewife □ Student □ Retired □ Forex Dealer □ Self-Employe □ Others [Please specify]					
Politically		Any other information applicable]	-	[Please specify]					
If 'Yes'.	please fill	for all cou	<u>ntries</u> (other than I	ax) in any ot ndia) in which ne respective	n you		an Ind	dia? Yes □ No □ tax purpose i.e. where you are a Citizen /
S. No. Country of Residency		Tax Tax Identification Iden Number (TIN) or [TIN				If TIN is not av ₃ilable, please tick ☐ the reason A, B or C [as defined below]			
1							,/1	•	Reason A B C D
2									Reason A B D C D
	Reason B required the	➡ No TIN ne TIN to b	required e collec	d [Select this ted]	reason only	if the		the re	ot issue TIN to its residents. espective country of tax residence do not

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:	Signature	
Place:		
		=
	<u>Acknowledgement</u>	
We [CAMS, on behalf of participating Mutual Fun	ds] 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 & Sool	

FATCA & CRS Terms & Conditions

FATCA & CRS Terms & Conditions Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions such as the Banks/other financial entities to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green-card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	Self-certification that the account holder is neither a citizen of United States of America nor a President for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India Telephone number in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) If no Indian telephone number is provided 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR
Telephone number in a country other than India	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India: and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- 1. Certificate of residence issued by an authorized government body*
- 2. Valid Identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)
- * Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.