

9. NOMINATION DETAILS

A. WISH TO NOMINATE (NOTE: NOT REQUIRED IF THE APPLICANT IS MINOR)

Sr. no.	Nominee Name/s	PAN (Optional)	Relationship with applicant	If Nominee is minor*			Date of Birth of Minor*	Allocation (%)
				Guardian Name	Guardian PAN	Guardian Signature		
1.							DD/MM/YYYY	
2.							DD/MM/YYYY	
3.							DD/MM/YYYY	

Address:

Total 100%

*Please attach proof of date of birth of minor like Birth Certificate, School Leaving Certificate, Passport etc.

B. WISH TO OPT OUT OF NOMINATION (NOTE: NOT REQUIRED IF THE APPLICANT IS MINOR)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

SIGNATURE OF UNIT HOLDER(S) FOR NOMINATION: <small>[To be signed by all unit holders including joint holders, irrespective of mode of holding]</small>	First / Sole Applicant / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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10. KYC Details (Mandatory) :

(a). Status of Sole / 1st Applicant (Please tick 3)

Status	Resident Individual	Non Resident	Company	HUF	Minor (Through Guardian)	Society	FII/FPI	PIO	Partnership Firm	Proprietor	NPO	Trust	Other (Please Specify)
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are you a Non-Profit Organization (NPO) or Company incorporated u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013: Yes No

(b). Occupation Details (Please tick 3)

Status	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Other (Please Specify)
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(c). Gross Annual Income (Please tick 3)

Status	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	> 25 Lacs-1 Crore	> 1 Crore	Networth As on
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> DDMMYYYYYY
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> DDMMYYYYYY
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> DDMMYYYYYY
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> DDMMYYYYYY

PEP & UBO Details (Please tick 3 if applicable)

Status	I am politically exposed person	Is the company listed company or subsidiary of listed company or controlled by listed company (if no, please attach mandatory UBO declaration)	Foreign Exchange/Money Changer Services	Farming/Gambling/Lottery/Casino services	Money Lending / Pawning
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. FATCA AND CRS DETAILS :

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Place	Place	Place	Place
Country of Birth	Country of Birth	Country of Birth	Country of Birth
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> USA <input type="checkbox"/> Other _____	<input type="checkbox"/> Indian <input type="checkbox"/> USA <input type="checkbox"/> Other _____	<input type="checkbox"/> Indian <input type="checkbox"/> USA <input type="checkbox"/> Other _____

Please indicate all Countries, other than India, in which you are a resident for purpose, associated Taxpayer Identification Number and its Identification type eg. TIN etc.

* If TIN is not available or mentioned, please mention as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclose.

Sole/First Applicant/Guardian				Second Applicant				Third Applicant			
Sr.	Country #	Tax Identification Number	Identification Type/Reason*	Sr.	Country #	Tax Identification Number	Identification Type/Reason*	Sr.	Country #	Tax Identification Number	Identification Type/Reason*
1				1				1			
2				2				2			
3				3				3			

12. POWER OF ATTORNEY (POA) HOLDER DETAILS

	PAN NO.
First Applicant POA Name	<input type="text"/>
Second Applicant POA Name	<input type="text"/>
Third Applicant POA Name	<input type="text"/>

