



Expertise that's trusted

# TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021



## Common Application Form For Tata Mutual Fund

ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

Sr. No.:

### 1. Advisor / Distributor Information

Refer Sec. B

Details of the advisor empanelled with Tata Mutual Fund who has guided you for this investment.

Broker / ARN Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code
EUIN Code	<input type="checkbox"/> Declaration for "execution-only" transaction - 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.	
In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive transaction charges, ₹ 150/- (for First time mutual fund investor) or ₹ 100/- (for investor other than First time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.		
Sole / 1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression

### 2. Applicant's Information

Refer Sec. A, C & I

The Name of the Applicants should be as mentioned in the PAN and the KYC acknowledgement. There can be upto 3 holders. No joint holders allowed with 1<sup>st</sup> applicant as a minor. Any applicants should not be a resident of Canada or a person who falls within the definition of the term "U.S. Person" under the US Securities Act of 1933 and corporations or other entities organised under the laws of the U.S. For individual applicant(s) who are KYC compliant prior to January 01, 2012 i.e. the KYC status reflects as "MF - VERIFIED BY CVLMP", additionally 'KYC Change Details Form' is required. For Non-KYC Compliant Applicant(s), additionally "KYC-Individual Form" is required.

#### 1<sup>st</sup> Applicant's Details

The first applicant will be the primary holder and all correspondence will be sent to him/her. Only the first holder can be a minor.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	PAN / PEKRN
Name	
Date of Birth (DOB)	In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others .....
DD / MM / YYYY	

#### Power Of Attorney (POA) / Proprietor Details / Guardian details in case of minor applicant

POA / Proprietor / Guardian Details

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN
Name	
To be filled by Guardian	Relationship with the Minor Applicant
	Proof of Relationship
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others .....

#### Tax Status

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Overseas Citizen of India
<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> Hindu Undivided Family	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Foreign National Resident in India
<input type="checkbox"/> NRI-Non-Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Qualified Foreign Investor
<input type="checkbox"/> Minor - Resident Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Foreign Portfolio Investor
<input type="checkbox"/> Minor - NRI	<input type="checkbox"/> Trust	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Foreign Institutional Investor
<input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Others (please specify) .....		

### 3. Contact Details

Refer Sec. D

#### Mailing address

This is required for initial communication, we will overwrite this address with the 1<sup>st</sup> Applicants address as per the KRA records

		City
PIN	State	Country
Residence Phone (prefix STD Code)	Office Phone (prefix STD Code)	Extn
Mobile	Email	



#### Acknowledgement Slip

Sr. No.:

Received from Mr./Ms./M/s. \_\_\_\_\_ PAN \_\_\_\_\_ ₹ \_\_\_\_\_  
for purchase in \_\_\_\_\_ Cheque Details Overleaf / Subject to realisation.

Call: 1800 209 0101 • SMS: TMF To 57575 • E-mail: service@tataamc.com

## Overseas address

Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.

		City
State	ZIP Code	Country

## 4. Investment Instrument Details

Refer Sec. E

The name of the first applicant should be available on the investment Cheque.

Cheque/ DD to be drawn in favour of 'Name of the Scheme'

Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)
Account Number	A/c Type	Dated
		DD / MM / YYYY
Drawn on Bank	Cheque / DD No.	
Branch	Branch City	

## 5. Investment Scheme Details

Refer Sec. F & Product Labels

Scheme Name »  
Plan (select any one) »  
Option »  
Sub Option »  
Div. Payout Option (select any one) »

<input type="checkbox"/> Regular <input type="checkbox"/> Direct
<input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout

## 6. Bank Account Details

Refer Sec. G

The bank account details provided below will be held on record and considered as default bank mandate to pay redemption proceeds and dividend payouts (if applicable).

This must be an Indian account. The 1<sup>st</sup> applicant should be a holder in this account.

Bank Name	Branch	
Account number	A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE	
MICR	IFSC for RTGS	IFSC for NEFT
Address		
City	PIN	State

Cheque Details

Acknowledgement Slip

Cheque/DD No. \_\_\_\_\_ dated \_\_\_\_\_ A/c. No. \_\_\_\_\_ Bank \_\_\_\_\_

Call 1800 209 0101 (On all days between 9 am and 9.30 pm)

Subject to realisation.

## 7. Joint Applicant's Details

Refer Sec. H & I

### Mode of Holding

Single  Joint  Any one or Survivor (Default)

### 2<sup>nd</sup> Applicant's Details

Joint holder should be major i.e. above 18 years

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
Name		

### 3<sup>rd</sup> Applicant's Details

Joint holder should be major i.e. above 18 years

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
Name		

## 8. Know Your Customer (KYC) Details

Refer Sec. J

### KYC Details

CATEGORIES	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT
Occupation »	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)
Gross Annual Income »	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore
	Networth in (Mandatory for Non-individual) ₹ ..... as on D D / M M / Y Y Y Y (not older than 1 year)	Networth in ₹ ..... as on D D / M M / Y Y Y Y (not older than 1 year)	Networth in ₹ ..... as on D D / M M / Y Y Y Y (not older than 1 year)
Others »	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

### Additional KYC Details for Non - Individuals

For Non Individuals only (Companies, Trust, Partnership etc.) »	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, mandatory to attach the UBO declaration)
	Non Individual investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above

## 9. Foreign Account Tax Compliance Act (FATCA) Details

Refer Sec. K

### FATCA Related Details for Individuals

CATEGORIES	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT
Country of Birth »			
Place of Birth »			
Nationality »			
Type of address given at KRA »	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you also a resident in any other country(ies) for tax purposes? »	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Country of Tax Residency 1 »	If yes, complete section below.		
Tax Identification Number 1 »			
Identification Type 1 »			
Country of Tax Residency 2 »			
Tax Identification Number 2 »			
Identification Type 2 »			

Supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet been issued, please provide an explanation and attach this to the form

**FATCA Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed)**

## 10. Nomination Details

Refer Sec. L

Mandatory for Individual(s) applying singly or jointly.

You can nominate up to 3 persons to receive the Units allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees.

Select any one »  Register nomination as below  I wish to register multiple nominees (use separate form)  I do not wish to nominate.

Nominee Name		
Nominee's relationship with 1st holder	Date of Birth D D / M M / Y Y Y Y	Proof of DOB (in case of minor) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others .....
Address		
		City
State	PIN	Country
If the nominee is a minor to be filled by Guardian » Name of the Guardian		
Address of the Guardian		
		City
State	PIN	Country
Guardian's Relationship with the Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others .....	Signature of Nominee / Guardian
1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression

## 11. Demat Account Details

Refer Sec. M

Ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. In case the details are found to be incorrect, Units will be allotted in physical mode.

Fill these details only if you wish to have your units in Demat mode.

Depository participant Name	
Central Depository Securities Limited Target ID No.	National Securities Depository Limited DP ID No. I N Beneficiary Account No.

## 12. Declaration and Signatures

Refer Sec. N

I/We am/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 hereby confirm and declare as under:-

- (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form.
- (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Limited (TAML)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- (4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.
- (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/ updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (8) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment.
- (9) For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.
- (10) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.

Date: \_\_\_\_\_

1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
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# Debit Mandate Form NACH (One Time Mandate - OTM)

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date DDMMYY

UMRN Office use only

Choose (✓)

Sponsor Bank Code Office use only Utility Code Office use only

- CREATE
- MODIFY
- CANCEL

I/We hereby authorize TATA MUTUAL FUND to debit (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC MICR

an amount of Rupees Amount in Words ₹

FREQUENCY Monthly Quarterly Half Yearly As when presented (default) DEBIT TYPE Fixed Amount Maximum Amount

Reference / Folio No. Email Id

Scheme / Plan reference No. All Schemes of Tata Mutual Fund Mobile

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD

From DDMMYY to DDMMYY

or  Until Cancelled

Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder

1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

- \* This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate 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 the user entity / corporate or the bank where I have authorised the debit.

## SIP Registration / Renewal Form (For OTM Registered Investors only)

Please tick (✓) as applicable:

- OTM Debit Mandate is already registered in the folio. SIP Auto debit can start in TEN Days i.e. for debit date 15th, form can be submitted till 4th of the month.
- OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 30 days depending on NACH or ECS modalities.

**Advisor details (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) - Refer instruction overleaf**

Broker / Agent Code	Sub-Broker ARN Code	Sub-Broker/Bank Branch Code	EUIIN Code
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I/We hereby confirm that the EUIIN 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 & the distributor has not charged any advisory fees on this transaction.

Sole / 1st Unitholder Signature / Thumb Impression 2nd Unitholder Signature / Thumb Impression 3rd Unitholder Signature / Thumb Impression

Transaction Charges: If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested. Upfront commission shall be paid directly by the investor to the ARN Holder based on the investors' assessment of various factors including the service rendered by the ARN Holder.

**Investor(s) Details**

Folio No.	Application No.	PAN No. / PEKRN.
Name of Sole / 1st holder	M a n d a t o r y	
Name of 2nd holder	M a n d a t o r y	
Name of 3rd holder	M a n d a t o r y	

**First SIP Cheque Details**

Cheque No.:	Cheque Amount in Rs.	Cheque Date: DD / MM / YYYY
Bank Name:	Branch:	City:

**Scheme and SIP Details**

Scheme/Option/Sub Option	Plan: Regular Direct	SIP Instalment Amount (₹)	SIP Date (Default 10 <sup>th</sup> )	Frequency (*Default)	Start Month / Year	End Month / Year (Default : December 2099)
				<input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly		

SIP Top-up (Optional) Top-up Amount (Rs.) (In multiples of Rs. 500/- only) SIP Top Up Frequency Half Yearly Yearly (default) Upper SIP Amount (Rs.)

**Auto Switch Option : Applicable for Tata Retirement Savings Fund (TRSIF) only, for default values refer SID.**

Plan Name Please tick the appropriate Autoswitch option (any one as per the plan)

Progressive Plan
 

- Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @ age 60)
- Auto Switch Option 2 (Progressive to Conservative @ age 60)
- No Auto Switch

Moderate Plan
 

- Auto Switch Option 3 (Moderate to Conservative @ age 60)
- No Auto Switch

**Systematic Withdrawal Plan : (Please ✓ any one) Applicable after the age of 60 of the 1st unit holder, for TRSF only.**

No Auto SWP  Fixed SWP (Select Frequency) Monthly or Quarterly (Default)  Fixed Amount (Frequency Monthly only) Rs.

Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s and terms and conditions overleaf, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments towards SIP installments referred above through participation in ECS/Direct Debit/Standing Instruction. The ARN Holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us.

SIGNATURE/S Sole / 1st Unitholder Signature / Thumb Impression 2nd Unitholder Signature / Thumb Impression 3rd Unitholder Signature / Thumb Impression



Expertise that's trusted

# TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021

**FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM**  
(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)



## 1. Entity Details

Name of the Entity			
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes			
Application No.	<input type="text"/>	Folio No.	<input type="text"/>
PAN Number	<input type="text"/>	Date of Incorporation	<input type="text"/> DD / MM / YYYY
City of Incorporation	<input type="text"/>		
Entity Constitution Type	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify		
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other than India: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)		

Country	Tax Identification Number*	Identification Type (TIN or Other, please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent.  
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.  
 In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here \_\_\_\_\_ (Ref. Inst.O)

## 2. FATCA & CRS Declaration

**PART A (to be Filled by Financial Institutions or Direct Reporting NFFEs)**

1	We are a, <input type="checkbox"/> Financial institution (Ref. Inst. A) or <input type="checkbox"/> Direct reporting NFFE (Ref. Inst. B) (please tick as appropriate)	GIIN <input type="text"/> <b>Note:</b> If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity <input type="text"/>
GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for If the entity is a Financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category (Ref. Inst. C) <input type="text"/> <input type="checkbox"/> Not obtained - Non-participating FI		

**PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFFEs")**

1	Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges) (Ref. Inst. D)	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2	Is the Entity a related entity of a listed company (a company whose shares are regularly traded on an established stock exchanges) (Ref. Inst. E)	<input type="checkbox"/> Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where this stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3	Is the Entity an active NFE (Ref. Inst. G)	<input type="checkbox"/> Yes Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/>
4	Is the Entity a passive NFE (Ref. Inst. H)	<input type="checkbox"/> Yes Nature of Business _____

## 3. FATCA & CRS Terms and Conditions

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you [CAMS/Fund/AMC/Other participating entities] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/We authorize Fund/AMC/RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Place: \_\_\_\_\_

Date:  DD / MM / YYYY