

## **TAX STATUS CHANGE FORM**

For existing unitholders holding units in physical mode. The relevant section to be filled-in are indicated in the title of respective section. Please fill in the information below in English and in BLOCK Letters.

IMPORTANT: Please strike off the unused section(s) to prevent any unautl	horised use	Date: D D M M Y Y Y Y
A. UNIT HOLDER'S INFORMATION (Mandatory)		
Folio No(s).		PAN No.
Sole/1st Applicant Mr. Ms. M/s.		
B. CHANGE IN TAX STATUS RI to NRI NRI NRI to RI		
C. OVERSEAS ADDRESS (in case of RI to NRI) - Mandatory		
Address City		
StatePIN		
D. CHANGE OF BANK MANDATE/MODE OF PAYMENT		
Mandatory to attach proof as given in the instruction. For unit holders opting to hold un Account	nits in demat form. Please ens	O O O O FOUR
Number	Туре	Savings Current NRE NRO FCNR
Name of Bank		
Branch Name	Branch City	
9 Digit MICR code 11 Digit IFSC code 1 Digit IFS		
E. NEW CONTACT DETAILS		
Tel.		Mobile
Email:		
F. INVESTOR(S) DECLARATION & SIGNATURE (S)		
I/We have read and understood the contents of Scheme Information Document(s)/Key abide by the terms, conditions, rules and regulations of the Scheme(s) on the date of Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CI part of the Income-tax Rules,1962. The ARN holder has disclosed to me/us all the competing Schemes of various Mutual Funds from amongst which the Scheme is be indicative portfolio and/or any indicative yield for this month. I/we hereby declare a document proof enclosed alongwith the form. In case of non submission of any of the the application submitted. The AMC/Mutual Fund shall not be liable and/or responsipromotional material from the AMC via mail, SMS, telecall, etc. I/we declare that the parents (applicable to individual investors only). If you do not wish to receive, please of	this transaction. I/We have runs? under FATCA & CRS prove commissions (in the form ceing recommended to me/us. and confirm that the informatic documents or if the documer sible for any loss or damage e email address provided in the contract of the comments of the comments or if the documents or if the documents or if the documents of the comments or if the documents of the comments of the contract of the comments of the commen	irther read, understood and hereby agree to abide by the provisions under ision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as of trail commission or any other mode), payable to him for the different I/We hereby confirm that I/we have not been offered/communicated any on provided in this form is true and correct and is duly supported by the tax are not found to be in order, the AMC is reserves to right to not register that I/we may incur if the Form is rejected. I/We interested in receiving he form belongs to me/us or to spouse, dependent children or dependent
SIGNATURE OF SOLE / FIRST APPLICANT SIGNATURE	RE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
		(For Insturctions, please turn over
ACKNOWLEDGEME For existing unitholders holding units in the title of respective section. Pleas  MUTUAL FUND	physical mode. The relevant s	section to be filled-in are indicated in
Sole/1st Mr. Ms. M/s.		
Applicant Wis. Wis.		
S	SIGN & STAMP	