

TAX STATUS CHANGE FORM

UNIT HOLDER INFORMATION (Mandatory)										TIME STAMPING	
Folio No.									Name	Investor Name / Guardian Name	

ADDRESS									
Correspondence Address					Overseas Address (Mandatory for NRI / FII Applicants)				
HOUSE / FLAT NO.					HOUSE / FLAT NO.				
STREET ADDRESS					STREET ADDRESS				
CITY / TOWN			STATE		CITY / TOWN			STATE	
COUNTRY			PIN CODE		COUNTRY			PIN CODE	

MANDATORY	Current Tax Status	
	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National
	<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Defence Establishment
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company
<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> LLP <input type="checkbox"/> QFI <input type="checkbox"/> FII <input type="checkbox"/> Non Profit Organization / Charities	

I/We, hereby submit this request for change in tax status and PAN, as registered in the afore mentioned folio, in your records.

NEW TAX DETAILS									
PAN/PEKRN					KYC ID (KIN)				
Tax status to be changed/corrected to					<input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Government Body <input type="checkbox"/> AOP/BOI <input type="checkbox"/> AOP/BOI <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> NRI <input type="checkbox"/> Body Corporate <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Financial Institution <input type="checkbox"/> Bank <input type="checkbox"/> Foreign Portfolio Investor <input type="checkbox"/> Trust/Society/NGO <input type="checkbox"/> LLP <input type="checkbox"/> QFI <input type="checkbox"/> FII <input type="checkbox"/> Non Profit Organization / Charities <input type="checkbox"/> Other _____				

BANK DETAILS (Mandatory)									
Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof)									
Account Number					Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)				
Bank Name & Branch									
Branch City			IFSC Code		MICR Code				

CONTACT DETAILS									
Tel. No.		Office		Residence		Mobile No.			
Mobile No belongs to:-		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA							
Email ID									
Email id belongs to:-		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA							
Second Holder Contact details		Mobile No.		Email ID					
Third Holder Contact details		Mobile No.		Email ID					
All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here)									
If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here)									

FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)			
Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). 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 (Please specify)
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? <input type="checkbox"/> YES <input type="checkbox"/> NO (please tick ✓)			
If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries).			
Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

<input type="checkbox"/> Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.		
<input type="checkbox"/> Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) <input type="checkbox"/> Reason C → Others please state the reasons thereof :		
Address Type of Sole /1st Holder		
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	Address Type of 2nd Holder	
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	Address Type of 3rd Holder	
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

DECLARATION

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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 / PIOs / FPIs only: I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

SIGNATURE(S)

SIGN
HERE

First / Sole Holder Signature

Second Holder Signature

Third Holder Signature

NOTE: In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the Tax Status Change application submitted.

DOCUMENTS TO BE SUBMITTED

As per Tax Status, applicable documents from the below mentioned list is to be submitted, along with this form for due processing.

Sr. No.	Documents		Tick (✓)
1.	From Proprietary Firm to Company	• Certified true copy of Memorandum & Articles of Association	<input type="checkbox"/>
		• Board Resolution and Authorised Signatory List	<input type="checkbox"/>
		• FATCA Declaration Form and UBO	<input type="checkbox"/>
2.	From NRI to Resident	• Affidavit/Bank's Confirmation Letter/Cancelled Cheque	<input type="checkbox"/>
		• FATCA Declaration Form	<input type="checkbox"/>
		• Proof of Address	<input type="checkbox"/>
		• Proof of Bank account	<input type="checkbox"/>
3.	From Resident to NRI	• Affidavit/Bank's Confirmation Letter	<input type="checkbox"/>
		• FATCA Declaration Form	<input type="checkbox"/>
		• Proof of Overseas Address	<input type="checkbox"/>
		• Proof of Bank account	<input type="checkbox"/>

NOTE: Investors are advised to update their Tax Status under KYC as well.