



# MF Utilities India Pvt. Ltd.

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi  
Thane (West) - 400 610  
CIN : U74120MH2013PTC24939

ARN Code

EUIN Code

OR

RIA Code

CAN

Intermediary/MFU user to write the system generated CAN here

Please read all the Instructions carefully before filling the form.  
Please fill in ENGLISH and in BLOCK LETTERS with BLACK ink.  
Please fill the additional KYC, FATCA sections mandatorily, irrespective of your Residential Status.  
Fields marked with (\*) are mandatory and if not filled, the form is liable for rejection.

A. \* CAN Criteria (Please tick (✓) as appropriate):  
MoH\* ☐ Single, ☐ Anyone or Survivor, ☐ Joint, Investor Category\* ☐ Individual, ☐ Minor, ☐ Sole-Proprietor  
Residential Status\* ☐ RES. IND, ☐ NRI-NRE, ☐ NRI-NRO, ☐ Foreign National, ☐ Person of Indian Origin (PIO)

B. \* Applicant Details:

Applicant (s)	PAN/PEKRN (if PAN Exempt)	Name of the Applicant(s)	Date of Birth <sup>1</sup>	Aadhar
Sole/Primary	specify PAN / PEKRN	specify Sole/Primary Applicant Name	DD/MM/YYYY	specify Aadhar
Second	specify PAN / PEKRN	specify Second Applicant Name	DD/MM/YYYY	specify Aadhar
Third	specify PAN / PEKRN	specify Third Applicant Name	DD/MM/YYYY	specify Aadhar
Guardian <sup>2</sup>	specify PAN / PEKRN	specify Guardian Name	DD/MM/YYYY	specify Aadhar
Guardian Relationship <sup>2</sup>	<input type="checkbox"/> Father, <input type="checkbox"/> Mother, <input type="checkbox"/> Court Appointed Legal Guardian		Proof of Relationship <sup>2</sup>	specify proof type attached
			Minor DOB proof type <sup>2</sup>	specify proof type attached

\$ - Mandatory for all applicants # - Mandatory if sole/primary applicant is a minor - refer instructions

C. \* Contact details of the applicant(s) / Guardian (Mandatory for Sole/Primary applicant/Guardian (in case of minor)):

Applicant (s)	Landline Number			Mobile Number		Email ID *
Sole/Primary	ISD	STD	Landline Number	ISD	Mobile Number	Email ID
Second	ISD	STD	Landline Number	ISD	Mobile Number	Email ID
Third	ISD	STD	Landline Number	ISD	Mobile Number	Email ID
Guardian	ISD	STD	Landline Number	ISD	Mobile Number	Email ID

D. \* Bank Account Details: (The 1st mentioned bank account would be considered as DEFAULT and PRIMARY Bank Account for Payout):

Details *	Bank Account for Payout (1)			Bank Account for Payout (2)		Bank Account for Payout (3)
A/c No.						
A/c Type	<input type="checkbox"/> SB, <input type="checkbox"/> CA, <input type="checkbox"/> NRE, <input type="checkbox"/> NRO, <input type="checkbox"/> Others _____			<input type="checkbox"/> SB, <input type="checkbox"/> CA, <input type="checkbox"/> NRE, <input type="checkbox"/> NRO, <input type="checkbox"/> Others _____		<input type="checkbox"/> SB, <input type="checkbox"/> CA, <input type="checkbox"/> NRE, <input type="checkbox"/> NRO, <input type="checkbox"/> Others _____
MICR						
IFSC						
Bank Name						
Branch Name						
Branch City						
Proof of A/c <sup>3</sup>	<input type="checkbox"/> Cancelled Cheque/Copy <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Bank Statement <input type="checkbox"/> Bank Letter			<input type="checkbox"/> Cancelled Cheque/Copy <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Bank Statement <input type="checkbox"/> Bank Letter		<input type="checkbox"/> Cancelled Cheque/Copy <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Bank Statement <input type="checkbox"/> Bank Letter

If you wish to register for PayEezz<sup>4</sup>, please tick (✓) here and attach the duly filled PayEezz Registration Form ☐

# - PayEezz is a facility to register a debit mandate once under the Bank Account/s registered under the CAN and use it for future payments for lump sum or SIP investments. Please refer instructions for more details.

\$ - Please ensure that the proof of account submitted contains the Sole/First/Primary holder's name printed on it.

Payout proceeds will be processed into the bank through ELECTRONIC payment, basis arrangement of the respective Mutual Fund with its banker.

E. Nomination Details:

I/We WISH TO NOMINATE as under (Please tick (✓)) ☐

I/We DO NOT WISH TO NOMINATE<sup>5</sup> under the CAN (Please tick (✓)) ☐

Name(s) of Nominee(s)*	Nominee Relationship	% age Share (total 100%)	Nominee DOB	Guardian Name (if nominee is a minor)
Nominee 1	specify relationship	specify %	DD/MM/YYYY	specify Guardian Name
Nominee 2	specify relationship	specify %	DD/MM/YYYY	specify Guardian Name
Nominee 3	specify relationship	specify %	DD/MM/YYYY	specify Guardian Name

# - Existing Nomination(s), if any, under the folios will remain unchanged

F. \* Additional KYC Details (Mandatory for all applicants including the guardian of a minor):

a. Sole / Primary Applicant (or) Guardian (if sole / primary applicant is a minor):

1.	Gross Annual Income (please tick (✓) any one):	<input type="checkbox"/> < 1 lac, <input type="checkbox"/> 1 Lac - 5 lacs, <input type="checkbox"/> > 5 lacs - 10 lacs, <input type="checkbox"/> > 10 lacs - 25 lacs, <input type="checkbox"/> > 25 Lacs - 1 Crore, <input type="checkbox"/> > 1 Crore (OR) Networth (in Rs.) _____ As on (date) _____ (not older than 1 year)			
2.	Primary Source of Wealth (please tick (✓) any one):	<input type="checkbox"/> Salary, <input type="checkbox"/> Business Income, <input type="checkbox"/> Gift, <input type="checkbox"/> Ancestral Property, <input type="checkbox"/> Rental Income, <input type="checkbox"/> Prize Money <input type="checkbox"/> Royalty, <input type="checkbox"/> Others _____			
3.	Occupation (please tick (✓) any one):	<input type="checkbox"/> Business, <input type="checkbox"/> Professional, <input type="checkbox"/> Agriculturist, <input type="checkbox"/> Housewife, <input type="checkbox"/> Retired, <input type="checkbox"/> Student, <input type="checkbox"/> Doctor, <input type="checkbox"/> Pvt. Sector, <input type="checkbox"/> Public Sector, <input type="checkbox"/> Forex Dealer, <input type="checkbox"/> Government Service, <input type="checkbox"/> Others _____			
4.	Politically Exposed Person (PEP) Status (please tick (✓) any one):	<input type="checkbox"/> I am a PEP, <input type="checkbox"/> I am related to a PEP, <input type="checkbox"/> Not Applicable			
5.	Type of address given at KRA (please tick (✓) any one):	<input type="checkbox"/> Residential or Business, <input type="checkbox"/> Residential, <input type="checkbox"/> Business, <input type="checkbox"/> Registered Office			
6.	Residential Status of Guardian (if sole/primary applicant is a minor)(please tick (✓) any one):	<input type="checkbox"/> RES. IND, <input type="checkbox"/> NRI-NRE, <input type="checkbox"/> NRI-NRO, <input type="checkbox"/> FOREIGN NATIONAL, <input type="checkbox"/> PERSON OF INDIAN ORIGIN (PIO)			

b. Second Applicant:

1.	Gross Annual Income (please tick (✓) any one):	<input type="checkbox"/> < 1 lac, <input type="checkbox"/> 1 Lac - 5 lacs, <input type="checkbox"/> > 5 lacs - 10 lacs, <input type="checkbox"/> > 10 lacs - 25 lacs, <input type="checkbox"/> > 25 Lacs - 1 Crore, <input type="checkbox"/> > 1 Crore (OR) Networth (in Rs.) _____ As on (date) _____ (not older than 1 year)			
2.	Primary Source of Wealth (please tick (✓) any one):	<input type="checkbox"/> Salary, <input type="checkbox"/> Business Income, <input type="checkbox"/> Gift, <input type="checkbox"/> Ancestral Property, <input type="checkbox"/> Rental Income, <input type="checkbox"/> Prize Money <input type="checkbox"/> Royalty, <input type="checkbox"/> Others _____			
3.	Occupation (please tick (✓) any one):	<input type="checkbox"/> Business, <input type="checkbox"/> Professional, <input type="checkbox"/> Agriculturist, <input type="checkbox"/> Housewife, <input type="checkbox"/> Retired, <input type="checkbox"/> Student, <input type="checkbox"/> Doctor, <input type="checkbox"/> Pvt. Sector, <input type="checkbox"/> Public Sector, <input type="checkbox"/> Forex Dealer, <input type="checkbox"/> Government Service, <input type="checkbox"/> Others _____			
4.	Politically Exposed Person (PEP) Status (please tick (✓) any one):	<input type="checkbox"/> I am a PEP, <input type="checkbox"/> I am related to a PEP, <input type="checkbox"/> Not Applicable			
5.	Type of address given at KRA (please tick (✓) any one):	<input type="checkbox"/> Residential or Business, <input type="checkbox"/> Residential, <input type="checkbox"/> Business, <input type="checkbox"/> Registered Office			
6.	Residential Status (please tick (✓) any one):	<input type="checkbox"/> RES. IND, <input type="checkbox"/> NRI-NRE, <input type="checkbox"/> NRI-NRO, <input type="checkbox"/> FOREIGN NATIONAL, <input type="checkbox"/> PERSON OF INDIAN ORIGIN (PIO)			

ACKNOWLEDGEMENT SLIP (to be filled by the investor). For any queries please contact the nearest MFU "Point of Service" or call us at 1800-266-1415 (Toll Free) or +91 22 3952 6363.

MF UTILITIES INDIA PVT. LTD., Address: 103-105 1st Floor, Orion Business Park, Ghodbunder Road, Kapurbawdi, Thane (West) - 400 610, India.

Received from Mr. / Ms. \_\_\_\_\_

an application for creation of Common Account Number (CAN)

Please note: A CAN shall be issued subject to all necessary documents and annexures being available and all the applicants/guardian being KRA-KYC certified / pending (work-in-progress.)

POINT OF SERVICE STAMP & SIGNATURE



**c. Third Applicant:**

1.	Gross Annual Income (please tick (✓) any one):	<input type="checkbox"/> < 1 lac, <input type="checkbox"/> 1 Lac - 5 lacs, <input type="checkbox"/> > 5 lacs - 10 lacs, <input type="checkbox"/> > 10 lacs - 25 lacs, <input type="checkbox"/> > 25 Lacs - 1 Crore, <input type="checkbox"/> > 1 Crore
2.	Primary Source of Wealth (please tick (✓) any one):	(OR) Networth (in Rs.) _____ As on (date) _____ (not older than 1 year) <input type="checkbox"/> Salary, <input type="checkbox"/> Business Income, <input type="checkbox"/> Gift, <input type="checkbox"/> Ancestral Property, <input type="checkbox"/> Rental Income, <input type="checkbox"/> Prize Money <input type="checkbox"/> Royalty, <input type="checkbox"/> Others _____
3.	Occupation (please tick (✓) any one):	<input type="checkbox"/> Business, <input type="checkbox"/> Professional, <input type="checkbox"/> Agriculturist, <input type="checkbox"/> Housewife, <input type="checkbox"/> Retired, <input type="checkbox"/> Student, <input type="checkbox"/> Doctor, <input type="checkbox"/> Pvt. Sector, <input type="checkbox"/> Public Sector, <input type="checkbox"/> Forex Dealer, <input type="checkbox"/> Government Service, <input type="checkbox"/> Others _____
4.	Politically Exposed Person (PEP) Status (please tick (✓) any one):	<input type="checkbox"/> I am a PEP, <input type="checkbox"/> I am related to a PEP, <input type="checkbox"/> Not Applicable
5.	Type of address given at KRA (please tick (✓) any one):	<input type="checkbox"/> Residential or Business, <input type="checkbox"/> Residential, <input type="checkbox"/> Business, <input type="checkbox"/> Registered Office
6.	Residential Status (please tick (✓) any one):	<input type="checkbox"/> RES. IND, <input type="checkbox"/> NRI-NRE, <input type="checkbox"/> NRI-NRO, <input type="checkbox"/> FOREIGN NATIONAL, <input type="checkbox"/> PERSON OF INDIAN ORIGIN (PIO)

**G. \* Details required under Foreign Tax Laws (Mandatory, please refer instructions):**

Applicant Details	Place of Birth (POB) <sup>4</sup> Country of Birth (COB) <sup>4</sup> Country of Citizenship (COC) <sup>4</sup> Country of Nationality (CON) <sup>4</sup>	Are you TAX RESIDENT of any country other than India?			
		If NO, please tick (✓) below	If YES, please indicate all countries in which you are resident for tax purpose and the associated TAX ID numbers		
			Country of Tax Residency <sup>8</sup>	Tax Identification Number <sup>9</sup>	Identification Type <sup>8</sup> (TIN or Other)
Sole / Primary Applicant	POB	<input type="checkbox"/>	1.	1.	1.
	COB		2.	2.	2.
	COC		3.	3.	3.
	CON		4.	4.	4.
Second Applicant	POB	<input type="checkbox"/>	1.	1.	1.
	COB		2.	2.	2.
	COC		3.	3.	3.
	CON		4.	4.	4.
Third Applicant	POB	<input type="checkbox"/>	1.	1.	1.
	COB		2.	2.	2.
	COC		3.	3.	3.
	CON		4.	4.	4.
Guardian (in case of Minor Applicant)	POB	<input type="checkbox"/>	1.	1.	1.
	COB		2.	2.	2.
	COC		3.	3.	3.
	CON		4.	4.	4.

& - To be mandatorily provided irrespective of whether you are tax resident in India or in any other country

# - To also include USA, where the individual is a citizen / green card holder of The USA.

% - In case Tax Identification Number (TIN) is not available, kindly provide its functional equivalent<sup>8</sup>

\$ - It 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 in writing and attach the same to this form.

**H. Authorization on Single Payment for Multiple Scheme Investments through a Single Order:**

I/We understand and agree that MF Utilities India Private Limited ("MFUI") shall facilitate the investments in multiple schemes across Mutual Funds made by me / us through MF Utility by way of a single payment made by me / us. To enable MFUI to accept the transaction with payment and transmit the investment amount, I / We authorize MFUI to do the following acts, deeds and things for and on my / our behalf:

1. To accept single payment made by me / us either physically / electronically favouring the account created for this purpose and managed by MFUI, towards the investments made by me / us in multiple schemes across Mutual Funds through MF Utility.
2. To transmit / transfer the payments to the collection account of the respective Mutual Fund as per the investments made by me / us directly or through Distributor and;
3. To do all such acts, deeds and things as may be necessary or incidental to the above mentioned purpose.

**I. Declaration and Signature(s):**

I / We have read and understood the information, requirements and the instructions mentioned in this Form (including the FATCA & CRS instructions) and hereby confirm that the information provided by me / us on this form is true, correct and complete to the best of my / our knowledge and belief and provided after necessary consultation with tax professionals.

I / We hereby agree and confirm to inform MFUI for any modification to this information promptly.

I / We further agree to abide by the provisions of the Scheme related documents inter-alia provisions on Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI).

In case any of the information is found to be false or untrue or misrepresenting, I / We am / are aware that I / We may be liable for it.

I / We have provided all the necessary documents / annexures, wherever asked for, to substantiate the information provided by me / us in the form and agree to provide any further information if required, for the purpose of this registration.

I / We hereby agree and authorize MFUI to map our existing and future folios with Mutual Funds to this CAN and update the information provided herein above in these folios from time to time.

I / We hereby agree to provide any additional information / documents as may be required by the AMC/s to update the CAN data in the existing folios getting mapped to the CAN.

Sign Here	Sign Here	Sign Here
Sole / First / Primary Applicant / Guardian (in case of minor)	Second Applicant	Third Applicant

Date :	DD/MM/YYYY
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Place:	Specify
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**MF Utilities India Pvt. Ltd**  
103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi  
Thane (West) - 400 610  
CIN : U74120MH2013PTC242939