

**1. Applicant Details** (Mandatory) to be filled in block letters

	First Applicant/Guardian	Second Applicant	Third Applicant
Applicant's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Type of Identification Document given at KRA	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Document No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document Issuing Country	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address of tax residences would be taken as available in KRA database. In case of any change please approach KRA & notify the changes.

**2. FATCA INFORMATION**

Is your Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type (TIN or Other, please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency 2*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type (TIN or Other, please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency 3*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type (TIN or Other, please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

\*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

\*To also include USA, where the individual is a citizen/green card holder of the USA

**3. DECLARATION**

I/We confirm that the information provided in this form is true & accurate. In the event any of the above information is / are found to be false / incorrect and /or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and / or reverse the allotment of units and the AMC / Trustee / Mutual Fund shall not be liable for the same I/We will be liable for the consequences arising therefrom. I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and certain certifications and documentation from investors. I/e ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am/are aware that the Fund 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; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am/we are required to contact my tax advisor for any questions about my/our tax residency.

Date

Place

Signature (s)

(All Applicants must sign)

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Holder	Second holder	Third Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>