

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 unauthorised use**

Date: 

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

## 1 UNIT HOLDER'S INFORMATION (Mandatory)

|              |  |  |         |  |
|--------------|--|--|---------|--|
| Folio No(s). |  |  | PAN No. |  |
|--------------|--|--|---------|--|

[illegible]

| 2 | CHANGE IN TAX STATUS | RI to NRI | NRI to RI |
|---|----------------------|-----------|-----------|
|---|----------------------|-----------|-----------|

| 2 | CHANGE IN TAX STATUS |  | RI to NRI |  | NRI to RI |
|---|----------------------|--|-----------|--|-----------|
|---|----------------------|--|-----------|--|-----------|

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

Address \_\_\_\_\_

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

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

Mandatory to attach proof as given in the instruction. For unit holders opting to hold units in demat form. Please ensure that the bank account linked with the demat account is mentioned here.

| Account Number | Account Type  |
|----------------|---|
|                | <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR |

Name of Bank

Branch Name  Branch City

[illegible]

Enclosed (Please ✓ ) ☐ **Bank Account Details Provided.**

## 5 NEW CONTACT DETAILS

Mobile No.  Email ID

Email ID & Mobile No. provided pertains to ☐ Self or Family Member (Note: If Email pertains to Family Member please tick any one option from below)

☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian

## 6 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 Card Holder / 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: \_\_\_\_\_.

## 7 KYC DETAILS

Occupation ☐ Private Sector Service ☐ Public Sector Service ☐ Government ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired  
☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify) \_\_\_\_\_

Gross Annual Income ☐ Below 1 lakh ☐ 1-5 lakh ☐ 5-10 lakh ☐ 10-25 lakh ☐ >25 lakh ☐ >1 Crore

Others ☐ I am Politically Exposed Person (PEP) ☐ I am Related to Politically Exposed Person (PEP) ☐ Not Applicable

## 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 hereby agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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 Alternative Investment fund from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.

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 alongwith 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 reserves the right to not register the application submitted. The AMC/Alternative Investment fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

Name and Signature

Name and Signature

Name and Signature