

	<b>NMF II Platform</b>	IIN No.:	<b>Investor Form</b>
<b>Advisor/Distributor : Code/Name</b>		ARN-83784	
<b>UnitHolder Information</b>			
<b>Name of the First Applicant :</b>			
<b>PAN/Exempt No.:</b>	<b>Date of Birth :</b>	<b>Tax Status* :</b>	<b>cKYC Ref No. :</b>
<b>Father Name :</b>		<b>Mother Name :</b>	
<b>Name of Guardian :</b>	<b>Date of Birth :</b>	<b>PAN/Exempt No. :</b>	<b>cKYC Ref No. :</b>
<b>Contact Address :</b>			
<b>City :</b>	<b>Pincode :</b>	<b>State :</b>	<b>Country :</b>
<b>Tel.(Off) :</b>	<b>Tel.(Res) :</b>	<b>Email :</b>	
<b>Fax.(Off) :</b>	<b>Fax.(Res) :</b>	<b>Mobile:</b>	
<b>Email Relation :</b>		<b>Mobile Relation :</b>	
<b>Mode of Holding :</b>	<b>DP ID :</b>	<b>Occupation :</b>	
<b>Name of Second Applicant :</b>		<b>PAN/Exempt No. :</b>	
<b>Second Applicant Email:</b>		<b>Second Applicant Mobile :</b>	
<b>Second Applicant Email Relation :</b>		<b>Second Applicant Mobile Relation :</b>	
<b>Second Applicant Date of Birth :</b>		<b>Second Applicant cKYC Ref No. :</b>	
<b>Name of Third Applicant :</b>		<b>PAN/Exempt No.:</b>	
<b>Third Applicant Email :</b>		<b>Third Applicant Mobile :</b>	
<b>Third Applicant Email Relation :</b>		<b>Third Applicant Mobile Relation :</b>	
<b>Third Applicant Date of Birth :</b>		<b>Third Applicant cKYC Ref No. :</b>	
<b>Other Details</b>			
<b>Overseas Address (If investor is NRI) :</b>			
<b>City :</b>	<b>Pincode :</b>	<b>Country :</b>	
<b>Bank Mandate Details</b>			
<b>Name of Bank :</b>		<b>Branch :</b>	
<b>A/c No. :</b>	<b>A/c Type :</b>	<b>IFSC Code :</b>	<b>MICR No. :</b>
<b>Bank Address :</b>			
<b>City :</b>	<b>Pincode :</b>	<b>Country :</b>	
<b>Nomination Details</b>			
<b>Nominee Opted :</b>			
<b>Nominee Name 1 :</b>		<b>Nominee PAN 1 :</b>	
<b>Date of Birth:</b>	<b>Relationship :</b>	<b>Percentage :</b>	
<b>Guardian Name(If nominee 1 is minor) :</b>		<b>Guardian PAN :</b>	
<b>Nominee1 Guardian Relation :</b>			
<b>Nominee Address :</b>			
<b>City :</b>	<b>Pincode :</b>	<b>State :</b>	
<b>Nominee Name 2 :</b>		<b>Nominee PAN 2 :</b>	
<b>Date of Birth:</b>	<b>Relationship :</b>	<b>Percentage :</b>	
<b>Guardian Name(If nominee 2 is minor) :</b>		<b>Guardian PAN :</b>	
<b>Nominee2 Guardian Relation :</b>			
<b>Nominee Name 3 :</b>		<b>Nominee PAN 3 :</b>	
<b>Date of Birth:</b>	<b>Relationship :</b>	<b>Percentage :</b>	
<b>Guardian Name(If nominee 3 is minor) :</b>		<b>Guardian PAN :</b>	
<b>Nominee3 Guardian Relation :</b>			
<b>*Note:</b> "The nominee details, if opted for, including PAN, Date of Birth, Relationship, and other details will be considered from the details provided in the IIN registration records for all transactions."			
<b>Declaration and Signature</b>			
<p>I/We confirm that the information provided by me/us is true and correct. I/We acknowledge that the responsibility of the information provided in the registration form solely rests with me/us and that NSE / NSCCL will not be responsible or liable for any loss, claim, liability that may arise on account of any incorrect and/or erroneous data/information provided by me/us. I/We hereby confirm that I/we will comply with the terms and conditions for Know Your Customer (KYC). I am aware that system generated User ID and password will be sent on the registered mail id. All correspondence/communication in respect of the transactions including the payment link for online fund transfer will be sent to the registered email address and SMS alerts will be sent to the registered mobile number provided at the time of registration on NMF II. I/we also hereby confirm that the email id and the mobile no. provided at the time of registration by the distributor in the NMF II is pertaining to me/us and all communication/correspondence/transactions related alerts shall be sent to same email id/mobile no.</p> <p>I/We confirm that for existing investments, I/we had gone through, understood the contents of the Scheme Information Document and Key Information Memorandum, addenda issued from time to time regarding each Mutual Fund Scheme, in which I/We had chosen to subscribe / redeem. I/We will also ensure that I/we shall go through, understand the contents of the Scheme Information Document and Key Information Memorandum, issued from time to time regarding each Mutual Fund Scheme, in which I/We will choose to subscribe to / redeem.</p> <p>I/We hereby authorize NSE to collect the following data/ information pertaining to my / our mutual fund investments from all Asset Management Companies (AMCs) and their respective Registrar and Transfer Agents with whom I/We transact: -  1. Distributor wise transaction data for historical, present and future transactions carried out through various transaction platforms including transaction request submitted at any point of acceptance of the AMCs subject to the condition that the Distributor is registered with NSE NMF II platform.  2. Scheme wise consolidated unit balance available in my account(s) as and when required.</p> <p>I/We hereby authorize the Distributor, NSE &amp; AMC (including its Registrars) to utilize my/our KYC information, such as identity, address and signature for the purpose of validation and to comply with the legal and regulatory requirements. I/We accept that for any transaction submitted offline i.e. with wet signatures, the signature available in my KYC records would be used for signature verification and in the event of such signature not being available or legible, the AMC would be within its rights to carry out further checks to validate the authenticity of the request or reject any such offline request.</p>			
<b>Date :</b>		<b>Place :</b>	
<b>Signature 1st Applicant :</b>	<b>Signature 2nd Applicant :</b>	<b>Signature 3rd Applicant :</b>	
<b>*Documents Required:</b>			
Trust : Trust Deed and Authorised Signatory List Partnership Firm : Partnership Deed and Authorised Signatory List. Societies : Bye-Laws and Authorised Signatory List FII & LLP : Overseas Auditors Certificate, Authorised Signatory List ,Board Resolution/Authorisation to Invest Corporate : Board Resolution and Authorised signatory List Minor : Proof of Date of Birth For all investors, a Cancelled cheque should also be mandatorily submitted as proof of bank account. Individual Investor – Additional KYC and FATCA compliance mandatory for IIN activation. Corporate / HUF Investor – Additional KYC, FATCA and UBO compliance mandatory for IIN activation. Note: For Corporate and HUF investors all forms have to be submitted in physical post making necessary submissions on NMF II platform. Once the submissions are made on the platform printed version of forms will be generated from NMF platform. This Investor Form was generated through NMF II platform.			

Sponsor Bank Code  Utility Code

Tick(✓)  
 CREATE I/We hereby authorize NATIONAL SECURITIES CLEARING CORPORATION LTD. to debit tick (✓)  SB  CA  CC  SB-NRE  SB-NRO  Others  
 MODIFY  
 CANCEL

Bank A/c number

with Bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

IIN  Mobile No.

Mandate ID  Email ID

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

PERIOD

From	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>
To	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>

Or  Until Cancelled

Signature of Primary Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_

1. \_\_\_\_\_ Name as in bank records 2. \_\_\_\_\_ Name as in bank records 3. \_\_\_\_\_ Name as in bank records

• This is to confirm the declaration 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 & signed by me.  
 • I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

**PLEASE DO NOT SUBMIT THE FORM WITHOUT THE ENTRY IN THE SYSTEM.**

Write Name of your Bank (as in Cheque/pass book) <b>Mandatory</b>	Write Your Bank a/c no. (as in Cheque/pass book) <b>Mandatory</b>	Mention any one of Your bank code IFSC or MICR code (as in Cheque/pass book) <b>Mandatory</b>	Tick Bank account type <b>Mandatory</b>	Mention the date
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UMRN  Date

Sponsor Bank Code  Utility Code

Tick(✓)  
 CREATE I/We hereby authorize NATIONAL SECURITIES CLEARING CORPORATION LTD. to debit tick (✓)  SB  CA  CC  SB-NRE  SB-NRO  Others  
 MODIFY  
 CANCEL

Bank A/c number

with Bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

IIN  Mobile No.

Mandate ID  Email ID

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

PERIOD

From	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>
To	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>

Or  Until Cancelled

Signature of Primary Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_

1. \_\_\_\_\_ Name as in bank records 2. \_\_\_\_\_ Name as in bank records 3. \_\_\_\_\_ Name as in bank records

• This is to confirm the declaration 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 & signed by me.  
 • I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

Write Payment Start date <b>Mandatory</b>	Sign as per Bank records (Sign of all account holders primary & Joint required) <b>Mandatory</b>	Write Name of Bank account holders - as per bank records (All signatories name required) <b>Mandatory</b>	Write Mandate Amount (In both figure & words) To be debited <b>Mandatory</b>
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Mandatory columns to be filled		
① Date in DD/MM/YYYY format	② Select the Account type	③ Customer's bank account number
④ Name of the bank	⑤ IFSC code of customer bank	⑥ Amount in Words
⑦ Amount in figures	⑧ ACH start date	⑨ Name(s) of the customer(s) and Signature(s)

## FATCA-CRS Declaration & Supplementary KYC Information

### Declaration Form for Individuals

*Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance*

<b>PEKRN*</b>										
<b>Name</b>										
<b>Address Type</b> <i>[for KYC address]</i>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Unspecified							
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office								
<b>Place of Birth</b>				<b>Country of Birth</b>						
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	Occupation Details [Please tick any one (√)]		<input type="checkbox"/> Business	<input type="checkbox"/> Professional		
	<input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> > 1 Crore			<input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Government Service			
Net Worth in INR. In Lacs	_____					<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife			
Net Worth Date	dd-mmm-yyyy					<input type="checkbox"/> Student	<input type="checkbox"/> Retired			
							<input type="checkbox"/> Forex Dealer			
							<input type="checkbox"/> Others [Please specify]			
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes	<input type="checkbox"/> Related to PEP			Any other information [if applicable]		[Please specify]			
	<input type="checkbox"/> Not Applicable									

\* If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India –  Yes  No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>

# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

**Declaration:**

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [Fund/AMC/RTA/NSE] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes/ modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I authorize Fund/AMC/RTA/NSE to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Date :

Signature:

Place :

First Applicant / Guardian