

TAX STATUS CHANGE FORM

Please read the instructions thoroughly before filling the form. **Please use black/blue ink to fill the form in BLOCK Letters (for legibility) in English.**

UNIT HOLDER'S INFORMATION (MANDATORY)

Folio No: PAN :
1st/Sole Unit Holder Name:

CHANGE IN TAX STATUS

☐ Resident Indian (RI) to Non-Resident Indian (NRI) ☐ Non-Resident Indian (NRI) to Resident Indian (RI)

OVERSEAS ADDRESS (in case of RI to NRI) - Mandatory

Address:

 City:
State: Country: PIN:

CHANGE OF BANK MANDATE/MODE OF PAYMENT

Mandatory to attach proof as given in the instruction. For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Existing Bank Details:

Account No.: Account Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR
Name of Bank:
Branch Name: Branch City:
MICR code: IFSC code:

New Bank Details:

Account No.: Account Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR
Name of Bank:
Branch Name: Branch City:
MICR code: IFSC code:

NEW CONTACT DETAILS

Tel.: Mobile:
Email:

Primary Holder's own email address and mobile number should be provided. If email id of Primary Holder is not available, please select any of one's email id: ☐ Spouse, ☐ Dependent Children, ☐ Dependent Siblings, ☐ Dependent Parents, ☐ Guardian. All communications will be sent by default to the registered E-mail ID/Mobile No. In case you wish to receive physical communication, please tick ☐

INVESTOR(S) DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of 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) on the date of this transaction. I/We have further read, understood and hereby 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 Mutual Funds 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 month. 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 right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected or in case of incorrect details in the form.

YOUR SIGNATURE/S (To be signed by all holders if the mode of operation is "Joint")

Sole/First Unit Holder/Guardian

Second Unit Holder

Third Unit Holder

Place:

Date:

Folio No.

Received from Mr./Ms./Mrs.

Stamp & Signature

Date: