

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number
ARN-93178			E096358

*Please sign alongside in case the EUIN is left blank/not provided.
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN HERE → First / Sole Applicant / Guardian

SIGN HERE → Second Applicant

SIGN HERE → Third Applicant

(Please tick (✓) any one) ☐ I am a First time investor across Mutual Funds OR ☐ I am an existing investor in Mutual Funds

2. UNITHOLDING OPTION - ☐ DEMAT MODE ☐ PHYSICAL MODE

DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.

Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

National Securities Depository Limited	Depository participant Name	Central Depository Securities Limited	Depository participant Name
DP ID No.	I N	Target ID No.	
Beneficiary Account No.			

Enclosures (Please tick any one box): ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

3. EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 11. Mode of holding will be as per existing folio number.)

4. GENERAL INFORMATION APPLICATION FOR ☐ Zero Balance Folio ☐ Invest Now *MODE OF HOLDING : ☐ Single ☐ Joint (Default) ☐ Any one or Survivor

5. FIRST APPLICANT DETAILS

NAME

PAN / PEKRN[^] (First Applicant) PAN / PEKRN[^] (Guardian)

Name of Guardian if first applicant is minor / Contact Person for non individuals

Guardian's Relationship With Minor	Date of Birth of 1st Applicant	Proof of Date of Birth and Guardian's Relationship with Minor
<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Court Appointed Guardian	D D M M Y Y Y Y	<input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others (please specify)

OCCUPATION*** : ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Retired ☐ Government Service/Public Sector
☐ Business ☐ Forex Dealer ☐ Student ☐ Private Sector Service ☐ Others

STATUS[^] : ☐ Resident Individual ☐ PSU ☐ AOP/BOI ☐ Minor through Guardian ☐ HUF ☐ Trust / Charities / NGOs
☐ Society ☐ FI / FII ☐ NRI ☐ Company/Body Corporate ☐ Sole Proprietor ☐ Defence Establishment
☐ PIO ☐ Bank ☐ FPI*** ☐ Government Body ☐ Partnership Firm ☐ Others

GROSS ANNUAL INCOME DETAILS*** Please tick (✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 Crore ☐ >1 Crore

NET-WORTH*** in ₹ (Net worth should not be older than 1 year) as on (Date) D D M M Y Y Y Y (Mandatory for Non Individuals)

Are you a Politically Exposed Person (PEP)*** ☐ Yes ☐ No Are you related to a Politically Exposed Person (PEP)*** ☐ Yes ☐ No

Are you involved / providing any of the mentioned services : ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services
☐ Money Lending / Pawning ☐ None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Ref Ins No. XIV)

**In case First Applicant is Minor then details of Guardian will be required.

6. SECOND APPLICANT DETAILS

NAME PAN / PEKRN[^]

OCCUPATION[^] : ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Retired ☐ Government Service/Public Sector STATUS[^] : ☐ NRI
☐ Business ☐ Forex Dealer ☐ Student ☐ Private Sector Service ☐ Others ☐ Resident Individual

GROSS ANNUAL INCOME DETAILS*** Please tick (✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 Crore ☐ >1 Crore

NET-WORTH*** in ₹ (Net worth should not be older than 1 year) as on (Date) D D M M Y Y Y Y

Are you a Politically Exposed Person (PEP)*** ☐ Yes ☐ No Are you related to a Politically Exposed Person (PEP) ☐ Yes ☐ No

12. NOMINATION - I wish to Nominate ☐ Yes ☐ No (Mandatory if mode of holding is single) (Refer Instruction No. VI)

In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
						1st App.
						2nd App.
						3rd App.

13. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1)

First Applicant POA Name	Mr./Ms./M/s	PAN^							
Second Applicant POA Name	Mr./Ms./M/s	PAN^							
Third Applicant POA Name	Mr./Ms./M/s	PAN^							

14. SIP ENROLLMENT DETAILS Opted for SIP: ☐ Yes ☐ No (Incase you have opted for SIP it is mandatory to submit SIP Enrolment Form)

15. STP ENROLLMENT DETAILS Opted for STP: ☐ Yes ☐ No (Incase you have opted for STP it is mandatory to submit STP Enrolment Form)

16. I WISH TO APPLY FOR TRANSACT ONLINE Yes ☐ No ☐ OR I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS Yes ☐ No ☐
(Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)

17. DECLARATION AND SIGNATURE

I/We would like to invest in Reliance subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Reliance Any Time Money Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM can debit from my folio for the service charges as applicable from time to time. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I /We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

☐ I confirm that I am resident of India.

☐ I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

☐ I have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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Mutual Fund

ONE TIME BANK MANDATE (NACH / Direct Debit Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Reliance Capital Asset Management Limited
A Reliance Capital Company

APP No.

UMRN (For Office Use Only)

D D M M Y Y Y Y

Create ☒
Modify ☐
Cancel ☐

Sponsor Bank Code (For Office Use Only) Utility Code (For Office Use Only)

I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c no: (Destination Bank Account Number)

With Bank (Name of Destination Bank with Branch) IFSC or MICR

an amount of Rupees ₹

FREQUENCY: ☒ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ as & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference / Folio No. Email ID:

Scheme / Plan reference Number : **All schemes of Reliance Mutual Fund** Phone No:

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

PERIOD

From : D D M M Y Y Y Y

To: 3 1 1 2 2 0 9 9

Or ☐ Until Cancelled

1 Signature of Account Holder 2 Signature of Account Holder 3 Signature of Account Holder

1 Name of Account Holder 2 Name of Account Holder 3 Name of Account Holder

This is to confirm that the declaration (as mentioned overleaf) 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 and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

SIP ENROLLMENT DETAILS

(Use this form if One Time Bank Mandate Form is registered in the folio)

Mutual Fund

APP No.

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN-93178	ARN -	E096358	

*Please sign below in case the EUIN is left blank/not provided.
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN HERE

Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
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Uprfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

APPLICANT DETAILS

APPLICANT DETAILS		FOLIO NO.
Name of Sole/1st holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY <input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY <input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY <input type="checkbox"/> KYC Acknowledgement Copy

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge Rs. _____
Net Amount Rs. _____ Bank Name: _____ Branch: _____ City _____

UNITHOLDING OPTION - ☒ Demat Mode ☐ Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Securities Limited	Depository participant Name _____ Target ID No. _____
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Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)

Email ID _____ Mobile no. + (Country Code) _____ (For Receiving Transaction Alerts via SMS)

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default, unless I have already opted for IPIN in the past and have created a username.

I wish to receive the IPIN through below selected mode: ☐ Physical Mode (Default) ☐ Online Mode

SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Scheme / Plan / Option	Frequency (Please/ any one)	Enrollment Period (Please/ any one)	SIP Date (Please/ any one)	SIP Amount (in figures)	Reliance STEP-UP Facility (Optional)		
					Amount	Frequency	Count
	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> REGULAR From: M M / Y Y To: M M / Y Y	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default)	Rs. _____ (in figures)	Rs. _____ (Multiples of Rs. 100 only)	<input type="checkbox"/> Half-yearly	Increase SIP amount
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5)	<input type="checkbox"/> 18 <input type="checkbox"/> 28			<input type="checkbox"/> Yearly (Default)	time(s) (Default 1time)
	<input type="checkbox"/> Yearly	From: M M / Y Y To: 1 2 / 9 9					

DECLARATION: I/We would like to invest in Reliance _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM can debit from my folio for the service charges as applicable from time to time. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

☐ I confirm that I am resident of India. ☐ I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

SIGNATURE

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input type="checkbox"/> Second Applicant	<input type="checkbox"/> Third Applicant
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Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of RMF on any transaction day.

ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Mutual Fund

APP No.

UMRN _____ (For Office Use Only)

Sponsor Bank Code _____ (For Office Use Only) Utility Code _____ (For Office Use Only)

Create ☒ Modify ☐ Cancel ☐ I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c no: _____ Destination Bank Account Number _____

With Bank _____ (Name of Destination Bank with Branch) IFSC _____ or MICR _____

an amount of Rupees _____ ₹ _____

FREQUENCY: ☒ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ as & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference / Folio No. _____ Email ID: _____

Scheme / Plan reference Number : All schemes of Reliance Mutual Fund Phone No: _____

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

PERIOD

From : D D M M Y Y Y Y

To: **3 1 1 2 2 0 9 9**

Or ☐ Until Cancelled

1 _____ Signature of Account Holder	2 _____ Signature of Account Holder	3 _____ Signature of Account Holder
1 _____ Name of Account Holder	2 _____ Name of Account Holder	3 _____ Name of Account Holder

Details of Ultimate Beneficial Owner including FATCA & CRS information for Non Individual Investors

Name of the entity																															
Type of address given at KRA	Residential or Business					Residential					Business					Registered Office															
<i>"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"</i>																															
Customer ID / Folio Number																															
PAN											Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y										
City of incorporation																															
Country of incorporation																															
Entity Constitution Type <small>Please tick as appropriate</small>	<input type="checkbox"/> a Partnership Firm <input type="checkbox"/> b HUF <input type="checkbox"/> c Private Limited Company <input type="checkbox"/> d Public Limited Company <input type="checkbox"/> e Society <input type="checkbox"/> f AOP/BOI <input type="checkbox"/> g Trust H Liquidator <input type="checkbox"/> h Limited Liability Partnership <input type="checkbox"/> i Artificial Juridical Person <input type="checkbox"/> j Others specify _____																														

Please tick the applicable tax resident declaration-

 1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number %	Identification Type (TIN or Other , please specify)

 *In case Tax Identification Number is not available, kindly provide its functional equivalent⁸

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

 In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here (Refer Instruction No. 3.viii)

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, ☐ Financial institution⁶ or ☐ Direct reporting NFE⁷ (please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable) ☐ **Applied for** ☐

If the entity is financial institution, ☐ Not required to apply for - please specify 2 digits sub-category¹⁰

☐ Not obtained – Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity a <i>publicly traded company</i> ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a <i>related entity</i> ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an <i>active</i> ³ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part D)
4.	Is the Entity a <i>passive</i> ⁴ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

UBO Declaration

Category (Please tick applicable category):

☐

Unlisted Company

☐

Partnership Firm

☐

Limited Liability Partnership Company

☐

Unincorporated association / body of individuals

☐

Public Charitable Trust

☐

Religious Trust

☐

Private Trust

☐

Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country*	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ¹¹ - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name Country Tax ID No. ^{3a}	Tax ID Type Type Code AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address ZIP State: Country:
2. Name Country Tax ID No. ^{3a}	Tax ID Type Type Code AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address ZIP State: Country:
3. Name Country Tax ID No. ^{3a}	Tax ID Type Type Code AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address ZIP State: Country:

If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

^{3a}In case Tax Identification Number is not available, kindly provide functional equivalent

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

⁵It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name																			
Designation																			
Signature																			
Signature																			
Signature																			
Place																			
Date																			