

FATCA and CRS information

Country of Birth	INDIA	Place of Birth	HYDERABAD
Nationality	INDIAN		
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below			
Country	Tax-Payer Identification Number	Identification Type	

Nomination[®] (Please ☒ one of the options below)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. (Please tick <input checked="" type="checkbox"/> if you do not wish to nominate anyone)
<input checked="" type="checkbox"/> I/We wish to make a nomination and hereby nominate the person/s more particularly described in the attached Nomination Form to receive the Units held my/our folio in the event of my / our death.

(a) Guardian of a minor is not allowed to make a nomination on behalf of the minor

Declaration and Signature of the ClaimantI have attached herewith all the relevant / required documents as indicated in the attached *Ready Reckoner*.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep _____ Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.

I hereby authorize _____ Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place _____	Signature of Claimant _____
Date _____	
Signed before me	
At: _____ On : _____ <div style="text-align: right;"> Signature of Notary / J.M.F.C. _____ Official stamp & seal of the Notary Magistrate / Notary & Regn. No. _____ </div>	

Note: This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹2 lakhs**Documents Attached**

- ☐ Copy of Death Certificate of the deceased unitholder ☐ Copy of Birth Certificate (in case the Claimant is a minor)
☐ Copy of PAN Card of Claimant / Guardian ☐ KYC Acknowledgment OR ☐ KYC form of Claimant
☐ Cancelled cheque with claimant's name printed OR ☐ Claimant's Bank Statement/Passbook
☐ Nomination Form duly completed
☐ Annexure-I - Bank Attestation of Signature & bank a/c. (if the aggregate value of the Units being transmitted is up to ₹2 lakh)
☐ Annexure-II - Bond of Indemnity furnished by Legal Heirs
☐ Annexure-III - Individual Affidavits given EACH Legal Heir
☐ Annexure - IV - NOC from other Legal Heirs