



Tick (✓) whichever is applicable, strike out whichever is not required.

| | | | | | | | | |
|------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
|------|---|---|---|---|---|---|---|---|

| | | | | | |
|---------------------|--|--|--|------------|--|
| Folio No(s). | | | | PAN | |
|---------------------|--|--|--|------------|--|

| | |
|--------------------|--|
| Sole/1st Applicant | |
|--------------------|--|

For existing SIP please attach the following: ☐ OTM Modification Form ☐ USA/Canada Declaration (only applicable to NRI from USA and Canada)

| | | | | | | | | | | | | | |
|-----------------|--|--|--|---------|--|--|--|----------------------|------|--|--|--|--|
| Mailing Address | | | | | | | | | | | | | |
| Landmark | | | | | | | | | City | | | | |
| State | | | | Country | | | | Pin Code (Mandatory) | | | | | |

Note:- Status cannot be changed to NRE if investment is done through a SB/NRO account.

If IFSC and bank details remain unchanged please fill the new bank details.

Bank Name

[illegible]

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Bank Address

City Pin Code

[illegible]

| | |
|-----------|--|
| Bank Name | |
|-----------|--|

[illegible]

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Bank Address

City Pin Code

[illegible]

Existing bank details (Any one of the following)

- ☐ A cancelled original cheque leaf/Self attested copy of cancelled cheque*
- ☐ Photocopy of bank passbook or bank account statement (Having entries not older than 3 months)
- ☐ Letter from the bank

☐ A cancelled original cheque leaf/Self attested copy of cancelled cheque*

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☐ Letter from the bank

**Account number and name of the first unit holder should be printed on the face of the cheque.*

[illegible]

☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ POA ☐ PMS ☐ Custodian



Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Folio No.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Received from Mr. / Ms. / M/s. _____

ISC Stamp & Signature

6. FATCA & CRS DETAILS

Place of Birth Country of Birth

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India?

(Please tick (✓) any) ☐ Yes ☐ No

If "NO" proceed for the signature of declaration

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

| Country of Tax Residency | Tax Identification Number or Function Equivalent | Identification Type (TIN or other please specify) | If TIN is not available please tick the reason |
|--------------------------|--|---|---|
| | | | <input type="radio"/> A <input type="radio"/> B |

Reason A ☐ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B ☐ 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: _____

7. KYC DETAILS

Occupation ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired
☐ Housewife ☐ Student ☐ Proprietorship ☐ Forex Dealer ☐ Others (Please specify) _____

Gross Annual Income ☐ Below 1 lac ☐ 1-5 lac ☐ 5-10 lac ☐ 10-25 lac ☐ 25 lac- 1 cr ☐ > 1 cr

Others ☐ I am Politically Exposed Person (PEP) ☐ I am related to Politically Exposed Person (PEP) ☐ Not Applicable

8. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and here by agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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 Schemes of various Alternative Investment fund from amongst which the Scheme is being recommended to me/us.

I/We hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield for this investment.

I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Alternative Investment fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

| | | |
|---|--------------------|-------------------|
| First/ Sole Unit holder/ Guardian/ POA Holder | Second Unit holder | Third Unit holder |
|---|--------------------|-------------------|

Please note: Signature(s) should be as it appears in the folio/ on the Application Form and in the same order.

In case the mode of holding is joint, all Unit holders are required to sign.