

# TAX STATUS CHANGE FORM

For existing unit holders holding units in physical mode. The relevant section to be filled-in are indicated in the title of respective section.

**IMPORTANT:** Please fill the appropriate section and strike out the sections not applicable.

Date: 

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

## 1 UNIT HOLDER'S INFORMATION (Mandatory)

[illegible]

## 2 CHANGE IN TAX STATUS

RI to NRI      NRI to RI

### 3 OVERSEAS ADDRESS (in case of RI to NRI) - Mandatory

Overseas address should be updated with the KYC Registration Agency (KRA) by submitting a KYC modification request to the nearest branch.

Address \_\_\_\_\_

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

State \_\_\_\_\_ PIN \_\_\_\_\_ Country \_\_\_\_\_

#### 4 CHANGE OF BANK MANDATE / MODE OF PAYMENT

For NRI investors, it is mandatory that the bank account type is either NRE or NRO. Funds cannot be remitted using Savings / Current Account for NRI investors.

|               |                      |                              |                                  |                                  |                              |                              |                                 |
|---------------|----------------------|------------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|---------------------------------|
| Bank A/c. No. | <input type="text"/> | Bank Account Type (Please ✓) | <input type="checkbox"/> Savings | <input type="checkbox"/> Current | <input type="checkbox"/> NRO | <input type="checkbox"/> NRE | <input type="checkbox"/> Others |
| Bank Name     | <input type="text"/> | MICR Code (9 digits)         | <input type="text"/>             |                                  |                              |                              |                                 |
| Bank Address  | <input type="text"/> | IFSC Code (11 digits)        | <input type="text"/>             |                                  |                              |                              |                                 |
| Bank City     | <input type="text"/> |                              |                                  |                                  |                              |                              |                                 |

## Documents Submitted (any one)

- ☐ Cancelled original cheque of the new bank mandate with first unit holder name and bank account number printed on the face of the cheque.
- ☐ Self attested copy of bank account statement / bank passbook issued by the concerned bank. (not older than 3 months)
- ☐ Bank letter, on the letterhead of the bank duly signed by branch manager / authorized personnel stating the investor's bank account number, name of investor, account type, bank branch, MICR and IFSC code of the bank branch. (the letter should be not older than 3 months).

## 5 FATCA & CRS DETAILS

Place of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick (3) any] **If “NO” proceed for the signature of declaration**

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 CardHolder / Tax Resident in the respective countries

| Country of Tax Residency | Tax Identification Number or Function Equivalent | Identification Type(TIN or other please specify) | If TIN is not available please tick the reason                                   |
|--------------------------|--|--|--|
|                          |  |  | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> 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: \_\_\_\_\_

## 6 NEW CONTACT DETAILS

(Please ensure to attach Self-attested PAN Card copy with change of contact details request)

|                |                      |   |                      |
|----------------|----------------------|---|----------------------|
| Phone (Office) | <input type="text"/> | Phone (Residence)   | <input type="text"/> |
| Mobile^        | <input type="text"/> | This mobile number belongs to: <input type="checkbox"/> Self* <input type="checkbox"/> Spouse <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD   * Default |                      |
| E-mail^        | <input type="text"/> | This email ID belongs to: <input type="checkbox"/> Self* <input type="checkbox"/> Spouse <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD   * Default      |                      |

## 8 DECLARATION & SIGNATURE(S):

I/We have read and understood the contents of the Scheme Information Document(s) / Key Information Memorandum (s) & Statement of Additional Information(s) of the Scheme (s) and agree to abide by the terms, conditions, rules and regulations of the Scheme (s) as on the date of this transaction. I/We have further read, understood and here by agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962.

I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed along with the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC / RTA reserves the right to not register the application submitted. The AMC / RTA shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected.

Sole / First Holder



### Second Holder



Third Holder