

Know Your Customer (KYC) Application Form | Individual

LOGO

Important Instructions:

- A. Fields marked with ** are mandatory fields.
B. Tick " wherever applicable.
C. Please fill the form in English and BLOCK letters.
D. Please fill the date in DD-MM-YY format.
E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H. List of two character ISO 3166 country codes is available at the end.
I. KYC number of applicant is mandatory for update application.
J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only

(To be filled by financial institution)

Application Type*

☐ New ☐ Update

KYC Number

 (Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)☐ 1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> - <input type="text"/> - <input type="text"/>			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>	<input type="checkbox"/> FORM 60 furnished		
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country		<input type="text"/> Country Code <input type="checkbox"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C-Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>		
<input type="checkbox"/> F-Proof of Possession of Aadhaar	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer		
II <input type="checkbox"/> E-KYC Authentication	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer		
III <input type="checkbox"/> Offline verification of Aadhaar	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer		

PHOTO*



Signature /Thumb Impression across photo without covering the face

Address

[For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	<input type="text"/>	Pin/Post Code* <input type="text"/>	State/U.T Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C-Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>		
<input type="checkbox"/> F-Proof of Possession of Aadhaar	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer		
II <input type="checkbox"/> E-KYC Authentication	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer		
III <input type="checkbox"/> Offline verification of Aadhaar	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer		
IV <input type="checkbox"/> Deemed Proof of Address – Document Type code	<input type="text"/>		

Address

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	<input type="text"/>	Pin/Post Code* <input type="text"/>	State/U.T Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

5. Remarks (If any)	

- I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you of any changes therein, immediately, in case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data / applicable Aadhaar XML data with KYCQR, download the information from KYCQR and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Signature/Thumb Impression of Applicant

7. Attestation / For Office Use only

KYC documents verification carried out by



FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PAN*													
Name													
Address Type [for KYC address]	<input type="checkbox"/>	Residential				<input type="checkbox"/>	Residential / Business						
	<input type="checkbox"/>	Business				<input type="checkbox"/>	Registered Office						
Place of Birth						Country of Birth							
Gross Annual Income Details in INR	<input type="checkbox"/>	Below 1 Lakh		<input type="checkbox"/>	1-5 Lacs		Occupation Details [Please tick any one (✓)]	<input type="checkbox"/>	Business		<input type="checkbox"/>	Professional	
Net Worth in INR. In Lacs [Optional]	<input type="checkbox"/>	5-10 Lacs		<input type="checkbox"/>	10-25 Lacs			<input type="checkbox"/>	Public Sector		<input type="checkbox"/>	Private Sector	
	<input type="checkbox"/>	25 Lacs - 1 Cr		<input type="checkbox"/>	> 1 Crore			<input type="checkbox"/>	Government Service		<input type="checkbox"/>	Agriculturist	
Net Worth Date [Optional]	dd-mmm-yyyy										<input type="checkbox"/>	Housewife	
Politically Exposed Person [PEP]	<input type="checkbox"/>	Yes				<input type="checkbox"/>	Related to PEP				Any other information [if applicable]	[Please specify]	
	<input type="checkbox"/>	Not Applicable											

* If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India – ☐ Yes ☐ No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type [TIN or other, please specify]
1			
2			
3			

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

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 be liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, 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 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 and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/tax authorities, I authorize Fund/AMC/RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same

Date:

Signature:

Place:

First Applicant / Guardian