

Sponsor: Samco Securities Limited Trustee Company: Samco Trustee Private Limited Investment Manager: Samco Asset Management Private Limited

Samco Mutual Fund 1003 – A, Naman Midtown, Senapati Bapat Marg, Prabhadevi (W), Mumbai - 400 013

TAX STATUS CHANGE FORM

Stamp & Signature

							(For existing Unitholders only)	
1. My Detail	S (Please prov	vide the following details	in full)					
Folio No.								
Name	Mr. / Ms. / M	/s.						
PAN	First Unitholder			Second Unitholder			Third Unitholder	
Status changed in KYC	Yes	No (Provide KYC form with supporting documents		Yes No	(Provide KYC form supporting docume		Yes No (Provide KYC form with supporting documents)	
2. Change ir	n Tax Status	(Please tick ✓)						
	he Tax Status f dual to Non-Resi	for Sole/First Unit-hold dent Individual	-	for the aforement nt Individual to Reside				
3. Overseas	Address	Mandatory incase of RI to	o NRI)					
Address							ı	
City		State		Country			PIN	
		Otato		Country				
4. Bank Deta	ails							
Bank Name								
Account No					A/c Type (ple	ase√) □SB □	Current NRO NRE FCNR	
Bank Address								
1		Ctata					DIN	
City		State	Country PIN PIN					
IFSC Code				MICR Code				
5. *FATCA AN	ID CRS DETAI	LS FOR INDIVIDUALS	S (Mandatory)					
The below information	on is required for	all applicants/guardian						
First Asselfaces (Oct		Place / City of Birth		Country of Birth		Country of Citizenship / Nationality		
First Applicant / Gu	ardian					Indian U.S. Others Please Specify Indian U.S. Others Please Specify		
Second Applicant Third Applicant						Indian U.S. Others Please Specify		
	ov/Country of Birt	h/Citizenship/Nationality (other than India	a? Yes No	(please ✔)	Indian 0.3.	Others Please Specify	
=	te all countries ir				. ,	w, In case of POA, t	he POA holder should mandatorilly fill	
Co				fication Number or Identification Representation on the Identification of the Identification of the Identification Number or Identification Number of N		ation Type Identification Type please specify) (TIN or other please specify)		
First Applicant / Guardian		Tunc		(The or other		лоцоо ороону)	Reasons A B C	
Second Applicant							Reasons A B C	
Third Applicant							Reasons A B C	
	equired (Select th	count Holder is liable to pa is reason only if the author asons thereof						
Signature (s)	•							
Name		Primary		Jointholder			Jointholder 2	
Date D D	M M Y Y	Y Y Place						
SSAMO MUTUAL FO				ACKNOW	LEDGEME	NT: TAX ST	TATUS CHANGE FORM	

Date DDMMYYYY **Folio Number:** Name Mr. / Ms. / M/s.

Instruction points to be given below the form is -

- 1. Proof of Bank Details.
- 2. Proof of Overseas Address.
- 3. KYC Form and supporting documents if the status is not changed in KYC record.
- 4.. FATCA Declaration.