



CLIENT ON BOARDING DOCUMENTS

ONE TIME DOCUMENTATION FOR HASSLE FREE INVESTMENTS IN MUTUAL FUNDS

FILL IN DETAILS HERE

Mother's Name _____

E-mail ID _____

Mobile Number _____

Gross Annual Income _____

Occupation _____

Place of Birth _____

Nominee name _____

Nominee Relation _____

DOCUMENT CHECK LIST

- 1 Passport Size Photo
- PAN Card Copy (Self Attested)
- Address Proof Copy (Self Attested)
- Cancelled Cheque with Name written on it.

Note :

- Sign at all places Marked (✓)
- Please do not fill anything inside or fill exactly with reference to the attached proofs.
- Please issue a single cheque for all your investments in the name "National Securities Clearing Corporation Limited".

Helpline  +91-9758242423, 0121-2647576



UMRN Date

Sponsor Bank Code Utility Code

Tick (✓) CREATE MODIFY CANCEL

I/We hereby authorize NATIONAL SECURITIES CLEARING CORPORATION LTD. to debit tick (✓) SB CA CC SB-NRE SB-NRO Others

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

IIN

Mandate ID Mobile No.

Email ID

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

PERIOD

From	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
To	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>

Or Until Cancelled

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

• This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
 • I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

Write Name of your Bank (as in Cheque/pass book)	Write Your Bank a/c no. (as in Cheque/pass book)	Mention any one of Your bank code IFSC or MICR code (as in Cheque/pass book)	Tick Bank account type	Mention the date
Mandatory	Mandatory	Mandatory	Mandatory	

1 Date

Sponsor Bank Code Utility Code

Tick (✓) CREATE MODIFY CANCEL

I/We hereby authorize NATIONAL SECURITIES CLEARING CORPORATION LTD. to debit tick (✓) SB CA CC SB-NRE SB-NRO Others

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

IIN

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PERIOD

From	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
To	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>

Or Until Cancelled

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

• This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
 • I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

Write Payment Start date	Sign as per Bank records (Sign of all account holders primary & Joint required)	Write Name of Bank account holders - as per bank records (All signatories name required)	Write Mandate Amount (In both figure & words) To be debited
Mandatory	Mandatory	Mandatory	Mandatory

Mandatory columns to be filled		
1 Date in DD/MM/YYYY format	2 Select the Account type	3 Customer's bank account number
4 Name of the bank	5 IFSC code of customer bank	6 Amount in Words
7 Amount in figures	8 ACH start date	9 Name(s) of the customer(s) and Signature(s)

Know Your Client (KYC)
Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)
Fields marked with "*" are mandatory fields

Application New

Type* Update KYC Number*

KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)

Our Mission. Your Growth



1. Identity Details (Please refer instruction A at the end)

PAN

Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth*

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others – Country Country Code

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type* S-Service Private Sector Public Sector Government Sector
 O-Others Professional Self Employed Retired Housewife Student
 B-Business X-Not Categorized



2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* Residential / Business Residential Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: - - Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PAN*											
Name											
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential			<input type="checkbox"/> Residential / Business			<input type="checkbox"/> Unspecified				
	<input type="checkbox"/> Business			<input type="checkbox"/> Registered Office							
Place of Birth						Country of Birth					
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh		<input type="checkbox"/> 1-5 Lacs			Occupation Details [Please tick any one (√)]	<input type="checkbox"/> Business		<input type="checkbox"/> Professional		
Net Worth in INR. In Lacs	<input type="checkbox"/> 5-10 Lacs		<input type="checkbox"/> 10-25 Lacs				<input type="checkbox"/> Public Sector		<input type="checkbox"/> Private Sector		
Net Worth Date	<input type="checkbox"/> 25 Lacs - 1 Cr		<input type="checkbox"/> > 1 Crore				<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife		
	_____						<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Retired		
	dd-mmm-yyyy						<input type="checkbox"/> Student		<input type="checkbox"/> Forex Dealer		
							<input type="checkbox"/> Others [Please specify]				
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes		<input type="checkbox"/> Related to PEP			Any other information [if applicable]	[Please specify]				
	<input type="checkbox"/> Not Applicable										

* If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India – Yes No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [Fund/AMC/RTA/NSE] 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 of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I 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 authorize Fund/AMC/RTA/NSE 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.

Date :

Signature:

Place :



First Applicant / Guardian

Advisor/Distributor : Code/Name

UnitHolder Information

Name of the First Applicant :

PAN/Exempt No. : Date of Birth : Tax Status* :

Father Name : Mother Name :

Name of Guardian : Date of Birth : PAN/Exempt No. :

Contact Address :

City : Pincode : State : Country :

Tel.(Off) : Tel.(Res) : Email :

Fax.(Off) : Fax.(Res) : Mobile:

Mode of Holding : DP ID : Occupation :

Name of Second Applicant : PAN/Exempt No. :

Second Applicant Email: Second Applicant Mobile :

Second Applicant Date of Birth :

Name of Third Applicant : PAN/Exempt No.:

Third Applicant Email : Third Applicant Mobile :

Third Applicant Date of Birth :

Other DetailsOverseas Address
(If investor is NRI) :

City : Pincode : Country :

Bank Mandate Details

Name of Bank : Branch :

A/c No. : A/c Type : IFSC Code :

Bank Address :

City : Pincode : Country :

Nomination Details

Nominee Name 1 : Date of Birth: Relationship : Percentage :

Guardian Name(If nominee 1 is minor) : Guardian PAN :

Nominee Address :

City : Pincode : State :

Nominee Name 2 : Date of Birth: Relationship : Percentage :

Guardian Name(If nominee 2 is minor) : Guardian PAN :

Nominee Name 3 : Date of Birth: Relationship : Percentage :

Guardian Name(If nominee 3 is minor) : Guardian PAN :

Declaration and Signature

I/We confirm that the information provided by me/us is true and correct. I/We acknowledge that the responsibility of the information provided in the registration form solely rests with me/us and that NSE / NSCCL will not be responsible or liable for any loss, claim, liability that may arise on account of any incorrect and/or erroneous data/information provided by me/us. I/We hereby confirm that I/we will comply with the terms and conditions for Know Your Customer (KYC). I am aware that system generated User ID and password will be sent on the registered mail id. All correspondence/communication in respect of the transactions including the payment link for online fund transfer will be sent to the registered email address and SMS alerts will be sent to the registered mobile number provided at the time of registration on NMF II. I/we also hereby confirm that the email id and the mobile no. provided at the time of registration by the distributor in the NMF II is pertaining to me/us and all communication/correspondence/transactions related alerts shall be sent to same email id/mobile no.

I/We confirm that for existing investments, I/we had gone through, understood the contents of the Scheme Information Document and Key Information Memorandum, addenda issued from time to time regarding each Mutual Fund Scheme, in which I/We had chosen to subscribe / redeem. I/We will also ensure that I/we shall go through, understand the contents of the Scheme Information Document and Key Information Memorandum, issued from time to time regarding each Mutual Fund Scheme, in which I/We will choose to subscribe to / redeem.

I/We hereby authorize NSE to collect the following data/ information pertaining to my / our mutual fund investments from all Asset Management Companies (AMCs) and their respective Registrar and Transfer Agents with whom I/We transact: -

1. Distributor wise transaction data for historical, present and future transactions carried out through various transaction platforms including transaction request submitted at any point of acceptance of the AMCs subject to the condition that the Distributor is registered with NSE NMF II platform.
2. Scheme wise consolidated unit balance available in my account(s) as and when required.

Date :

Place :

Signature 1st Applicant :

Signature 2nd Applicant :

Signature 3rd Applicant :

***Documents Required:**

Trust : Trust Deed and Authorised Signatory List
 Partnership Firm : Partnership Deed and Authorised Signatory List.
 Societies : Bye-Laws and Authorised Signatory List
 FII & LLP : Overseas Auditors Certificate, Authorised Signatory List ,Board Resolution/Authorisation to Invest
 Corporate : Board Resolution and Authorised signatory List
 Minor : Proof of Date of Birth

For all investors, a Cancelled cheque should also be mandatorily submitted as proof of bank account.

Individual Investor – Additional KYC and FATCA compliance mandatory for IIN activation.

Corporate / HUF Investor – Additional KYC, FATCA and UBO compliance mandatory for IIN activation.

Note: For Corporate and HUF investors all forms have to be submitted in physical post making necessary submissions on NMF II platform. Once the submissions are made on the platform printed version of forms will be generated from NMF platform.

This Investor Form was generated through NMF II platform.