

TAX STATUS CHANGE FORM

1. My Details (Please provide the following details in full)

Name

My folio number(s)

PAN First/Sole Unitholder/Guardian Second Unitholder Third Unitholder

KYC Verified ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

2. Change in Tax Status (please tick✓)

Please Change the Tax Status for Sole/ First Unit-holder as under, for the aforementioned Folio

- ☐ Resident Individual to Non-Resident Individual (Only NRO account can be updated)
- ☐ Non-Resident Individual to Resident Individual

3. Change of Bank Mandate/Mode of payment

New Bank details

Bank name

Core bank account number

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Other

Bank Address

City Pincode

IFSC Code (11 digit) MICR Code (9 digit)

4. Change of Bank Mandate/Mode of payment (Contd.)

Documents to be submitted by Investor

Existing bank details (Any one of the following)

- ☐ A cancelled original cheque leaf/Self attested copy of cancelled cheque*
- ☐ Photocopy of bank passbook or bank account statement (Having entries not older than 3 months)
- ☐ Letter from the bank

New bank details (Any one of the following)

- ☐ A cancelled original cheque leaf/Self attested copy of cancelled cheque*
- ☐ Photocopy of bank passbook or bank account statement (Having entries not older than 3 months)
- ☐ Letter from the bank

5. Contact details updation

Kindly furnish your E-Mail address & Contact Numbers, to help us serve you better.

Email ID (in capital)

Mobile Telephone no. (Office)

Telephone no. (Resi) (STD Code) Fax no. (Resi) (STD Code)

Mobile No. / Email ID* provided pertains to (Please tick✓)) * if below any option is not ticked (✓) or selected then (Self) option is considered as a default.

- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS

Folio number Date

Received from Mr./Ms./Mrs.

Stamp & Signature

6. FATCA AND CRS DETAILS (Self Certification)

(FOR INDIVIDUALS)

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

(If Yes, please provide country lies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 st Applicant (Sole / Guardian / Non-Individual)		2 nd Applicant		3 rd Applicant	
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	☐ Yes ☐ No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	☐ Yes ☐ No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	☐ Yes ☐ No
Country of Birth / Incorporation		Country of Birth		Country of Birth	
Country Citizenship / Nationality		Country Citizenship / Nationality		Country Citizenship / Nationality	
Are you a US specified person?	☐ Yes ☐ No Please provide Tax Payer Id. _____	Are you a US specified person?	☐ Yes ☐ No Please provide Tax Payer Id. _____	Are you a US specified person?	☐ Yes ☐ No Please provide Tax Payer Id. _____

_____ Refer instruction 15(e)

Individual or Non-Individual investors fill this section if ticked Yes above.		Individual investor have to fill in below details in case of joint applicants			
Tax Residency Status: 1	Country:	Tax Residency Status: 1	Country:	Tax Residency Status: 1	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Tax Residency Status: 2	Country:	Tax Residency Status: 2	Country:	Tax Residency Status: 2	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Tax Residency Status: 3	Country:	Tax Residency Status: 3	Country:	Tax Residency Status: 3	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Address Type _____		Address Type _____		Address Type _____	
(Address Type: Residential or Business (default) Residential Business Registered Office) (For address mentioned in form I existing address appearing in folio)					

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

7. DECLARATION & SIGNATURES (To be signed as per the Existing Mode of Holding)

Investor Details	1st Holder	2nd Holder	3rd Holder
Name			
Signature			

Date

D	D	M	M	Y	Y	Y	Y
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Place

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