COMMON APPLICATION FORM

Name & Broker Code/

Sub Broker /

Application No.:



ISC Date Time Stamp

Name & Broker Code/ ARN/RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
	_				
EUIN Declaration: Declaration for Execution Only					
the EUIN box has been intentionally left blank by me/ advice of in-appropriateness, if any, provided by the e	mployee/relationship manager/sales pe	erson of the distributors/sub bro	oker. RIA/Declaration: "I/We he	ereby give you my/our consent to share	
feed/portfolio holdings/NAV etc. in respect of my/our in	nvestments under Direct Plan of all Sch	nemes managed by you,to the	above mentioned SEBI-Registe	ered Investment Adviser/RIA".	
Sign of 1st Applicant / Guardian / Auth. Signator		of 2 nd Applicant / Guardian /			Guardian / Auth. Signatory / PoA
Please V Lumpsum Investment		Micro Applicat	tion 🗌	SIP A	Application
TRANSACTION CHARGES (Please	any one of the below. Re	fer Instructions No. 1	l 1)		
☐ I AM A FIRST TIME INVESTOR IN MI		OR		N EXISTING INVESTOR IN I	
Applicable transaction charges will be ded egistered Distributor)based on the investor					investor to the ARN Holder(AMF
,			•		
1. EXISTING UNIT HOLDER INFOR					
folio No.				KYC credentials may be filled	s application.All Unit Holders in the in the below sections.
2. APPLICANT(S) NAME AND IN IN	EODMATION (Pofor Instru	ction 21 If the 1st / Sal	o Applicant is Minor	than places provide details	of natural / logal guardian
	IFORMATION [Refer filstru		e Applicant is Millor,	their please provide details	or flatural / legal guardian
Please write the name as per PAN Card) Mr. / Ms. /M/s.				PAN	
El Code for entities					
10/0 ID 11 // // // // // // // // // // // //			Pls indi	icate if US Person or a resident	for tax purpose / Resident of Canad
KYC ID No. (KIN)					No ^{\$} (\$Default if not ✓)
GUARDIAN (In case 1 st Applicant is a Min Mr. / Ms. / M/s.	nor)				ip with Minor (Please ✓)]Father □ Legal Guardia
GUARDIAN CKYC			KYC (Please ✓)	GUARDIAN	j - auror
D No. (KIN)			✓ Proof Attached	PAN	(O (D)
POA / Custodian Name:			PO	A / Custodian	YC (Please ✓) ☐ Proof Attache
CKYC ID No. (KIN)				PAN	
Contact Person for Corporate Investo	r: 32131212132121ame			Designation: 2132132132	21
3. FIRST APPLICANT AND KYC DE	TAILS All fields	marked as (*) are	Mandatory		
SOLE APPLICANT Individual or					11b - Refer Instruction No. 17]
Date of Birth/ Incorporation Non-Individual) (Non-Individual) Please write the Date of birth as per Aadhaar Ca		f of Date of Birth (Ple (For minor applicant)		sport of the Minor Oth	nool Leaving Certificate / Mark Sh ers(Please specify)
Place of Birth /	Country of Birth /		Nationality:	Gender	☐ Male ☐ Female ☐ Oth
ncorporation: Please write the Date of birth as per Aadhaar Ca	Incorporation:		radionality.	Condo	_ maio _ remaio _ ea
		Trust Bank / Fls			through Guardian NRI - NRI
☐ HUF ☐ LLP ☐ Listed Company ☐ Priv☐ NPO Registration Number of DARPA		ompany∐ Artificial Jur	idicial Person Partne	rsnip Firm FOF - MF Schen	mes Other (Please specify)
	Private Sector	Public Sector	Government Serv	ice Student	Professional Housewit
*. Occupation Details [Please (✓)]	Business	Retired	Retired	Proprietorship	Others (Please specify)
*. Politically Exposed Person (PEP) Statu	us (Also applicable for authorised	I signatories/Promoters/Ka	arta/Trustee/Whole time Di	irectors) 🔲 I am PEP 🔲 I am	Related to PEP Not Applicable
*. Gross Annual Income (₹) [Please (✔)]	Below 1 Lakh	1-5 Lakhs	5-10 Lakhs	10-25 Lakhs	>25 Lakhs > 1 Cro
*. Net-worth (Mandatory for Non-Individu	_		as on		Y Y (Not older than 1 year
*. Non-Individual Investors involved/prov		Exchange / Money Cha		Gaming/Gambling/Lottery/0	
ny of the mentioned services		ending / Pawning		None of the above	
4. BANK ACCOUNT DETAILS - N	Mandatory [Refer_Instruct	tion Nos. 3 & 41			
lame of the Bank:					
Core Banking A/c No.			A/c.		NT SAVINGS NRO Oth
	A -1	ldroce:	Тур	e Pls. (✓)	
Branch Name:		ldress:		B1 0	-de
ank Branch City:		ate:	IESC Cada (Marie L.)	Pin Co	ode
MICR Code		ich a cancelled cheque photo copy of a chequi	IFSC Code (Mandat e Credit via NEFT/RTC		

Please Read All Instruments as given in KIM, to help you complete the Application Form Correctly.

Mode of Holding: Anyone or Survivor	Single Joint (Please note that the Default option is a rin case of Minor Applicant) (Please write the name as per PAN Card) Gender Male	
2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicable		* (*Default if not 🗸)
CKYC ID No. (KIN)	KVC Ple Proof Attached Date of Birth(Mandatory)	M M Y Y Y Y
, ,	(As per PAN Card)	
Place of Birth	Country of Birth Nationality: □ Private Sector □ Public Sector □ Government Service □ Student □ Professional	Housewife
a*. Occupation Details [Please(✓)]		ise specity)
b*. Politically Exposed Person (PEP) Status	m PEP	
c*. Gross Annual Income (₹) [Please(✓)]	☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ >25 Lakhs	☐ > 1 Crore
d*. Net-worth ₹	as on D M M Y Y Y Y (Not older than 1 year)	
Mode of Holding: Anyone or Survivor 3 rd APPLICANT Mr. / Ms. / M/s. (Not Applicable	Single Joint (Please note that the Default option is in case of Minor Applicant) (Please write the name as per PAN Card) Gender Male	Anyone or Survivor) Female Other
PAN Details	Pls indicates if US Person or a resident for tax purpose / Resident of Canada	* (*Default if not 🗸)
CKYC ID No. (KIN)	KYC PIs ✓ ☐ Proof Attached Date of Birth(Mandatory) ☐ ☐ (As per PAN Card)	MMYYYY
Place of Birth	Country of Birth Nationality:	
a*. Occupation Details [Please(✓)]	Private Sector □ Public Sector □ Government Service □ Student □ Professional Business □ Retired □ Agriculture □ Proprietorship □ Others(Pleatern of the content of the c	Housewife use specity)
b*. Politically Exposed Person (PEP) Status	m PEP	
c*. Gross Annual Income (₹) [Please(✓)]	Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ >25 Lakhs	☐ > 1 Crore
d*. Net-worth ₹	as on D M M Y Y Y Y (Not older than 1 year)	
6. MAILING ADDRESS [Please provide yo	our E-mail ID and Mobile Number to help us serve you better Refer Instructions 6]	
Local Address of 1st Applicant	City Code	
Tel. Off.	City State Pin Code Resi. Mobile	
Guardian(for Minor Investment E - Mail^ ^Please Use Block Letters. Investors providing ema copies are required kindly refer instruction no. 6(g)	il ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail on	ly.Incase if physical
Email address specified above belongs to Self or Spouse □ Guardian(for Minor Investmen	Family, due to Investor being(Please tick any one option from below.) t) □ Dependent Children □ Dependent Parents ☑ Dependent Siblings	
6a. Mandatory for NRI / FII Applicant [Plea	ise provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address	is preferred]
Overseas Correspondence Address		
7. INVESTMENT AND PAYMENT DETAILS Scheme -	(For complete information on Investment Details please Refer to Instructions No. 6.) Regular Plan Direct Plan Direct Plan Direct Plan Direct Plan Direct Plan	DCW* Frequency^
*IDCW frequency is applicable only for Mirae Asset Liquid	Fund, Mirae Asset Overnight Fund & Mirae Asset Low Duration Fund. Default option here will be Daily if frequency not selected. yuency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details	
	n-Third Party Payment) Third Party Payment (Please attach 'Third Party Payment Declaration Form')	
	nt of Cheque / DD / DD Charges, Net Purchase Drawn on Bank / Pay-	In Bank A/c No.
8. DEMAT ACCOUNT: Mandatory for units	in Demat Mode -Please Ensure the sequence of names as mentioned under sec-3 matches as per the De	pository Details.
National Securities Depository Limited (NSDL	Central Depository Services (India) Limited (CDSL)	
DP Name	DP Name	
DP ID I N Benef. A/	C No. 16 Digit A/C No.	
Enclosures - Please (✓) ☐ Client Masters 9. NOMINATION DETAILS MANDATORY [N	List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS) Alinor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Nomination Instruction No. 20]	
☐ PLEASE REGISTER MY/OUR NOMINEE A	D. (1)	/ Guardian
No. Nominee(s) Name	Date of Birth (in case of Minor) Name of the Guardian (in case of Minor) Name of the Guardian (in case of Minor) Relationship Nof Share (Preferred but not Minor)	
1 2	DD/MM/YYYY 1 2	3
3	DD/MM/YYYY	
I / We hereby confirm that I / We do not wish to appoint any nominee(account holder(s), my / our legal heirs would need to submit all the reconstruction.	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 causiste documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.	se of death of all the

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FOR NON-INDIVIDUALS ONLY

	TCA & CRS DETAILS (Plea								FCA &	CRS cla	assificat	ion)					
PART	_	al Institutions or Direct F	Report	ing Non	Financia	al Entity	(NFEs)									
We are Financi or	e a, GIII	Note: If you do not have a GIIN but	t you are	sponsered by	another en	ntity, please pr	rovide you	ır sponsor's	GIIN abo	ve and indic	ate your spo	nsor's nam	ne below				
	reporting NFE Na se tick (✓)]	ame of sponsoring entity	:														
GIIN	not available [Please tick ((✓)]	□ N	ot require	d to app	oly for - p	lease s	pecify 2	digits	sub-cate	gory			Not obta	ined - N	on-partic	cipating FI
PART	B (please fill any one as	appropriate "to be filled	by NF	Es other	then D	irect Rep	orting	NFEs")									
1	Is the Entity a publicly tra			Yes	(If yes, pl	lease spec	ify any o	ne stock	exchan	ge on whic	ch the stoo	k is regu	larly trade	ed)			
	(that is, a company whos traded on an established		Name of stock exchange:														
2	Is the Entity a related entitraded company (a comp			Yes	(If yes, pl	lease spec	ify name	of the lis	ted com	pany and	one stock	exchang	ge on whic	ch the sto	ck is regul	larly trade	d)
		stablished securities mar	rket)	Name of Listed compnay:													
				Nature o	of relation	Su	bsidiary	of the List	ed Com	pany or	☐ Co	ntrolled b	y a Listed	l Compan	ıy		
				Name o	f stock ex	change: _											
3	Is the Entity an active NF					lease fill UI											
		_				ss:				•							
				ivalure (JI DUSIIIES	55											
						e sub-cate					Mention co	de: Refe	r instruction	on 15(c)			
4	Is the Entity an Passive I	NFE		Yes	(If yes, pl	lease fill UI	BO decl	aration in	the nex	t section.)							
					of Busines												
# If passi	ve NFE, please provide below add	ditional details. (Please attach ad	Iditional			refer inst				ils if the U	BO does n	ot have a	PAN. (Ref	fer Instruc	tion No. 1	6)	
	Any other Identification Number			ation Type									•			,	
Election ID), Govt. ID, Driving Licence NREGA Job Card,	Others)	Nation	onality:						OB: Date Sender: M		ale. Other					
City of	Birth - Country of Birth			's Name: N		if PAN in r	not avail	able									
1. PAN:				cupation Type:					Date of Birth:								
_	of Birth htry of Birth:			lationality: Father's Name:					Gender								
Cour	illy of Birtii.		raulei	5 Name.													
2. PAN:			Occup	Occupation Type:					Date of Birth:								
1				ntionality:							Gender ☐ Male ☐ Female ☐ Other						
Cour	in y or Birth.		Fatner	's Name:													
3. PAN:			Occup	ation Type	:						ate of Bir	th:					
				ionality:							Gender ☐ Male ☐ Female ☐ Other						
Coun	ntry of Birth:		Father	's Name:										Omaio			
* To include	nal details to be filled by controlling p de US, where controlling person is a e Tax Identfication Number is not av	a US citizen or green card holder			enship/Gı	reen Card ir	n any cou	untry other	than Inc	lia.							
	ECLARATION FOR ULTIMA				lefer ins	struction	No. 1	7)*									
person(s),	aration is not needed for Compan , confirming ALL countries of tax i t and Auditor's Letter with required o	residency / permanent residency	y / citize	ck exchangenship and	e or is a S ALL Tax I	Subsidiary dentification	of such I n Numbe	Listed Cor ers for EA	npany o CH con	r is Contro trolling per	elled by suc eson(s). Ov	ch Listed vner-docu	Company. umented F	Please lis FI's shou	st below th lld provide	ie details o FFI Owne	of controlling er Reporting
Our	company is a Listed Compa	ny on a recognized stock e	xchan	ge in Indi	a / Subs	idiary of	a or Co	ntrolled	by a Li	sted Co	mpany [lf	this cate	gory is sele	ected, no n	need to pro	vide UBO	details].
Name of	the Stock Exchange where it is	listed.										Securi	ty ISIN _				
_	the Listed Company (applicable sted Company Partnersh			′	tion / boo	dy of indiv	iduals		ublic C	haritable	Trust	☐ Priv	ate Trust	t 🗆	Religious	Trust	
Trus	t created by a Will.	ers [please specify]													-		
11a. Ul	timate Beneficiary Owner	(UBO) / Controlling Pers	on(s)	Senior I	<i>l</i> lanagir	ng Officia	al deta	ils.									
-	our company/entity have any We hereby declare that the follo	• • • •					_			•					U N		ow.
	eclare that no individual person e provided below.	(directly / indirectly) holds conti	rolling o	wnership ii	our enti	ty above th	ne presc	ribed thre	shold lir	mit. Detail	s of the inc	dividual v	vho holds	the posit	ion of Sen	ior Manaç	jing Official
Applic	ation No.:	Cheq	ue/DI	D shoul	d be D	rawn in	favou	ır of th	e Sch	eme N	ame						

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3			
Name of the UBO / SMO#.						
UBO / SMO PAN#. For Foreign National, TIN to be provided]						
UBO / SMO Country of Tax Residency#						
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.						
UBO / SMO Identity Type						
UBO / SMO Place & Country	Place of Birth	Place of Birth	Place of Birth			
of Birth#	Country of Birth	Country of Birth	Country of Birth			
UBO / SMO Nationality						
UBO / SMO Date of Birth [dd-mmm-yyyy] #						
UBO / SMO PEP#	PEP. Related to PEP. Not a PEP.	PEP. Related to PEP. Not a PEP.	PEP. Related to PEP. Not a PEP.			
UBO / SMO Address Type	Residence Business Registered Office	Residence Business Registered Office	Residence Business Registered Office			
UBO / SMO Occupation	Public Service	Public Service	Public Service			
SMO Designation#	_					
UBO / SMO KYC Complied**. If not complied, please complete KYC process independently and then submit the proof.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.			

Mandatory column.

** In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

Instructions

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership offentitlement to:
- more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
- more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership or or who exercises control through other means."

For the purpose of this clause, "Control" shall include the right to control the management or policy decision.

- more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

(ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.

(iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company, listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements

B. For Investors which is a trust:

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Received		on from Mr. / Ms. / M/s						For Lumpsum 'OR' SI as per details below:		
Sign of 1 st Applicant / Guardian / Authorised Signatory / PoA				Sign of 2 [™] Applicant / Guardian / Authorised Signatory / PoA			Sign of 3 rd Applicant / Guardian / Authorised Signatory / PoA			
To The Trustees, Mirae A agree to abide by the ten provisions of the Income Asset Mutual Fund. (D) information/details with I I/We will indemnify the F form of trail commission indicative portfolio and/ c I/We have read, underst (RIA) through the registrainvest into the Scheme a notify the AMC, in which confirm that the informatibe presumed that applica concealed the facts of be	sset Mutual Fun ms, conditions, r. Tax Act, Anti Mo The information he AMC / Fund/Fund, AMC, Trusts or any indicative yood and shall be ar or otherwise. (s per the said FE event the AMC r on provided by m ti s the ultimate neficial ownersh	d (The Fund) – (A) Having read and understooules and regulations governing the scheme. (B) ney Laundering Laws or any other applicable in given in / with this application form is true an Registrars and Transfer Agent (RTA) from time tee, RTAand other intermediaries in case of any el), payable to him for the different competing syield by the Fund/AMC/its distributor for this invibound by the terms & conditions of the PIN agu (JApplicable to Foreign Resident's Residing in EMAregulations and other applicable laws and esserves the right to redeem my / our investmer of us on this Form is true, correct, and complete beneficial owner, with no declaration to submit	If the contents of the SID of the I/We hereby declare that the a laws enacted by the Governme do correct and further agrees to time. I/We hereby confirm th dispute regarding the eligibilit Schemes of various Mutual Fu destment. I/We have not receive ement available on the AMC nodiaI / We confirm that I/We. J/ I/We confirm tat i we regulations. (I/) I / We confirm tat in the Scheme(s). (K) FATC Is. I / We also confirm that I / We. In such case, the concerned writing about any changes/mc writing about any changes/mc with the saws of the same should be supposed to the same should be same should be supposed to the same should be same should be s	e Scheme aj mount inver ent of India f to furnish a at the AMC/ y, validity ar nds from an ed nor have website for satisfy the F that I am / V A/CRS Cere have read a SEBI regist	oplied for (Including the scheme(s) available du sted in the scheme is through legitimate sources rom time to time. (C) Signature of the nominee dditional information sought by Mirae Asset In Fund shall have the right to share my information dauthorization of my/our transactions. (E) I/W mongst which the Scheme is being recommend been induced by any rebate or gifts, directly or transacting online. (H) RIA: I/We hereby agree Research of the scheme is being recommend to the scheme is being recommend to the scheme is being recommend been induced by any rebate or gifts, directly or transacting online. (H) RIA: I/We hereby agree Research in the scheme is the scheme is the scheme in the scheme in the scheme is the scheme in the scheme in the scheme is the scheme in the scheme is the scheme in the scheme is the scheme in the scheme in the scheme is the scheme in th	is only and does not involve and acknowledging receipts of my, vestment Managers (India) Pon and other details with the refurther declare that "The ARN at to merus. (F) I/We hereby coindirectly in making this investre to consent the AMC to share is coinson. Whe further declare that wis of United States or resident on requirements of this Form (ronditions and hereby accept the allocation or reverse the allocation.	d is not design/our credit wire credit wire credit wire credit wire credit wire credit with a confirm that I/ment. (G) Apmy transactic I/We am/are t(s) of Canace cread along we same. In content of unit content of unit credit wire cred	ned for the purpose of the contravention of an ill constitute full discharge of liabilities of Mira d (AMC) / Fund and undertake to update th government authorities as and when needed disclosed to me/us all the commissions (in the We have not been offered/communicated an plicable to Investors availing the online facility on details to the registered investment advisc "Person Resident in India" and are allowed ta. In case of change to this status, I / We sha tith the FATCA& CRS Instructions) and hereb ase the above information is not provided, it us, if subsequently it is found that applicant ha		
		he POA holder should fill separate form SIGNATURES / THUMB IMPRE			•					
(Address Type: R	esidential or	Business (default) I Residential I Bu	siness I Registered Offi	ce) (For a	address mentioned in form I existing	address appearing in fo	lio)			
Address Type			Address Type		Address Type					
Туре:				Туре:			Type:			
Tax Residency Status: 3		Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:				
	Countr	ry:		Count	ry:		Countr	у:		
	Type:		Туре:				Type:	Type:		
Country: Tax Residency Status: 2 No.:			Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:			
		ry:		Count	ry:		Country:			
	Туре:			Type:			Туре:			
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Tay Basidanay	Countr	ry:	Tay Basidanay	Count	ry:	Toy Docidency	Country	y:		
if ticked Yes abov		vestors fill this section	Individual investor	have to	fill in below details in case of joint ap	plicants				
		· · · · ·	esidence is US, but you a	re not a s	pecified US person then please mention	n exemption code	R	efer instruction 15(e))		
Are you a US specified Please provide Tax Payer Id.			Are you a US specified person?	d	☐ Yes ☐ No Please provide Tax Payer Id.	Are you a US specified person?	d	☐ Yes ☐ No Please provide Tax Payer Id		
Country Citizenship / Nationality			Country Citizenship / Nationality			Country Citizenship / Nationality				
Country of Birth / Incorporation			Country of Birth			Country of Birth				
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency			Do you have any non- Country(ies) of Birth / Citizenship / Nationali Tax Residency	Indian ity and	□Yes □No	Do you have any non- Country(ies) of Birth / Citizenship / Nationali Tax Residency	Indian ty and	☐ Yes ☐ No		
				ippiiodii:	3 rd Applicant					
1st Applic	ant (Sole / G	uardian / Non-Individual		2 nd /	Applicant		3 rd Aı	pplicant		

Amount (Rs) _____ Cheque/ DD No.: _ Dated ____ Bank & Branch ____