

5. FATCA & CRS DETAILS

Place of Birth _____ Country of Birth _____

Are you a tax resident (i.e. are you assessed for Tax) Yes No [Please tick (✓) any If "NO" proceed for the signature of declaration in any other country outside India?

If "YES" please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen Resident/ Green Card Holder/ Tax Resident in the respective countries

Country of Tax Residency	Tax Identification Number or Function Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick the reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C Others, please state the reason thereof: _____

6. KYC DETAILS

Occupation Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (please specify) _____

Gross Annual Income Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 crore >1 crore

Others I am Politically Exposed Person (PEP) I am related to Politically Exposed Person (PEP) Not Applicable

7. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and here by agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Alternative Investment fund from amongst which the Scheme is being recommended to me/us.

I/We hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield for this investment.

I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Alternative Investment fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

Signature(s) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

First/ Sole Unit holder/ Guardian/ POA Holder

Second Unit holder

Third Unit holder