

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN <b>99860</b>	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIN* (Refer Section 'L' of instructions) <b>E119669</b>	RIA Code / PMRN**	Date & Time Stamp
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\*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/ sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

\*\*By mentioning the RIA Code/PMRN, I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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## 1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 8 & 14 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) \*Mandatory

Unitholder's Name Folio No.

2. MODE OF HOLDING ☐ Single ☐ Joint (Default option) ☐ Anyone or Survivors

## 3. FIRST APPLICANT'S INFORMATION\* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions) (Please ensure that the details mentioned matches with the KYC details)

☐ Mr. ☐ Ms. ☐ M/s. NAME

PAN (Copy of PAN Advisable) ☐ KYC CKYC No. (KIN) ^

LEI Code ^ ^ Valid up to D D M M Y Y Y Y

## 3a. Contact Details\* (Refer Section 'I' of instructions) (Please ensure to mention Country and Area Code)

Mobile No. E-mail\*

Tel. (Off.) Country/ Area code Tel. (Res.) Country/ Area code Fax Country/ Area code

\*Mobile number specified above belongs to [Please (✓)] \*Email address specified above belongs to [Please (✓)]

☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Self ☐ Spouse ☐ Guardian (for Minor investment)

☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings

On providing email-id, investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof in physical form [Please (✓)] Opt-in ☐

Mailing address\* (P. O. Box address is not sufficient.)

City State Pin Code

Overseas address (Mandatory for NRI/Fil. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address please provide your Indian address)

City Country Area Code

3b. Date of Birth\* D D M M Y Y Y Y Minor's Relationship with Guardian (referred in point no. 4) ☐ Father ☐ Mother ☐ Legal Guardian

## 3c. Proof for Date of Birth and relationship with Guardian (Mandatory for investment through Minors)

☐ Birth Certificate ☐ School Leaving Certificate ☐ Marksheet issued by HSC/ State Board ☐ Passport ☐ Others (Please Specify)

## 3d. Status\* ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Sole Proprietorship ☐ HUF

☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Listed Company ☐ Unlisted Company ☐ Body Corporate ☐ Bank/FI ☐ Insurance Company

☐ Government Body ☐ AOP/BOI ☐ Trust ☐ Society ☐ Provident Fund ☐ Superannuation/Pension Fund ☐ Gratuity Fund ☐ FII ☐ Others (Please Specify)

## 3e. Occupation\* ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Please Specify)

3f. Gross Annual Income\* ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

Net-worth in ₹ as on D D M M Y Y Y Y (Not older than 1 year)

Please tick (✓)\* For Non - Individual Investors\* (Is the entity involved in / providing any of the following services)

☐ Politically Exposed Person Foreign Exchange / Money Changer Services ☐ Yes ☐ No

☐ Related to Politically Exposed Person Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] ☐ Yes ☐ No

☐ Not Applicable Money Lending / Pawning ☐ Yes ☐ No

Any other information [Please specify]:

Non-Profit Organization [NPO] Please tick (✓)\* ☐ Yes ☐ No If yes, please quote the NPO Registration Number provided by DARPAN portal:

(Refer Section 'M' of instructions)

## 4. SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS\* [Please tick (✓)]

(Refer Section 'B' and 'C' of instructions)

☐ Mr. ☐ Ms. NAME OF SECOND APPLICANT Date of Birth\* D D M M Y Y Y Y

PAN (Copy of PAN Advisable) ☐ KYC CKYC No. (KIN) ^

4a. Status\* ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Others (Please Specify)

4b. Occupation\* ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Please Specify)

4c. Gross Annual Income\* ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore Net-worth in ₹

4d. Other Details\* ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person ☐ Not Applicable

4e. Contact Details\* Mobile No. E-mail\*

\*Mobile number specified above belongs to [Please (✓)] \*Email address specified above belongs to [Please (✓)]

☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Self ☐ Spouse ☐ Guardian (for Minor investment)

☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) ☐ Lumpsum ☐ SIP ☐ STP ☐ SWP Application No.

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

an application for units of (Scheme/Plan/Option) Amount

Enclosure

<b>5.</b>	<b>THIRD APPLICANT'S INFORMATION*</b> [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)																																	
<input type="radio"/> Mr. <input type="radio"/> Ms.		NAME OF THIRD APPLICANT															Date of Birth* D D M M Y Y Y Y																	
PAN (Copy of PAN Advisable)										<input type="radio"/> KYC					CKYC No. (KIN) ^																			
5a. Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)																																		
5b. Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)																																		
5c. Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore Net-worth in ₹																																		
5d. Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable																																		
5e. Contact Details* Mobile No. E-mail*																																		
*Mobile number specified above belongs to [Please (✓)]												*Email address specified above belongs to [Please (✓)]																						
<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment)												<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment)																						
<input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings												<input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings																						
^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN. ^ ^ Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors.																																		
<b>6.</b>	<b>FATCA INFORMATION/ FOREIGN TAX LAWS* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA, UBO and NPO Declaration Form available at www.unionmf.com or at our Customer Service Centres)</b> [Please tick (✓)] (Refer Section 'M' of instructions)																																	
The below information is required for all applicant(s)/ guardian																																		
Category					First Applicant (including Minor)										Second Applicant/ Guardian										Third Applicant									
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*					<input type="radio"/> Yes <input type="radio"/> No										<input type="radio"/> Yes <input type="radio"/> No										<input type="radio"/> Yes <input type="radio"/> No									
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.																																		
Place/ City of Birth																																		
Country of Birth																																		
Address Type (of address in KYC records)					<input type="radio"/> Residential / Business <input type="radio"/> Residential										<input type="radio"/> Residential / Business <input type="radio"/> Residential										<input type="radio"/> Residential / Business <input type="radio"/> Residential									
Country of Tax Residency 1																																		
Tax Payer Ref. ID No. 1																																		
Documentation Type 1 (TIN or Other Please specify)																																		
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]					Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C										Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C										Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C									
Country of Tax Residency 2																																		
Tax Payer Ref. ID No. 2																																		
Documentation Type 2 (TIN or Other Please specify)																																		
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]					Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C										Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C										Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C									
• Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. • Reason B - No 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.																																		
<b>7.</b>	<b>UNITHOLDING OPTION</b> [Please tick (✓)] <input type="radio"/> Physical Mode <input type="radio"/> Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)																																	
<b>DEMAT ACCOUNT DETAILS</b> (Refer Section 'G' of instructions)																																		
NSDL: Depository Participant (DP) Name															DP ID No: I N					Beneficiary Account Number														
CDSL: Depository Participant (DP) Name															Beneficiary Account Number																			
It may be noted that the combination/ sequence of names and mode of holding in the application form must match exactly with the account held with the Depository participant. Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the Application Form.																																		
<b>8.</b>	<b>INVESTMENT AND PAYMENT DETAILS*</b> [Please tick (✓)] (Refer Section 'E' of instructions) [Third Party payment(s) will not be accepted]																																	
Name of the Scheme <b>UNION</b>																																		
Plan					Option					Sub Option										IDCW Frequency ~														
<input type="radio"/> Regular <input type="radio"/> Direct					<input type="radio"/> Growth <input type="radio"/> IDCW					<input type="radio"/> Payout of IDCW <input type="radio"/> Reinvestment of IDCW <input type="radio"/> Transfer of IDCW										<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly														
Transfer of IDCW to U N I O N																																		
Plan/ Option					Facility																													
Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy. ~Note: IDCW - Income Distribution cum Capital Withdrawal Option																																		
<b>LUMP SUM</b>	Payment Mode: <input type="radio"/> Cheque <input type="radio"/> RTGS <input type="radio"/> NEFT <input type="radio"/> Fund Transfer <input type="radio"/> Debit Mandate (Union Bank of India A/C Holders only) <input type="radio"/> One Time Mandate (OTM)																																	
	Cheque / RTGS / NEFT No.										Cheque / RTGS / NEFT Date										D D M M Y Y Y Y													
	Amount in ₹ (Figures)										Amount in ₹ (words)																							
	Source Bank Name										Source Branch																							
	Source Bank A/C No.										Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR																							
	Source Bank IFSC Code										Cheque Issuer Name										In case the cheque is issued by a person other than the investor													
	If electronic transfer, please fill UTR No.																																	
	If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN)																																	

9. **PAYOUT BANK ACCOUNT DETAILS \*** [Please tick (✓)] (Refer Section 'D' and 'E' of instructions) (Will be updated only if the proof of bank account is available)

Please update my/our pay-in-bank account mentioned under point no. '8' above as default payout bank account ☐ Yes ☐ No  
(If no please provide the below details along with cancelled cheque leaf with IFSC code and name printed on the face of the cheque.)  
Core Banking Solutions (CBS) accounts is mandatory. Please note that transactions received with non-CBS bank account details are liable to be rejected.

Bank Name

Bank A/C No

Bank Branch

A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (Please Specify)

Bank City

State

PIN

IFSC CODE

MICR CODE

In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.

Document Attached ☐ Original Cancelled Cheque with name & A/c no. of 1st unitholder pre-printed  
☐ Bank Pass Book having name, address & A/c no. of account holder with current entries not older than 3 months

(IFSC Code is the 11 digit no. appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no.)

For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.

10. **SYSTEMATIC TRANSFER PLAN ("STP") DETAILS** (Refer Section 'P' of instructions) [Please Tick (✓)]

	From Scheme	To Scheme
Name of the Scheme	<input type="text"/>	<input type="text"/>
Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan
Option	<input type="radio"/> Growth <input type="radio"/> Payout of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW	<input type="radio"/> Growth <input type="radio"/> Payout of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW
		Transfer of IDCW to <input type="text"/>
		Plan/ Option <input type="text"/>
		Sub Option/ Frequency <input type="text"/>
		Default Plan/ Option/ Sub Option/ Frequency will be applied in case of no information, ambiguity or discrepancy.
Enrolment Period	From <input type="text"/> To <input type="text"/> OR <input type="radio"/> Till Further Instruction* (Default)	
Transfer Amount in (₹ Figures)	Transfer Amount in (₹ words) <input type="text"/>	
Frequency	<input type="radio"/> Daily STP Daily (Only Business Day)	<input type="radio"/> Weekly STP (Monday to Friday) Day of Transfer <input type="text"/> <input type="radio"/> Fortnightly STP Every Alternate Wednesday <input type="radio"/> Monthly STP (Default) <input type="radio"/> Quarterly STP <input type="radio"/> Half Yearly STP STP Date* <input type="text"/>

\* In case the day/ date chosen for STP falls on a non-business day or on a date which is not available in a particular month, the STP will be processed on the immediate next business day. If the STP end date is not selected by the investor, then the STP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC.  
Note: IDCW stands for "Income Distribution cum Capital Withdrawal"

11. **SIP DETAILS** [Please tick (✓)] (Refer Section 'F' of instructions)

Scheme/ Plan/ Option	SIP Amount (In figures)	Frequency*	SIP Date* (For Monthly Frequency)	SIP Date* (For Fortnightly Frequency)	SIP Day* (For Weekly Frequency)	Enrolment Period (MM/YY)	Top-up Facility	
							Frequency#	Amount
Union	<input type="text"/>	<input type="radio"/> Daily ^ <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	<input type="text"/>	1 <sup>st</sup> and 15 <sup>th</sup> of the month		From <input type="text"/> To <input type="text"/>	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount <input type="text"/>	
Union	<input type="text"/>	<input type="radio"/> Daily ^ <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	<input type="text"/>	1 <sup>st</sup> and 15 <sup>th</sup> of the month		From <input type="text"/> To <input type="text"/>	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount <input type="text"/>	
Union	<input type="text"/>	<input type="radio"/> Daily ^ <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	<input type="text"/>	1 <sup>st</sup> and 15 <sup>th</sup> of the month		From <input type="text"/> To <input type="text"/>	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount <input type="text"/>	

^ Daily Frequency is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.

#Refer overleaf for more instructions.



## MANDATE INSTRUCTION FOR NACH/ ONE TIME MANDATE (OTM) (Refer overleaf for instructions)

UMRN

Date

[tick (✓)]

CREATE ☒ MODIFY ☐ CANCEL ☐

I/We, hereby authorize **Union Mutual Fund** To debit [tick (✓)] ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank  Name of Customer's Bank  IFSC  or MICR

an amount of Rupees  in words  ₹  in figures

FREQUENCY ☒ Daily ☒ Weekly ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Reference 1  Folio No.  Phone No.

Reference 2  Application No.  Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund.

PERIOD

From  To

Maximum period of validity of this mandate is 40 years only.

Signature Primary Account Holder

Signature of Account Holder

Signature of Account Holder

1.  Name as in bank records

2.  Name as in bank records

3.  Name as in bank records

12. SYSTEMATIC WITHDRAWAL PLAN ("SWP") DETAILS\* (Refer Section 'Q' of instructions) [Please Tick (✓)]

Scheme

U N I O N

Plan

☐ Direct Plan
☐ Regular Plan/ Other than Direct Plan

Option

☐ Growth
☐ Payout of IDCW
☐ Transfer of IDCW
☐ Reinvestment of IDCW
☐ (IDCW - Income Distribution cum Capital Withdrawal)

Withdrawal Amount in ₹ (Figures)

Withdrawal Amount in ₹ (words)

Withdrawal Frequency

☐ Daily
☐ Monthly (Default)
☐ Quarterly
☐ Half yearly
☐ Yearly

Withdrawal Period

From

DDMMYYYY

To

DDMMYYYY

OR

☐ Till Further Instruction\* (Default)

SWP Date\*

DD

\*If day or date chosen for SWP falls on a Non-Business Day, the SWP will be processed on the immediate next Business Day.

\* If the SWP end date is not selected by the investor, then the SWP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC.

PAYMENT OF SWP PROCEEDS

Redemption proceeds through SWP will be credited to the default bank account registered in the Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Folio, please mention the Bank Account No. and Name below:

Account No.

Bank Name & Branch

(If the above mentioned bank details do not match with the registered bank account in your Folio, proceeds will be credited to the default bank account registered in the Folio.)

13. NOMINATION DETAILS\* [Please tick (✓)] (Refer Section 'H' of instructions) This section is applicable only to new investors. Existing investors need to fill standalone Nomination / Cancellation / Opt-out Form for any changes or modification in the existing details registered in your Folio with the AMC.

☐ I/We wish to nominate I/We hereby nominate the under mentioned Nominee(s) to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/ Sponsor

Name and Address of Nominee	PAN of Nominee	Relationship	% of Allocation	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee (Optional)
(to be furnished in case the Nominee is a minor)						
Nominee						
Nominee						
Nominee						

☐ I/ We do not wish to nominate I/We hereby confirm that I/We do not wish to appoint any nominee(s) in respect of mutual fund application(s)/unit(s) held in my / our mutual fund folio(s). I/We understand the implications/ issues involved in non- appointment of nominee(s) and am/are further aware that in case of my demise/death of all the unitholders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of units held in the mutual fund folio/s.

14. DECLARATION & SIGNATURES\* (Refer Section 'K' of instructions)

1. I/We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We hereby declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws. 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. I/We hereby confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/ us any indicative portfolio and indicative yield, in any manner whatsoever. I/We hereby confirm that at the time of investment, I/we have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund/ Sponsor will not be responsible if such investment is ultravires the relevant constitution.

2. I/We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/we shall be solely liable and responsible for the information submitted. I/We are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We also confirm that I have read and understood the FATCA & CRS T & C and hereby accept the same. I/We also undertake to keep you promptly informed in writing about any changes/modifications to the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/ tax authorities. I/We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/our distributor(s), SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial or tax/ revenue authorities/ agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/ tax authorities.

3. I/We hereby consent to receiving information from Central KYC Registry (CKYCR) through SMS/Email on the above registered mobile number/email address. I/We also providing consent to MF/AMC/KRA to share this KYC Data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI Guidelines.

**Applicable to SIP investments only:** I/We hereby express my/ our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information, I/we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/ our account.

**Applicable to Micro Investments only:** I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

**Applicable to NRIs only:** I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account / FCNR account(s).

**Important alert:** In case there is any change to 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.

Name & Signature of Unitholder(s)	Signature	Signature	Signature
	Sole/First Applicant/Guardian/POA/Authorized Signatory	Second Applicant/Guardian/POA/Authorized Signatory	Third Applicant/Guardian/POA/Authorized Signatory

TERMS AND CONDITIONS FOR ONE TIME MANDATE (OTM) REGISTRATION:

i. Investment through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.

ii. The list of such banks may be modified/ updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice.

iii. The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit/ECS.

iv. Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.

v. By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.

vi. Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.

vii. SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.

viii. Lumpsum Investment / SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.

ix. The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.

x. Investments made through the One Time Mandate (OTM) Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.

xi. Following fields need to be filled mandatorily:-

- Date in format DD/MM/YYYY
- Bank A/c Type: Tick the relevant box
- Bank Account Number (Investor's bank account number)
- Name of Destination Bank (Investor's bank)
- IFSC / MICR code

f. Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.

g. Reference 1: Mention Folio Number

h. Reference 2: Mention Application No.

i. Phone No. (Optional)

j. Email ID (Optional)

k. Period: Start date and End Date of NACH registration (in format DD/MM/YYYY). **Maximum period of validity of this mandate is 40 years only.**

l. Signature as per bank account records

m. Name: Mention Bank Account Holder Name as per bank records

SIP Snapshot: Frequency, Minimum Amount and Minimum Period.

SIP Frequency	Minimum SIP Amount	Minimum Period	Default Date/Day
Daily ^	₹ 100 and in multiples of ₹ 1 thereafter	6 Days	Daily (i.e. Business Days)
Weekly	₹ 500 and in multiples of ₹ 1 thereafter	6 Weeks	Wednesday
Fortnightly	₹ 500 and in multiples of ₹ 1 thereafter	6 Fortnights	1st and 15th of the month
Monthly	₹ 500 and in multiples of ₹ 1 thereafter	6 Months	8th of the month

Note:

a) ^ **Daily Frequency** is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.

^ **For Union ELSS Tax Saver Fund:** Minimum SIP installment ₹ 500 and in multiples of ₹ 500 thereafter, (for all frequencies)

b) In case the chosen date/day falls on a Non-Business Day or on a date which is not available in a particular month/week, the SIP will be processed on the immediate next Business day/day.

c) In case none of the frequencies have been selected then Monthly Frequency shall be treated as the default frequency, provided the requirement relating to minimum installment size for monthly frequency is fulfilled.

d) Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) and Maximum period of validity of this mandate is 40 years only.

e) The SIP shall commence after 25 calendar days in case of registration via new OTM (One Time Mandate). In case OTM is already registered, SIP shall commence by 10 calendar days.

f) If the investor does not specify the Top up frequency under Daily SIP, Weekly or Monthly SIP, the default frequency for Top-up will be Yearly

## Know Your Customer (KYC) Application Form | Individual

**CAMSKRA**  
KYC Services

### Important Instructions:

- Fields marked with "\*" are mandatory fields.
- Tick " " wherever applicable.
- Please fill the form in English and BLOCK letters.
- Please fill the date in DD-MM-YY format.
- For particular section update, please tick ( ) in the box section number and strike off the sections not required to be updated.
- Please read section wise detailed guide
- List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- List of two character ISO 3166 country codes is available at the end.
- KYC number of applicant is mandatory for update application.
- 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)

<input type="checkbox"/> Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
	<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"/>	<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	Country Code	<input type="text"/>
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="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="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	<i>No need to attach. Aadhaar card, if submitted, Aadhaar Number to be masked by the customer</i>		
<input type="checkbox"/> E-KYC Authentication	<i>No need to attach. Aadhaar card, if submitted, Aadhaar Number to be masked by the customer</i>		
<input type="checkbox"/> Offline verification of Aadhaar	<i>No need to attach. Aadhaar card, if submitted, Aadhaar Number to be masked by the customer</i>		

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)

<input type="checkbox"/> 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"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<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	<i>No need to attach. Aadhaar card, if submitted, Aadhaar Number to be masked by the customer</i>
<input type="checkbox"/> E-KYC Authentication	<i>No need to attach. Aadhaar card, if submitted, Aadhaar Number to be masked by the customer</i>
<input type="checkbox"/> Offline verification of Aadhaar	<i>No need to attach. Aadhaar card, if submitted, Aadhaar Number to be masked by the customer</i>
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"/>

[illegible]

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. Incase 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.

Date: 

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

[illegible]

Signature/Thumb Impression of Applicant

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process

☐ Equivalent e-document ☐ Video Based KYC

Date:   -   -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[illegible][illegible][illegible]

## Instruction / Check list / Guidelines for filling individual KYC Application Form

### General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
9. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

### A. Clarification / Guidelines on filling 'Personal Details' section

1. Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

### B. Clarification / Guidelines on filling 'Current Address details' section

1. In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR.
2. PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
3. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
4. In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
5. In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
6. List of documents for 'Deemed Proof of Address'

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.
7.	Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
8.	"Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
9.	"Digital KYC process" has to be carried out as stipulated in the PML Rules, 2005.

### C. Clarification / Guidelines on filling 'Contact details' section

1. Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2. Do not add '0' in the beginning of Mobile number.

### D. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person, if available.

### E. Clarification on Minor

1. Guardian details are optional for minors above 10 years of age for opening of bank account only.
2. However, in case guardian details are available for minor 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

### F. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

### G. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

### H. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

## List of Two-Digit state / U.T Codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

## List of ISO 3166 Two-Digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY
Åland Islands	AX	Ecuador	EC	Liechtenstein	LI
Albania	AL	Egypt	EG	Lithuania	LT
Algeria	DZ	El Salvador	SV	Luxembourg	LU
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK
Angola	AO	Estonia	EE	Madagascar	MG
Anguilla	AI	Ethiopia	ET	Malawi	MW
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV
Argentina	AR	Fiji	FJ	Mali	ML
Armenia	AM	Finland	FI	Malta	MT
Aruba	AW	France	FR	Marshall Islands	MH
Australia	AU	French Guiana	GF	Martinique	MQ
Austria	AT	French Polynesia	PF	Mauritania	MR
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU
Bahamas	BS	Gabon	GA	Mayotte	YT
Bahrain	BH	Gambia	GM	Mexico	MX
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM
Barbados	BB	Germany	DE	Moldova, Republic of	MD
Belarus	BY	Ghana	GH	Monaco	MC
Belgium	BE	Gibraltar	GI	Mongolia	MN
Belize	BZ	Greece	GR	Montenegro	ME
Benin	BJ	Greenland	GL	Montserrat	MS
Bermuda	BM	Grenada	GD	Morocco	MA
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR
Botswana	BW	Guinea	GN	Nepal	NP
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL
Brazil	BR	Guyana	GY	New Caledonia	NC
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE
Burkina Faso	BF	Honduras	HN	Nigeria	NG
Burundi	BI	Hong Kong	HK	Niue	NU
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP
Cameroon	CM	India	IN	Norway	NO
Canada	CA	Indonesia	ID	Oman	OM
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK
Central African Republic	CF	Iraq	IQ	Palau	PW
Chad	TD	Ireland	IE	Palestine, State of	PS
Chile	CL	Isle of Man	IM	Panama	PA
China	CN	Israel	IL	Papua New Guinea	PG
Christmas Island	CX	Italy	IT	Paraguay	PY
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE
Colombia	CO	Japan	JP	Philippines	PH
Comoros	KM	Jersey	JE	Pitcairn	PN
Congo	CG	Jordan	JO	Poland	PL
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT
Cook Islands	CK	Kenya	KE	Puerto Rico	PR
Costa Rica	CR	Kiribati	KI	Qatar	QA
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Réunion	RE
Croatia	HR	Korea, Republic of	KR	Romania	RO
Cuba	CU	Kuwait	KW	Russian Federation	RU
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthélemy	BL
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF

**Important Instructions:**

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

**For office use only**

(To be filled by financial institution)

Application Type\*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

☐ **1. Entity Details\*** (Please refer instruction A at the end)

☐ Name\*

Entity Constitution Type\* ☐ Others (Specify)  (Please refer instruction B at the end)

Date of Incorporation/Formation\*  DD -  MM -  YY  YY  YY  YY Date of Commencement of Business  DD -  MM -  YY  YY  YY  YY

Place of Incorporation/Formation\*  Country of Incorporation/Formation\*  TIN or Equivalent Issuing Country

PAN\*  ☐ Form 60 furnished

TIN/GST Registration Number

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

☐ Officially valid document(s) in respect of person authorised to transact

☐ Certificate of Incorporation/Formation  ☐ Registration Certificate  Regn Certificate No.

☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed

☐ Resolution of Board/Managing Committee ☐ Power of Attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity proof – 1 (For Sole Proprietorship Only) ☐ Activity proof – 2 (For Sole Proprietorship Only)

☐ **3. ADDRESS** (Please see instruction C at the end)

☐ **3.1 Registered Office Address/Place of Business\***

Proof of Address\* ☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Other Document

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

☐ **3.2 Local Address in India (If different from above)\***

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

☐ **4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off)  -  Fax  -

Mobile  -  Email ID

Mobile  -  Email ID

☐ **5. Number of Related Persons** ☐ (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)

## 6. Remarks (If any)

## 7. Applicant Declaration (Please refer instruction G at the end)

- 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 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 also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Date: DD - MM - YYYY

Place:

Signature/Thumb Impression of Authorised Person(s)

## 8. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ Equivalent e-document

### KYC documents verification carried out by

Identity Verification ☐ Done Date: DD - MM - YYYY

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

### Institution details

Name

Code

[Institution Stamp]

Annexure A2 | Legal Entity | Other than Individuals  
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person

**CAMSKRA**  
KYC Services

**Important Instructions:**

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

**For office use only**

Application Type\*

☐ New ☐ Update ☐ Delete

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update and delete request)

**1. Details of Related Person\* (Please refer instruction E at the end)**

☐ Addition of Related Person

☐ Deletion of Related Person

☐ Update Related Person Details

KYC Number of Related Person (if available\*)

(If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

**Related Person Type\***

☐ Director

☐ Promoter

☐ Karta

☐ Trustee

☐ Partner

☐ Court Appointment Official

☐ Proprietor

☐ Beneficiary

☐ Authorised Signatory

☐ Beneficial Owner

☐ Power of Attorney Holder

☐ Other (Please specify)

DIN (Director Identification Number)

(Mandatory if Related Person Type is Director)

**1.1 Personal Details (Please refer instruction E at the end)**

	Prefix	First Name	Middle Name	Last Name
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"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

**1.2 Proof of Identity and Address\* (Please refer instruction E at the end)**

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)

☐ A-Passport Number

☐ B-Voter ID Card

☐ C-Driving Licence

Driving Licence Expiry Date

☐ D-NREGA Job Card

☐ E-National Population Register Letter

☐ F-Proof of Possession of Aadhaar

☐

II ☐ E-KYC Authentication

III ☐ Offline verification of Aadhaar

**Address**

Line 1*	<input type="text"/>	
Line 2	<input type="text"/>	
Line 3	<input type="text"/>	City/Town/Village* <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"/>

**1.3 Current Address Details (Please refer instruction E 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)

☐ A-Passport Number

☐ B-Voter ID Card

☐ C-Driving Licence

☐ D-NREGA Job Card

☐ E-National Population Register Letter

☐ F-Proof of Possession of Aadhaar

II ☐ E-KYC Authentication

III ☐ Offline verification of Aadhaar

IV ☐ Deemed PoA

V ☐ Self-Declaration

☐ PHOTO\*



**Address**

Line 1*																				
Line 2																				
Line 3																				
District*					Pin/Post Code*					State/U.T Code*			City/Town/Village*					ISO 3166 Country Code*		

**1.4 Contact Details** (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction D at the end)

Tel. (Off)					-					Tel. (Res)					-					Mobile			-				
Email ID																											

**2. 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 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 also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines

Date: DD - MM - YYYY

Place:

Signature/Thumb Impression of Applicant

**6. Attestation / For Office Use only**

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification  
☐ Digital KYC Process ☐ Equivalent e-document

**KYC documents verification carried out by**

Date: DD - MM - YYYY

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

**Institution details**

Name

Code

[Institution Stamp]

## Central KYC Registry | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

### A. Clarification / Guidelines on filling 'Entity Details' section

#### 1. Entity Constitution Type

- |  |   |   |
|--|---|---|
| A – Sole Partnership                                       | H – Trust   | O – Artificial Juridical Person                 |
| B – Partnership Firm                                       | I – Liquidator                                    | P – International Organisation or               |
| C – HUF  | J – Limited Liability Partnership                 | Agency/Foreign Embassy or Consular Office, etc. |
| D – Private Limited Company                                | K – Artificial Liability Partnership              | Q – Not Categorized                             |
| E – Public Limited Company                                 | L – Public Sector Banks                           | R – Others                                      |
| F – Society  | M – Central/State Government Department or Agency | S – Foreign Portfolio Investors                 |
| G – Association of Persons (AOP)/Body of Individuals (BOI) | N – Section 8 Companies (Companies Act, 2013)     |   |

2. In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, Form 60 may be obtained if PAN is not available.

3. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

### B. Clarification / Guidelines on filling 'Proof of Identity [POI]' section

- A. Activity Proof – 1 and Activity Proof – 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- B. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- C. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- D. 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- E. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- F. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

### C. Clarification/Guidelines for filling Proof of Address [PoA] section

- A. State/U.T Code and Pin/Post Code will not be mandatory for overseas addresses.
- B. Certified copy of document or equivalent e-document to be submitted.

### D. Clarification/Guidelines for filling 'Related Person Details' section

- A. Please mention two-digit 'country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- B. Do not add '0' in the beginning of Mobile number.

### E. Clarification/Guidelines for filling 'Related Person Details' section

1. Personal Details
- The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Proof of Address [PoA]
- PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
  - State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR.
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- C. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related' are required.
- D. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

### F. Provision for capturing signature of multiple authorised persons is to be made by the RE.

### G. List of people authorized to attest the documents after verification with the originals:

- Authorised officials of Asset Management Companies (AMC).
- Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- KYD compliant mutual fund distributors.
- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
- Government authorised officials who are empowered to issue Apostille Certificates.

#### General instructions:

- Self-Certification of documents is mandatory.
- Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
- If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If current & permanent addresses are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

## List of Two-Digit state / U.T Codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

## List of ISO 3166 Two-Digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY
Åland Islands	AX	Ecuador	EC	Liechtenstein	LI
Albania	AL	Egypt	EG	Lithuania	LT
Algeria	DZ	El Salvador	SV	Luxembourg	LU
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK
Angola	AO	Estonia	EE	Madagascar	MG
Anguilla	AI	Ethiopia	ET	Malawi	MW
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV
Argentina	AR	Fiji	FJ	Mali	ML
Armenia	AM	Finland	FI	Malta	MT
Aruba	AW	France	FR	Marshall Islands	MH
Australia	AU	French Guiana	GF	Martinique	MQ
Austria	AT	French Polynesia	PF	Mauritania	MR
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU
Bahamas	BS	Gabon	GA	Mayotte	YT
Bahrain	BH	Gambia	GM	Mexico	MX
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM
Barbados	BB	Germany	DE	Moldova, Republic of	MD
Belarus	BY	Ghana	GH	Monaco	MC
Belgium	BE	Gibraltar	GI	Mongolia	MN
Belize	BZ	Greece	GR	Montenegro	ME
Benin	BJ	Greenland	GL	Montserrat	MS
Bermuda	BM	Grenada	GD	Morocco	MA
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR
Botswana	BW	Guinea	GN	Nepal	NP
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL
Brazil	BR	Guyana	GY	New Caledonia	NC
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE
Burkina Faso	BF	Honduras	HN	Nigeria	NG
Burundi	BI	Hong Kong	HK	Niue	NU
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP
Cameroon	CM	India	IN	Norway	NO
Canada	CA	Indonesia	ID	Oman	OM
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK
Central African Republic	CF	Iraq	IQ	Palau	PW
Chad	TD	Ireland	IE	Palestine, State of	PS
Chile	CL	Isle of Man	IM	Panama	PA
China	CN	Israel	IL	Papua New Guinea	PG
Christmas Island	CX	Italy	IT	Paraguay	PY
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE
Colombia	CO	Japan	JP	Philippines	PH
Comoros	KM	Jersey	JE	Pitcairn	PN
Congo	CG	Jordan	JO	Poland	PL
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT
Cook Islands	CK	Kenya	KE	Puerto Rico	PR
Costa Rica	CR	Kiribati	KI	Qatar	QA
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion	RE
Croatia	HR	Korea, Republic of	KR	Romania	RO
Cuba	CU	Kuwait	KW	Russian Federation	RU
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy	BL
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF