Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

COMMON APPLICATION FORM For all schemes of Bajaj Finserv Mutual Fund



Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of Bajaj Finserv Mutual Fund.

1. DISTRIBUTOR INFORMATION*					
Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
ARN-181211				E528682	
□ **By mentioning RIA/PMRN code, I/We autho applicable) *In case the EUIN box has been left b to the AMFI registered distributor, based on the i	lank, please refer the point related	to EUIN in the Declaration	n & Signatures section overlea	f. Commission "if any applicab	
2. UNIT HOLDING OPTION PHYS	SICAL MODE (Default)	DEMAT MODE*			(Please refer instruction no. 7)
*Demat Account details are mandatory if the inv		_ '	e that the sequence of names		
Details. In case of any ambiguity or validation fa		MC will allot units in the F	·		
	rities Depository Limited			ral Depository Services (Inc	dia) Limited
DP Name -		D	P Name -		
DP ID I N Ber	neficiary A/c No.	D	PID	Beneficiary A/c N	0.
Enclosures - Please (✓) ☐ Client Ma	sters List (CML) Transac	ction cum Holding Stat	tement Delivery Ins	truction Slip (DIS)	
3. MODE OF HOLDING					(Please refer instruction no. 5)
(In case of Demat Purchase, Mode of H	olding should be same as in	Demat Account)	Single] Joint Anyo	ne or Survivor (Default)
4. APPLICANT'S NAME AND INFORI	MATION (Mandatory) to be fi	lled in block letters. (N	ame and DOB shall be as p	er Income Tax Records)	(Please refer instruction no. 3)
Folio No.	(For Existi	ing unit holders)	Gender 🗌 M	ale 🗌 Female 🗌 Otho	ers
Name of Sole / 1st Applicant Mr. / M (Name as per IT Records)	s. / M/s. First		Middle		Last
PAN/PEKRN	CKYC No.			Date of Birtl (Mandatory)	
Mobile No.		Email ID			
The Email ID belongs to (Mandatory Please ✓)	Self Spouse Depe				
The Mobile No. belongs to (Mandatory Please \checkmark)	Self Spouse Depe	endent Children 🔲 De	pendent Siblings 🔲 Depe	ndent Parents 🗌 Guardia	n 🗌 PMS 🗌 Custodian 🗌 POA
The default Communication mode is E-mail only, in				, ,	ed summary □Other Statutory Information.
(We would recommend you to choose an online LEI Code	ne mode to neip us save paper &		Valid upto D D M 1	(Legal I	Entity Identifier Number is Mandatory for tion value of INR 50 crore and above for dividual investors. Refer instruction no. 4a)
_					
Tax Status		NRI-Non Repat			_
(Handatory, Fiedsey)	uardian Company	☐ FIIs		_	iety/Club Sole Proprietorship
_ Non Profit Organ	isation	OII NBFC	Bank	Others	(Please Specify)
Non Profit Orgnization [NPO] Yes					
We are falling under "Non-Profit Organization" registered as a trust or a society under the Soc					
If yes, please quote the Registration No. prov	ided by DARPAN portal of NITI A	ayog:			
If not, please register immediately and confir RTA to register your entity name in the above under the respective statutory requirements	portal and may report to the rele	evant authorities as appl	licable. We am/are aware tha	t we may be liable for it for ar	y fines or consequences as required
GUARDIAN DETAILS (In case First / Sole A	·				•
Mr. / Ms. First			Middle		Last
(Name as per IT Records)					
(Mandatory)	CKYC No.			Gender	_ Male _ Female _ Others
Mobile No. Designation/Relationship with Mino	Email ID			irth/Date of Incorporation	_ n n n m m v v v v
			(Mandatory)		
Date of Birth Proof for minors (Any	(One)				
Birth Certificate Marks Shee	· _	J			
0 -					·
ACKNOWLEDGEMENT SLIP (To be filled in	n by the Investor)				Collection Centre /
BAJAJ FINSERV ASSET MANAGEMENT LII	MITED. 8th floor, E-Core, Solita	aire Business Park (for	merly Marvel Edge), Viman	Nagar, Pune 411014	Bajaj AMC Stamp & Signature
Received from Mr. / Ms			Date:/	/	
Application No.					

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WEBSITE: https://www.bajajamc.com
00 EMAIL: service@bajajamc.com
TOLL FREE NUMBER: 1800 309 390

ou.	MAILING ADDRESS	(Address as per KYC)				
Local	Address of 1st Appl	icant				
					City	
Ctoto		Pin Co	ada	Tol Posi	•	
State		Pin Co		Tel. Resi	Tel. Off.	
5b.	OVERSEAS CORRES	PONDENCE ADDRESS (Manda	atory for NRI / FII Applicant	:)		
[Plea	se provide Full Add	ress. P. O. Box address is not	sufficient]			
Zip C	ode:	Tel. Resi	Tel. C	off	Mobile No.	
•					Ill be as per Income Tax Records]	
Nam	e Mr. / Ms.	First	,	Middle		Last
(Name PAN	as per IT Records)	1 1 1 1 1 1	1 1 1 1		1 1 1 1	Last
(Manda	atory)		CKYC No.		Gender	Male Female Others
Mob	ile No.		Email ID		Date of Birth (Mandatory)	DDMMMYYYY
The E	mail ID belongs to (Mand	latory Please ✓) Self Spo	use Dependent Children	Dependent Siblings	Dependent Parents Guardia	an PMS Custodian POA
	0 .	, , , – – .			Dependent Parents Guardia	
	Status	,			,	
	datory, Please ✓)	Resident Individual NF	RI-Repatriation NRI-No	on Repatriation		
6b.	THIRD APPLICANT	S DETAILS* (In case of Mino	r, there shall be no joint hold	ders) [Name and DOB shal	l be as per Income Tax Records]	
	e Mr. / Ms. as per IT Records)	First		Middle		Last
PAN	l l l l		1 1 1 1		1 1 1 1	
(Manda	atory)		CKYC No.		Gender _	Male Female Others
Mob	ile No.		Email ID		Date of Birth (Mandatory)	D D M M Y Y Y Y
The E	mail ID belongs to (Mand	latory Please ✓) Self Spo	use Dependent Children	Dependent Siblings	Dependent Parents Guardia	an PMS Custodian POA
The M	lobile No. belongs to (Ma	ndatory Please ✓) ☐ Self ☐ Spo	use Dependent Children	Dependent Siblings	Dependent Parents Guardia	an 🗌 PMS 🗌 Custodian 🗌 POA
Tax	Status					
(Man	datory, Please ✓)	Resident Individual NF	RI-Repatriation NRI-No	on Repatriation		
7. K	YC Details (Mandato	ory)			I)	Please refer instruction no. 3e)
Firs			_		Business Professional Dthers (please specify)	Agriculturist Retired
Sec	• • • • • • • • • • • • • • • • • • • •				Business Professional Dthers (please specify)	Agriculturist Retired
Thir	d Applicant:	Private Sector Service	Public Sector Service 🔲 0	Bovernment Service 🔲 [Business Professional	Agriculturist Retired
		Housewife	Student	Forex Dealer (Others (please specify)	
Gro	ss Annual Income					
Firs	t Applicant:	Below 1 Lac 1-5 I		☐ 10-25 Lacs	>25 Lacs-1 crore	☐ >1 crore
		OR Net worth* (for Non-Indiv	riduals) ₹ (please specify) _		as on DDMMYYY	Y Y (Not older than 1 year)
Sec	ond Applicant:	Below 1 Lac 1-5 I	acs 5-10 Lacs	☐ 10-25 Lacs	>25 Lacs-1 crore	☐ >1 crore
		OR Net worth* (for Non-Indiv	viduals) ₹ (please specify)		as on DDMMYYY	(Not older than 1 year)
Thir	d Applicant:	Below 1 Lac 1-5 l	_acs	☐ 10-25 Lacs	>25 Lacs-1 crore	☐ >1 crore
		OR Net worth* (for Non-Indiv	viduals) ₹ (please specify) _		as on D D M M Y Y	Y Y (Not older than 1 year)
For	Individuals				(Please refer instruction no. 3d)
Firs	t Applicant:	I am Politically Exposed Perso	on (PEP)	I am Related to Politica	lly Exposed Person (RPEP)	☐ Not applicable
Sec	ond Applicant:	I am Politically Exposed Perso	on (PEP)	I am Related to Politica	lly Exposed Person (RPEP)	☐ Not applicable
Thi	d Applicant:	I am Politically Exposed Perso	on (PEP)] I am Related to Politica	lly Exposed Person (RPEP)	☐ Not applicable
For	Non Individuals if i	nvolved in any of the below r	mentioned services pleas	e √ the appropriate opti	on:	
		· ·			ervices Yes No (iii) Money	Lending / Pawning T Ves T No.
(.)	J.g., _xondinge / M				,	• • • -
	~					·
CB.					PAYMEN	T DETAILS
SR. NO.	SCHEM	E NAME /PLAN	OPTION	NET AMOUNT PAID (₹)	Cheque/DD No./UTR No.	Bank and Branch
			Community		(in case of NEFT/RTGS)	
1.	Bajaj Finserv		Growth			
	□ Dogule: □ Di	aat	☐ IDCW Payout			
	Regular Dire	:CL	☐ IDCW Reinvestment		1	

8. BANK ACCOUNT DETA	ILS FOR PAYOUT (Ple	ease attach c	copy of cancelled ch	eque)			(Please refe	r instructio	on no. 4)		
Name of the Bank											
Account No. Account Type SB CA SB-NRE SB-NRO Others											
Bank Branch Address											
Bank City State Pincode											
MICR Code (9 digits) signal properties of the											
9. INVESTMENT & PAYM	IENT DETAILS* The n	name of the fi	irst/ sole applicant n	nust be pre-printed o	n the cheq	ue.	(Please refe	r instructio	on no. 6)		
Scheme Name				Plan	Gr	<u> </u>	(Please refer to SID for the	e IDCW Frequen	icy & Option)		
Bajaj Finserv Regular Plan Direct Plan DICW Frequency - IDCW Frequency -											
Payment Type (Please	e√)		☐ Non-Th	nird Party		☐ Third Party Pay	ment (Pls fill third pa	rty declarat	ion form)		
Transaction Type			Lump	sum			☐ SIP*				
Amount (INR)											
Cheque / DD NEFT /	Mode of Payment (Please ✓) Cheque / DD ☐ NEFT / RTGS OTM (One Time Mandate) (This facility is only applicable for Existing Investors who have an existing 0TM registered in the folio.)			No. / UTR No.		Che	que / DD No. / UTR No	ο.			
Date											
Drawn on Bank											
A/c Number											
Cheque/DD should be drawn in favour of scheme name e.g. "Bajaj Finserv Liquid Fund" *If you wish to register SIP, kindly fill the relevant SIP Registration & OTM Debit Mandate Form. Reason for investment											
i I											
10. FATCA AND CRS DET	TAILS FOR INDIVIDUA	ALS (Inclu	ding Sole Proprieto	or)			(Please refe	r instructio	on no. 8)		
10. FATCA AND CRS DE					30) Form.	The below information					
		separate FAT	TCA and Ultimate Bei		30) Form.			pplicants/(
Non-Individual investors	should mandatorily fill	separate FAT	TCA and Ultimate Bei	neficial Ownership (UE	30) Form.	Country of Cit	n is required for all a	pplicants/(
Non-Individual investors s	should mandatorily fill	separate FAT	TCA and Ultimate Bei	neficial Ownership (UE		Country of Cit	n is required for all a	pplicants/(
Non-Individual investors s Particulars First Applicant / Guardian	should mandatorily fill	separate FAT	TCA and Ultimate Bei	neficial Ownership (UE	☐ India	Country of Cit	n is required for all a izenship / Nationa (Please specify) (Please specify)	pplicants/(
Particulars First Applicant / Guardian Second Applicant	should mandatorily fill Place/City o	separate FAT	CA and Ultimate Ber	neficial Ownership (UE	☐ India	Country of Cit U.S. Others U.S. Others U.S. Others	n is required for all a izenship / Nationa (Please specify) (Please specify)	pplicants/(
Particulars First Applicant / Guardian Second Applicant Third Applicant	Place/City o	separate FAT of Birth Tax) in any o	COuntry Country	reficial Ownership (UE	☐ India☐ India☐ India☐ □ India☐ □ India☐ □ India☐ □ India☐ □ India☐ □ [Please □ India☐ □ Ind	Country of Cit un	is required for all a izenship / Nationa izenship / Nationa (Please specify)	ality	guardian		
Particulars First Applicant / Guardian Second Applicant Third Applicant Are you a tax resident (i.e. If 'YES' please fill for ALL of	Place/City o	separate FAT of Birth Tax) in any o	COUNTRY Country ther country outsiden you are a Resident Tax Identifica	reficial Ownership (UE	☐ India☐ Iden	Country of Cit un	is required for all a izenship / Nationa izenship / Nationa (Please specify)	applicants/g	guardian in the		
Particulars First Applicant / Guardian Second Applicant Third Applicant Are you a tax resident (i.e. If 'YES' please fill for ALL orespective countries.	Place/City of Pl	separate FAT of Birth Tax) in any o	COUNTRY Country ther country outsiden you are a Resident Tax Identifica	reficial Ownership (UE r of Birth India? Yes No for tax purpose i.e. wh	☐ India☐ Iden	Country of Cit In U.S. Others In U.S. Others In U.S. Others Itick (Itification Type	is required for all a izenship / National (Please specify)	applicants/g	guardian in the		
Particulars First Applicant / Guardian Second Applicant Third Applicant Are you a tax resident (i.e. If 'YES' please fill for ALL orespective countries. Particulars	Place/City of Pl	separate FAT of Birth Tax) in any o	COUNTRY Country ther country outsiden you are a Resident Tax Identifica	reficial Ownership (UE r of Birth India? Yes No for tax purpose i.e. wh	☐ India☐ Iden	Country of Cit In U.S. Others In U.S. Others In U.S. Others Itick (Itification Type	is required for all a izenship / Nationa izenship / Nationa (Please specify)	ality Ex Resident Solution of the control of the	in the		
Particulars First Applicant / Guardian Second Applicant Third Applicant Are you a tax resident (i.e. If 'YES' please fill for ALL orespective countries. Particulars First Applicant / Guardian	Place/City of Pl	separate FAT of Birth Tax) in any o	COUNTRY Country ther country outsiden you are a Resident Tax Identifica	reficial Ownership (UE r of Birth India? Yes No for tax purpose i.e. wh	☐ India☐ Iden	Country of Cit In U.S. Others In U.S. Others In U.S. Others Itick (Itification Type	is required for all a izenship / National (Please specify) (Please specify) (Please specify) reen Card Holder/Tall If TIN is not availathe reason A, B or Reason: A	ality Experimental Action of the Control of the Co	in the		
Particulars First Applicant / Guardian Second Applicant Third Applicant Are you a tax resident (i.e. If 'YES' please fill for ALL or respective countries. Particulars First Applicant / Guardian Second Applicant Third Applicant □ Reason A ⇒ The cor □ Reason B ⇒ No TIN	Place/City of Place/City of Place/City of Place of Pountries (other than In Country of Tax In Country where the Accountry where the Accountry of Tax In Country where the Accountry of Tax In Country where the Accountry where the Accountry of Tax In Country where the Accountry where the Accountry of Tax In Country where the Accountry where where the Accountry where	Tax) in any on the control of Birth Tax) in any on the control of Birth Residency	ther country outside n you are a Resident Tax Identifica Functional	e India? Yes Notes of the Number or Equivalent not issue Tax Identific respective country of	India	Country of Cit In U.S. Others In U.S. Others In U.S. Others Itick (/)] e a Citizen/Resident/Gr tification Type ther please specify)	is required for all a izenship / National izen	ality ax Resident able please C (as define	in the		
Particulars First Applicant / Guardian Second Applicant Third Applicant If 'YES' please fill for ALL orespective countries. Particulars First Applicant / Guardian Second Applicant Third Applicant □ Reason A ⇒ The color Reason B ⇒ No TIN □ Reason C ⇒ Others,	Place/City of Place/City of Place/City of Place of Pountries (other than In Country of Tax In Country where the Accountry where the Accountry of Tax In Country where the Accountry of Tax In Country where the Accountry where the Accountry of Tax In Country where the Accountry where the Accountry of Tax In Country where the Accountry where where the Accountry where	Tax) in any on the control of Birth Tax) in any on the control of Birth Residency	ther country outside a you are a Resident Tax Identifica Functional	e India? Yes Notes of the Number or Equivalent not issue Tax Identific respective country of	India	Country of Cit In U.S. Others In U.S. Others In U.S. Others Itick (*/)] The a Citizen/Resident/Gr Country of Citizen/Resident/Gr Country of Citizen/Resident/Gr Country of Citizen/Residents Country of Citizen	is required for all a izenship / National izen	ality ax Resident able please C (as define	in the		

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^{*}If the address type is not ticked the default will be considered as residential.

	Applicant			with nominee	Guardian of Nominee (Optional)	by each Nominee (shou aggregate to 100%)	
	(Mandatory)	(Mandatorily to	be furnished in case the Nom	inee is a minor)	-	(Mandatory)	
Nominee 1		DD/MM/YYYY					
Nominee 2		DD/MM/YYYY					
Nominee 3		DD/MM/YYYY					
Signature(s) All Unit holders to manda	atorily sign irresp	pective of the mo	de of holding.				
Sign of 1st Applicant / Guardia	an		Sign of 2nd Applicant		Sign of 3rd	l Applicant	
12. CONFIRMATION CLAUSE							
older has disclosed to me/us all the commission cheme(s) is/are being recommended to me/us. I atisfaction of the AMC/Bajaj Finserv Mutual Funce demption. I/We agree to notify Bajaj Finserv Asse AMC has not recommended or advised me/us	/We declare that the	ne information giver					
Nationality/Origin and I/We hereby confirm that the CNR Account (s). FATCA and CRS Declaration: I above specified information is found to be false of above information in future and also undertake to fit the information provided by me/us, including all Authorised Parties') or any Indian or foreign gover other investigation agencies without any obligation. Please \$\sigma\$: if the EUIN space is left blank: I / W	regarding the suit ent application will be funds for subscri /We hereby acknow r untrue or mislead provide any other r i changes, updates nmental or statuto on of advising me/u e hereby confirm the	mited immediately in ability or appropriate result in aggregate ption have been ren eledge and confirm ting or misrepresent additional information to such information yor judicial authories of the same. Lat the EUIN box has	Finsery Mutual Fund to redeem the unithe event the information in the seleness of the product/scheme/plan. A investments exceeding `50,000 in a initted from abroad through normal bhat the information provided in this fing. I/We shall be liable for it. I/We alson as may be required at your end. I/W as and when provided by me/us to M ties/agencies including but not limited been intentionally left blank by me/us.	nits against the fund f-certification chap Applicable to Micro I a year. Applicable to anking channels or f orm is true and corr so undertake to kee We hereby authorise lutual Fund, its Spor ed to the Financial II us as this is an "exec	ds invested by me/us at the app ges. For investors investing in D westors: I/We hereby declare to NRIs: I/We confirm that I am/rom funds in my/our Non-Residet to the best of my/our knowle p you informed in writing about you to disclose, share, remit in sor, Asset Management Compantelligence Unit-India (FIU-IND) wition-only" transaction without	ut fulfilling the KYC process I liciable NAV as on the date of irrect Plan: I/We hereby agre- hat I/We do not have any ex We are Non-Resident(s) of I lent External / Ordinary Acce edge and belief. In case any any changes/modification I any form, mode or manner, a ny, trustees, their employees , the tax /revenue authoritie t any interaction or advice by	
Nationality/Origin and I/We hereby confirm that the TCNR Account (s). FATCA and CRS Declaration: I above specified information is found to be false of above information in future and also undertake to fit the information provided by me/us, including all authorised Parties) or any Indian or foreign gover other investigation agencies without any obligation. Please V: if the EUIN space is left blank: I / We employee/relationship manager/sales persor distributor and the distributor has not charge.	regarding the suit ent application will be funds for subscri /We hereby acknow r untrue or mislead provide any other a l changes, updates rimental or statuto on of advising me/u e hereby confirm of the above dist	mited immediately in ability or appropriate result in aggregate ption have been ren ledge and confirm ting or misrepresent additional information to such information ry or judicial authoris of the same. at the EUIN box has tributor or notwiths son this transaction	Finsery Mutual Fund to redeem the u the event the information in the sel eness of the product/scheme/plan. A investments exceeding '50.000 in a hitted from abroad through normal be hat the information provided in this f ing. I/We shall be liable for it. I/We al- n as may be required at your end. I/W as and when provided by me/us to M ties/agencies including but not limit been intentionally left blank by me/c tanding the advice of in-appropriate	nits against the fundaring applicable to Micro I a year. Applicable to anking channels or form is true and corroso undertake to kee ke hereby authorise do to the Financial I was as this is an "execences, if any, providences, if any, providences as as this is an "execences, if any, providences as a this is an "execences, if any, providences, and the providences are the same as a this is an "execences, if any, providences, and the providences are the same as a this is an "execences, if any, providences, and the providences are the providences are the providences."	Is invested by me/us at the app ges. For investors investing in D nvestors: I/We hereby declare to NRIs: I/We confirm that I am/rom funds in my/our Non-Residect to the best of my/our knowle p you informed in writing about you to disclose, share, remit insor, Asset Management Compantelligence Unit-India (FIU-IND) ution-only" transaction without ed by the employee/relationsh	al Funds from amongst which of fulfilling the KYC process of tulfilling the KYC process of the fulfilling the KYC process of the fulfilling the KYC process of the fulfilling the fulfilli	

I/We do hereby nominate the person(s) more particularly described here under to receive

Relationship

with

Date of Birth

the Units held in my/our Folio in the event of my/our death.

(Please fill the nominee details in the table given below)

Please ensure that:

member.

your specific case).

1. Your Application Form is complete in all respects & signed by all applicants. 2. Name, Address and Contact Details are mentioned in full. Email id & Mobile number should be provided along with the declaration whether it belongs to Self or a Family

Code of your Bank is mentioned in the Application Form.

7. Application Number is mentioned on the reverse of the cheque.

signed. For e.g "Bajaj Finserv Liquid Fund"

3. Bank Account Details are entered completely and correctly. IFSC Code & 9 digit MICR

4. Permanent Account Number (PAN) Mandatory for all Investors (including guardians, joint holders, NRIs and POA holders) irrespective of the investment amount 5. Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 4(e) for more information) 6. Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and

8. A cancelled cheque leaf of your Bank is enclosed in case your investment cheque is

not from the bank account that you have furnished in the Application Form 9. Documents as listed are submitted along with the Application form (as applicable to

11. NOMINATION DETAILS* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please refer instruction no. 9)

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

Points to remember

Guardian Name

☐ I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units

Guardian's

relationship

held in mv/our mutual fund folio. I/We understand the implications/issues involved in

non-appointment of any nominee(s) and am/are further aware that in case of my demise/ death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.

Signature of Nominee/

Documents	Individuals	Companies	Societies	Partnership Firms	Investments through PoA		NRI	FII(s)/ FPI	Sole Proprietor	Minor	HUF
Resolution / Authorisation to invest		✓	✓	✓		✓		✓			
HUF / Trust Deed						1					✓
Bye - Laws			✓								
Partnership Deed				✓							
SEBI Registration / Designated Depository Participant Registration Certificate 2								✓			
Proof of Date of birth										✓	
Notarised Power of Attorney					✓						
Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable							~				
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demat Account Details (Client Master List Copy)3	√	√	✓	✓	✓	✓	✓	√	√	√	✓
FATCA CRS/UBO Declaration		1	1	/	/	/	V	/	1	/	1

^{1.} Self attestation is mandatory 2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided 3. In case Units are applied in Electronic (Demat) mode.

짇

Proportion (%) in which

the units will be shared