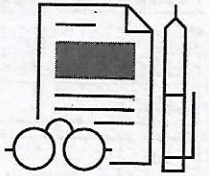


# COMMON APPLICATION FORM

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK AND IN BLOCK LETTERS)



Distributor ARN **ARN-93643** Sub-Distributor ARN **DHANANJAY KUMAR** Internal Sub-Broker/ Sol ID \_\_\_\_\_ Application No. **70313031**

EUIN **E 097712** Employee Code \_\_\_\_\_ RIA CODE ^ \_\_\_\_\_

PMR (Portfolio Manager's Registration) Number ^ ^ \_\_\_\_\_ Serial No., Date & Time Stamp \_\_\_\_\_

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. ^/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^ ^/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer Instruction No. 20)

I confirm that I am a first time investor across Mutual Funds. **OR**  I confirm that I am an existing investor across Mutual Funds. In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

<b>EXISTING INVESTOR'S FOLIO NUMBER</b> (If you have an existing folio with KYC validated, please mention here and skip to section 4)	<b>MODE OF HOLDING</b> (in case of Demat Purchase Mode of Holding should be same as in Demat Account)	<b>Unit Holding Option</b>
Folio number <input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode (in case of Demat, please fill sec 6)
<input type="checkbox"/> I/ We want to create new Folio (Instruction No. 26)		

**1. YOUR PERSONAL DETAILS (MANDATORY)** (In case of investment "On behalf of minor", Please refer instruction No. 11)

First Applicant	Mr. Ms. M/s.	FIRST APPLICANT		Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O
PAN (Mandatory)	<input type="text"/>				
DOB	D D M M Y Y Y Y	CKYC No. (Optional)	<input type="text"/>		
Address <input type="text"/>					
City <input type="text"/> State <input type="text"/> Pincode <input type="text"/>					
Mobile <input type="text"/>		Email ID* <input type="text"/>			
Occupation Details	<input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Others <input type="text"/> Specify				
Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore Net worth (Mandatory for Non - Individuals) ₹ <input type="text"/> as on D D M M Y Y Y Y				

Email ID provided pertains to  Self  Family Member (Note: If Email pertains to Family Member please select any one)  Spouse  Dependent Parents  Dependent Children  
 I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary. (Refer Instruction No. 25)

**BANK ACCOUNT DETAILS FOR PAYOUT** (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

Name of the bank	<input type="text"/>				
Branch Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Pincode	<input type="text"/>
Account No.	<input type="text"/>				
Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others <input type="text"/> Specify				
IFSC code (11 digit)	<input type="text"/>	MICR Code (9 digit)	<input type="text"/>		

Second Applicant Mr. Ms. M/s. SECOND APPLICANT Gender  M  F  O

PAN (Mandatory)

DOB

CKYC No. (Optional)

Address

City  State  Pincode

Occupation Details  Pvt. Sector Service  Public Sector Service  Govt. Service  Business  Professional  Agriculturist  
 Retired  Housewife  Forex Dealer  Student  Others  Specify

Gross Annual Income (₹)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Crore  > 1 Crore

Third Applicant Mr. Ms. M/s. THIRD APPLICANT Gender  M  F  O

PAN (Mandatory)

DOB

CKYC No. (Optional)

Address

City  State  Pincode

Occupation Details  Pvt. Sector Service  Public Sector Service  Govt. Service  Business  Professional  Agriculturist  
 Retired  Housewife  Forex Dealer  Student  Others  Specify

Gross Annual Income (₹)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Crore  > 1 Crore

**GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)**

Mr. Ms. M/s. GUARDIAN Gender  M  F  O

PAN (Mandatory)

DOB

CKYC No. (Optional)

Address

City  State  Pincode

Occupation Details  Pvt. Sector Service  Public Sector  Govt. Service  Business  Professional  Agriculture  
 Retired  Housewife  Forex Dealer  Student  Others  Specify

Gross Annual Income (₹)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Crore  > 1 Crore

Relationship Of Guardian (Refer Instruction No. 11)  Mother  Father  Court Appointed Guardian

Email ID

Proof of the Relationship with Minor  Birth Certificate  School Certificate  Passport  Others  Specify

**TAX STATUS (Applicable for First / Sole Applicant)**  Resident Individual  FILs  NRI-NRO  HUF  Club / Society  PIO  Body Corporate  
 Minor  Government Body  Trust  NRI - NRE  Bank & FI  Sole Proprietor  Partnership Firm  QFI  Provident Fund  
 Others  Specify

For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)
<input type="checkbox"/> I am a Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am related to a Politically Exposed Person	Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am not related to Politically Exposed Person	Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

**2. FATCA AND CRS DETAILS FOR INDIVIDUALS** (Including Sole Proprietor. Refer Instruction No. 23)

FOR RESIDENT INDIANS

The below information is required for all applicants/guardian.

	Place / City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

FOR NON-RESIDENT INDIANS

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

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.

Yes  No

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Address Type
First Applicant / Guardian				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business
Second Applicant				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business
Third Applicant				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business

**Overseas Address**

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zipcode \_\_\_\_\_

For Non Individual investors Annexure I and Annexure II are available on the website of AMC i.e. [www.axismf.com](http://www.axismf.com) or at the Investor Service Centres (ISCs) of Axis Mutual Fund



**3. NOMINATION DETAILS** (Mandatory) (Refer Instruction No. 18)

Sr. No.	Nominee Name	PAN	Allocation (%)	Relationship with Investor	Nominee date of birth	Guardian Name (in case of Minor)	Guardian Signature
1					D D M M Y Y		
2					D D M M Y Y		
3					D D M M Y Y		

I/We DO NOT wish to nominate and sign here

You/ Sole Applicant	Second Applicant	Third Applicant
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**4. INVESTMENT DETAILS** (For multiple schemes ref instruction no. 22) (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No. 2.)

Sr. No.	Scheme	Plan	Option	Amount
1		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		
2		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		
3		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		
<b>Total</b>		In words		In figures



**8. QUICK CHECKLIST**

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- Self attested PAN card copy
- Plan / Option / Sub Option name mentioned in addition to scheme name
- Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can be made from any of the accounts)
- Email id and mobile number provided for online transaction facility
- SIP Registration Form for SIP investments
- Relationship proof between guardian and minor (if application is in the name of a minor)
- FATCA Declaration
- Additional documents attached for Third Party payments. Refer instruction No. 7.

 <a href="https://ifaconnect.axismf.com/#/home">https://ifaconnect.axismf.com/#/home</a>	  Scan the QR code to download the new AxisMF App  	  <a href="http://www.axismf.com">www.axismf.com</a> <a href="https://www.axismf.com/corporate/Login.aspx">https://www.axismf.com/corporate/Login.aspx</a>	 To stay up to date with your mutual fund investments, connect with us on our WhatsApp number. Sent us a 'Hi' on <b>7506771113</b> from your registered mobile number to have your queries answered.	  <a href="https://Facebook.com/AxisMutualFund">Facebook.com/AxisMutualFund</a>  <a href="https://Twitter.com/AxisMutualFund">Twitter.com/AxisMutualFund</a>  <a href="https://LinkedIn.com/company/Axis-Mutual-Fund">LinkedIn.com/company/Axis-Mutual-Fund</a>  <a href="https://YouTube.com/AxisMutualFund">YouTube.com/AxisMutualFund</a>
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**9. DEBIT MANDATE** (Only for Axis Bank Account holders. Now you don't have to issue a cheque if you hold an Axis Bank Account). To be processed in CMS software under client code 'AXISMF'

I/ We  Application No. **70313031**

authorise you to debit my/our account no.

Account type  Savings  NRO  NRE  Current  FCNR  Others  to pay for the purchase of

Axis Bluechip Fund  Axis Long Term Equity Fund  Axis Regular Saver Fund  Axis Triple Advantage Fund  Axis Midcap Fund  
 Axis Focused 25 Fund  Axis Arbitrage Fund  Axis Equity Saver Fund  Axis Flexi Cap Fund  Axis Dynamic Equity Fund  
 Axis Equity Hybrid Fund  Axis Growth Opportunities Fund  Axis Small Cap Fund  Axis ESG Equity Fund  Axis Nifty 100 Index Fund  
 Axis Special Situations Fund  Axis Global Equity Alpha Fund Of Fund **OR**  Axis MF Multiple Schemes

Amount (in words)  (in Figures)

Signature of First Account Holder	Signature of Second Account Holder	Signature of Third Holder
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Date

**WE ACKNOWLEDGE YOUR APPLICATION** Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From

Cheque No.	Date	Amount	Scheme	Stamp & Signature

Application No.

**70313031**









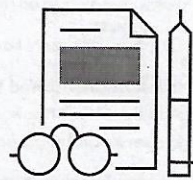
# SYSTEMATIC TRANSFER PLAN (STP)

 Distributor ARN / **ARN-93643** Sub-Distributor ARN

Internal Sub-Broker/ Sol ID

 EUIN **E 097712** Employee Code

RIA CODE ^



PMR (Portfolio Manager's Registration) Number ^^

Application No.

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. ^ I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^ I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)**

I confirm that I am a first time investor across Mutual Funds. **OR**  I confirm that I am an existing investor across Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

**1 Applicant Details**

Folio No.

Sole / 1st Unitholder (as in PAN Card / KYC records)

Guardian's Name (as case of minor) First Name Middle Name Last Name

1st Holder PAN 1st Applicant 2nd Holder PAN 2nd Applicant

3rd Holder PAN 3rd Applicant

**2 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 working days before the 1st due date for transfer).**

 From Scheme\* Plan  Direct  Regular

 Option (tick ✓)  Growth  Dividend Reinvestment  Dividend Payout  Bonus Dividend Frequency

 To Scheme Plan  Direct  Regular

 Option (tick ✓)  Growth  Dividend Reinvestment  Dividend Payout Dividend Frequency

 **Systematic Transfer Plan (STP)** (Ref. Instruction 5)  **Capital Appreciation Systematic Transfer Plan (CapSTP)** (Ref Instruction 6)

Transfer Frequency (Please tick (3) any one of the below frequencies) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly* (Monday To Friday) Day of transfer <input type="checkbox"/> Fortnightly (Every Alternate Wednesday) <input type="checkbox"/> Monthly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> Quarterly \$	Transfer Frequency (Please tick (3) any one of the below frequencies) <input type="checkbox"/> Weekly (Monday To Friday) * Day of transfer <input type="checkbox"/> Monthly \$ (Please tick (3) any one) <input type="checkbox"/> Quarterly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
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Transfer Instalment ₹ No. of Instalments OR Transfer Period From (First Instalment) (Last Instalment)

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I/ We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme(s) & I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law.

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 Mutual Funds from amongst which the Scheme is being recommended to me/us.

For NRIs only: I / We confirm that I am / we are Non Residents of Indian nationality / origin and that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR account.

I / We confirm that details provided by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder
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**ACKNOWLEDGMENT SLIP (To be filled in by the investor)**

Folio No. Investor Name  
 From Scheme To Scheme  
 Amount Frequency  
 Stamp & Signature

## COMMON TRANSACTION SLIP (for existing investors only)

 Folio No. 

 Date 

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIIN	RIA CODE <sup>A</sup>	Serial No., Date & Time Stamp
<b>ARN-93643</b>				<b>E 097712</b>		

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.  
<sup>A</sup>I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser.

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First / Sole Applicant / Guardian / POA	Second Applicant	Third Applicant
First / Sole Applicant <input type="text"/>	Second Applicant <input type="text"/>	Third Applicant <input type="text"/>
Aadhaar No. <input type="text"/>	<input type="text"/>	<input type="text"/>

I/We would like to apply for  **ADDITIONAL PURCHASE** (fill section-A)  **REDEMPTION** (fill section-B)  **SWITCH** (fill section-C)

### A ADDITIONAL PURCHASE

Scheme	Plan	Option	Amount
<b>Total</b>	In words		In figures

Payment Options  Cheque / DD  RTGS / NEFT  Transfer  Debit Mandate (Fill section E)  One Time Mandate

Bank Name  Instrument No.  UTR No (in case of RTGS / NEFT) / OTM ref no. in case of One time Mandate

₹ (in figures)  ₹ (in words)

- In case of Multiple Investments, cheque / DD drawn should be favouring "Axis MF Multiple Schemes".
- RTGS / NEFT / Transfer not acceptable in case of Multiple Investment.

### DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT NSDL CDSL

Depository Participant Name  Depository Participant (DP) ID

Beneficiary Account Number

**Note:** In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.

### B REDEMPTION All units OR No. of Units

Scheme  Plan  Option

OR ₹ (in figures)  ₹ (in words)

**Please Note:** if the balance in your folio is less than this redemption request, all units or entire balance shall be redeemed.

### C SWITCH All units OR No. of Units

From Scheme  Plan  Option

OR ₹ (in figures)  ₹ (in words)

To Scheme  Plan  Option

### D SIGNATURE

I/We have read and understood the contents of the SID / SAI of the Scheme(s). I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

First / Sole Applicant / Guardian / POA	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

### E DEBIT MANDATE (For Axis Bank A/c only) To be detached by Karvy & Presented to Axis Bank Branch

I/We  Name of the account holder(s)

authorise you to debit my/our account no.

Account type  Savings  NRO  NRE  Current  FCNR  Others  Specify

to pay for the purchase of  Scheme Name

₹ (in figures)

₹ (in words)

In case of multiple investments, please mention scheme name as "Axis MF Multiple Schemes".

Signature of First Account Holder	<input type="text"/>
Signature of Second Account Holder	<input type="text"/>
Signature of Third Account Holder	<input type="text"/>

## ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.  Received a request for  Additional Purchase  Redemption  Switch from

Name  Stamp & Signature

# CKYC & KRA KYC FORM

## KNOW YOUR CLIENT APPLICATION FORM (For Individuals only)

(Please fill the form in English and in BLOCK Letters)  
Fields marked with \* are mandatory fields

Application Type\*  New  Update KYC Number\*   
KYC Type\*  Normal (PAN is mandatory)  PAN Exempt Investors (Refer instruction K)

### 1. IDENTITY DETAILS (Please refer instruction A at the end)

PAN  Please enclose a duly attested copy of your PAN Card

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<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\*

Gender\*  M- Male  F- Female  T-Transgender

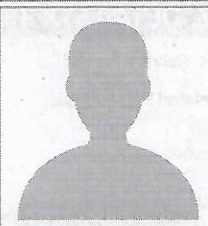
Marital Status\*  Married  Unmarried  Others

Citizenship\*  IN- Indian  Others - Country  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 Categorized

**PHOTO**



Signature / Thumb Impression

### 2. PROOF OF IDENTITY (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	Passport Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	
<input type="checkbox"/> C- PAN Card	
<input type="checkbox"/> D- Driving Licence	Driving Licence Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> E- Aadhaar Card	
<input type="checkbox"/> F- NREGA Job Card	
<input type="checkbox"/> Z- Others (any document notified by the central government)	Identification Number <input type="text"/>

### 3. PROOF OF ADDRESS (POA)\*

#### 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State / UT Code\*  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

<input type="checkbox"/> Passport Number	Passport Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Voter ID Card	
<input type="checkbox"/> Driving Licence	Driving Licence Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Aadhaar Card	
<input type="checkbox"/> NREGA Job Card	
<input type="checkbox"/> Others (any document notified by the central government)	Identification Number <input type="text"/>

#### 3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Additional Form', Submit relevant documentary proof)

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State / UT Code\*  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**4. CONTACT DETAILS** (All communications will be sent on provided Mobile No. / Email ID) (Please refer instructions F at the end)

Email ID

Mobile  Tel. (Off)  Tel. (Res)

**5. FATCA/CRS Information** (Tick if Applicable)  Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State / UT Code\*  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**6. DETAILS OF RELATED PERSON** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\*  Prefix  First Name  Middle Name  Last Name

(If KYC number and name are provided, below details of section 6 are optional)

**Proof of Identity [PoI] of Related Person\*** (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A-Passport Number  Passport Expiry Date

B-Voter ID Card

C-PAN Card

D-Driving Licence  Driving Licence Expiry Date

E-Aadhaar Card

F-NREGA Job Card

Z-Others (any document notified by the central government)  Identification Number

**7. REMARKS** (If any)

**8. APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and 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 of 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.

[Signature / Thumb Impression]

Date  Place

Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies

**KYC Verification Carried Out by (Refer Instruction I) Institution**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]