

# Mutual Funds

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA  
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Details of Ultimate Beneficial Owner including additional KYC, FATCA & CRS information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|-----------------------------------------------------|--|--|--|
| Name of the entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| Type of address given at KRA <input checked="" type="checkbox"/> Residential or Business <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Registered Office                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| "Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| Customer ID / Folio Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| PAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  | Date of incorporation |                                                     |  |  |  |
| City of incorporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| Country of incorporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| ADDITIONAL KYC INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| Gross Annual Income (Rs.) [Please tick (✓)] <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| Net-worth Rs. _____ as on _____ (Not older than 1 year)                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| *PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| Non-Individual Investors involved/ providing any of the mentioned services <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> None of the above                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| Entity Constitution Type Please tick as appropriate <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust/ Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify _____ |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| FATCA & CRS DECLARATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| Please tick the applicable tax resident declaration -                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| 1. Is "Entity" a tax resident of any country other than India <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 equivalent <sup>5</sup> .                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| 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, <input checked="" type="checkbox"/> Financial institution <sup>6</sup> or <input checked="" type="checkbox"/> Direct reporting NFE <sup>7</sup> (please tick as appropriate)                                                                                                                                                                                                                                                                                                          |  | GIN <input type="text"/><br>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<br>Name of sponsoring entity <input type="text"/>                                                                                                                                                      |  |  |                       |                                                     |  |  |  |
| GIIN not available (please tick as applicable) <input checked="" type="checkbox"/> Applied for                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| If the entity is a financial institution, <input checked="" type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <input type="text"/>                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |
| <input checked="" type="checkbox"/> 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 publicly traded company (that is, a company whose shares are regularly traded on an established securities market)                                                                                                                                                                                                                                                                                                                                                              |  | Yes <input checked="" type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded)<br>Name of stock exchange _____                                                                                                                                                                                                                              |  |  |                       |                                                     |  |  |  |
| 2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)                                                                                                                                                                                                                                                                                                                                                   |  | Yes <input checked="" type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)<br>Name of listed company _____<br>Nature of relation: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company<br>Name of stock exchange _____ |  |  |                       |                                                     |  |  |  |
| 3. Is the Entity an active <sup>3</sup> NFE                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.)<br>Nature of Business _____<br>Please specify the sub-category of Active NFE <input type="text"/> (Mention code - refer 2c of Part D)                                                                                                                                                    |  |  |                       |                                                     |  |  |  |
| 4. Is the Entity a passive <sup>4</sup> NFE                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.)<br>Nature of Business _____                                                                                                                                                                                                                                                              |  |  |                       |                                                     |  |  |  |
| <sup>1</sup> Refer 2a of Part D   <sup>2</sup> Refer 2b of Part D   <sup>3</sup> Refer 2c of Part D   <sup>4</sup> Refer 3(ii) of Part D   <sup>5</sup> Refer 1 of Part D   <sup>6</sup> Refer 3(vii) of Part D   <sup>10</sup> Refer 1A of Part D                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |                                                     |  |  |  |



| UBO Declaration                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                             |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Category</b> (Please tick applicable category): <input checked="" type="checkbox"/> Unlisted Company <input checked="" type="checkbox"/> Partnership Firm <input checked="" type="checkbox"/> Limited Liability Partnership Company                                                                                                                           |  |  | <input checked="" type="checkbox"/> Unincorporated association / body of individuals <input checked="" type="checkbox"/> Public Charitable Trust <input checked="" type="checkbox"/> Religious Trust <input checked="" type="checkbox"/> Private Trust |  |  |                                                                                                                                                                                             |  |  |  |
| <input checked="" type="checkbox"/> 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).<br>5 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E       |  |  |                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                             |  |  |  |
| <b>Name</b> - Beneficial owner / Controlling person<br><b>Country</b> - Tax Residency*<br><b>Tax ID No.</b> - Or functional equivalent for each country*                                                                                                                                                                                                         |  |  | <b>Tax ID Type</b> - TIN or Other, please specify<br><b>Beneficial Interest</b> - in percentage<br><b>Type Code</b> <sup>11</sup> - of Controlling person                                                                                              |  |  | <b>Address</b> - Include State, Country, PIN / ZIP Code & Contact Details<br><b>Address Type</b>                                                                                            |  |  |  |
| 1. Name                                                                                                                                                                                                                                                                                                                                                          |  |  | Tax ID Type                                                                                                                                                                                                                                            |  |  | Address                                                                                                                                                                                     |  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                          |  |  | Type Code                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                             |  |  |  |
| Tax ID No.*                                                                                                                                                                                                                                                                                                                                                      |  |  | Address Type                                                                                                                                                                                                                                           |  |  | • Residence • Business<br>• Registered office                                                                                                                                               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                                                                                                                        |  |  | Zip <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: Country: |  |  |  |
| 2. Name                                                                                                                                                                                                                                                                                                                                                          |  |  | Tax ID Type                                                                                                                                                                                                                                            |  |  | Address                                                                                                                                                                                     |  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                          |  |  | Type Code                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                             |  |  |  |
| Tax ID No.*                                                                                                                                                                                                                                                                                                                                                      |  |  | Address Type                                                                                                                                                                                                                                           |  |  | • Residence • Business<br>• Registered office                                                                                                                                               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                                                                                                                        |  |  | Zip <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: Country: |  |  |  |
| 3. Name                                                                                                                                                                                                                                                                                                                                                          |  |  | Tax ID Type                                                                                                                                                                                                                                            |  |  | Address                                                                                                                                                                                     |  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                          |  |  | Type Code                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                             |  |  |  |
| Tax ID No.*                                                                                                                                                                                                                                                                                                                                                      |  |  | Address Type                                                                                                                                                                                                                                           |  |  | • Residence • Business<br>• Registered office                                                                                                                                               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                                                                                                                        |  |  | Zip <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: Country: |  |  |  |
| <b># If passive NFE, please provide below additional details.</b> (Please attach additional sheets if necessary)                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                             |  |  |  |
| <b>PAN / Any other Identification Number</b><br>(PAN, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)<br><b>City of Birth - Country of Birth</b>                                                                                                                                                                                       |  |  | <b>Occupation Type</b> - Service, Business, Others<br><b>Nationality</b><br><b>Father's Name</b> - Mandatory if PAN is not available                                                                                                                   |  |  | <b>DOB</b> - Date of Birth<br><b>Gender</b> - Male, Female, Other                                                                                                                           |  |  |  |
| 1. PAN                                                                                                                                                                                                                                                                                                                                                           |  |  | Occupation Type                                                                                                                                                                                                                                        |  |  | DOB DD/MM/YYYY                                                                                                                                                                              |  |  |  |
| City of Birth                                                                                                                                                                                                                                                                                                                                                    |  |  | Nationality                                                                                                                                                                                                                                            |  |  | Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>                                                                                                  |  |  |  |
| Country of Birth                                                                                                                                                                                                                                                                                                                                                 |  |  | Father's Name                                                                                                                                                                                                                                          |  |  | Percentage of Holding % Others <input checked="" type="checkbox"/>                                                                                                                          |  |  |  |
| 2. PAN                                                                                                                                                                                                                                                                                                                                                           |  |  | Occupation Type                                                                                                                                                                                                                                        |  |  | DOB DD/MM/YYYY                                                                                                                                                                              |  |  |  |
| City of Birth                                                                                                                                                                                                                                                                                                                                                    |  |  | Nationality                                                                                                                                                                                                                                            |  |  | Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>                                                                                                  |  |  |  |
| Country of Birth                                                                                                                                                                                                                                                                                                                                                 |  |  | Father's Name                                                                                                                                                                                                                                          |  |  | Percentage of Holding % Others <input checked="" type="checkbox"/>                                                                                                                          |  |  |  |
| 3. PAN                                                                                                                                                                                                                                                                                                                                                           |  |  | Occupation Type                                                                                                                                                                                                                                        |  |  | DOB DD/MM/YYYY                                                                                                                                                                              |  |  |  |
| City of Birth                                                                                                                                                                                                                                                                                                                                                    |  |  | Nationality                                                                                                                                                                                                                                            |  |  | Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>                                                                                                  |  |  |  |
| Country of Birth                                                                                                                                                                                                                                                                                                                                                 |  |  | Father's Name                                                                                                                                                                                                                                          |  |  | Percentage of Holding % Others <input checked="" type="checkbox"/>                                                                                                                          |  |  |  |
| <b># Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:</b><br>* To include US, where controlling person is a US citizen or green card holder<br><sup>11</sup> In case Tax Identification Number is not available, kindly provide functional equivalent |  |  |                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                             |  |  |  |
| <sup>4</sup> Refer 3(iii) of Part D   <sup>5</sup> Refer 3(vi) of Part D   <sup>11</sup> Refer 3(iv) (A) of Part D                                                                                                                                                                                                                                               |  |  |                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                             |  |  |  |

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.

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 and attach this to the form.

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.

[illegible]

Authorised Signatory

Place \_\_\_\_\_

Date    /    /



# Aditya Birla Health Insurance Co. Ltd.



# ADITYA BIRLA CAPITAL

## Group Activ Secure - Enrollment Form

For Internal Use Only

Partner Channel: ABFL (LAP)

ABFL Branch: \_\_\_\_\_ State: \_\_\_\_\_

ABHI Sales Person: \_\_\_\_\_ Loan Account No. (LAN) \_\_\_\_\_

ABFL RM Name: \_\_\_\_\_ ABFL RM Code: \_\_\_\_\_

Please Note:

1. To be filled and signed by Applicant
2. This Application shall form the basis of cover

### Customer Information (to be filled in capital)

1. Customer ID \_\_\_\_\_

2. Applicant's Full Name (Mr./Mrs./Ms.) \_\_\_\_\_

3. Applicant's Address \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_

Phone No. +91 - \_\_\_\_\_

Email Address \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

5. Pan No. \_\_\_\_\_

6. Occupation ☐ Salaried ☐ Self-Employed

1. Customer ID \_\_\_\_\_

2. Co-Applicant's Full Name (Mr./Mrs./Ms.) \_\_\_\_\_

3. Co-Applicant's Address \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_

Phone No. +91 - \_\_\_\_\_

Email Address \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

5. Pan No. \_\_\_\_\_

6. Occupation ☐ Salaried ☐ Self-Employed

### Loan Details

1. Disbursal Date \_\_\_\_\_

2. Loan Amount \_\_\_\_\_

3. Loan Tenure \_\_\_\_\_ Years

### Insurance Details

1. Personal Accident Sum Assured \_\_\_\_\_

2. Critical Illness Sum Assured \_\_\_\_\_

3. No. of critical Illness- 15 ☐ 25 ☐

1. Personal Accident Sum Assured \_\_\_\_\_

2. Critical Illness Sum Assured \_\_\_\_\_

3. No. of critical Illness- 15 ☐ 25 ☐

### Premium / Cheque Details

1. Total premium amount \_\_\_\_\_ 2. Cheque amount \_\_\_\_\_ 3. Cheque no. \_\_\_\_\_

4. Cheque date \_\_\_\_\_ 5. Bank name/Location \_\_\_\_\_

### Nominee Details (To be filled in capital)

1. Nominee Name \_\_\_\_\_

2. Relationship \_\_\_\_\_

1. Nominee Name \_\_\_\_\_

2. Relationship \_\_\_\_\_



**COVERAGE DESCRIPTION - GROUP PERSONAL ACCIDENT**

|                                      |                                                                                                 |
|--------------------------------------|-------------------------------------------------------------------------------------------------|
| Sum insured                          | As per Loan amount maximum upto 3 cr                                                            |
| Insured                              | Primary member                                                                                  |
| Age band                             | 18 years- 65 years                                                                              |
| Coveages                             | AD+PTD+PPD                                                                                      |
| Loss of Job                          | 3 months salary (for salaried individuals only)                                                 |
| Education benefit                    | SI as per loan amount maximum upto 5L, upto 2 dependent children                                |
| Accidental hospital cash             | SI 2000 Per day, deductible 1 day, Per hospitalisation limit- 10 days, Per policy limit-30 days |
| Road ambulance cover (accident only) | INR 1000 per event                                                                              |

**GENERAL CONDITION**

|                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GPA Sum Insured maximum 8 times of the annual income                                                                                                                                                                                                                                              |
| Policy is valid for Indian Citizens                                                                                                                                                                                                                                                               |
| Policy is applicable only for lives who are associated with the Client                                                                                                                                                                                                                            |
| Rest condition & exclusions as per ABHI Group Activ Secure policy wording                                                                                                                                                                                                                         |
| Any one Accident (AOA) limit shall be limited to maximum of INR __1_ crore                                                                                                                                                                                                                        |
| Decline Profession- Firemen, Law enforcement agencies (including police, Para-military, military forces), Demolition Workers, Junk or Salvage Workers(breakers yard) including scrap metal yards & Loggers, lumber mill workers (tree fellers, people climbing trees as part of their occupation) |

**COVERAGE DESCRIPTION - GROUP CRITICAL ILLNESS**

|                        |                                                                                                                    |
|------------------------|--------------------------------------------------------------------------------------------------------------------|
| Sum insured            | As per Loan amount maximum upto 3 cr                                                                               |
| Insured                | Primary member                                                                                                     |
| Age band               | 18 years- 65 years                                                                                                 |
| GCI - Basic cover      | List of 25 CI                                                                                                      |
| Initial Waiting period | 90 days                                                                                                            |
| Survival period        | 0 days                                                                                                             |
| Loan Protection        | 3 EMI's due in respect of loan in case of diagnosis of a covered Critical Illness , maximum up to Rs 1 Lac per EMI |

**GENERAL CONDITION**

|                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CI Sum Insured maximum 8 times of the annual income for age up to 50 years and 5 times for age above 50 years                                                                                                                                                                                      |
| Policy is valid for Indian Citizens                                                                                                                                                                                                                                                                |
| Policy is applicable only for lives who are associated with the Client                                                                                                                                                                                                                             |
| Proposal form and Good health declaration to be collected and policy will be issued subject to clean declaration. GHD given below                                                                                                                                                                  |
| Rest condition & exclusions as per ABHI Group Activ Secure policy wording                                                                                                                                                                                                                          |
| Decline Profession- Firemen, Law enforcement agencies (including police, Para-military, military forces), Demolition Workers, Junk or Salvage Workers (breakers yard) including scrap metal yards & Loggers, lumber mill workers (tree fellers, people climbing trees as part of their occupation) |

**DISCLAIMER - WHEREEVER APPLICABLE**

1. No Individual can be covered more than once in a policy
2. Any change in demography/Sum Insured will warrant a revision in Quote/ Rates
3. Data for lives - Member data to reach by pre-decided mutually agreed timeline or 30 days. In case of addition to master policy, member will be added for a period of 12 months from the date of joining the group or intimation whichever is later, provided premium received in time or sufficient balance available in CD account
4. No change of Sum insured allowed after commencement of the policy
5. No addition of new slabs for Sum Insured allowed after commencement of the policy
6. Midterm addition of dependents will not be allowed
7. The cover shall cease automatically for any member leaving the organization insured under our policy



8. Note: Quote validity is subject to accuracy of information provided by broker on behalf of clients
9. Customer can hold only one policy. In case customer has more than one policy, our total liability will be capped at sum insured of one policy
10. Enrolment data to be shared with ABHICL twice in a month. Cover will incept from T+1 day. T=Day of receipt of premium / Date of member data received (whichever is later) at ABHICL office
11. Quote is valid for 30 days only
12. SI must not exceed Loan amount in case of loan linked policy

#### GHD

Are you / any proposed member suffering from or have been diagnosed with advised taken treatment or observation is suggested or undergone any investigation or consulted a doctor or undergone or advised surgery for any one or more from the following?

- a. High Blood Pressure, Heart Attack or any other Heart Disease, abnormal lipid levels;
- b. Stroke, Paralysis in any form, or any other Cerebrovascular Disease;
- c. Diabetes or thyroid/parathyroid or any other Endocrinal Disease, Any Kidney Disease;
- d. Acute / Chronic Liver (Failure/ Disease), Cirrhosis of Liver, Alcoholic liver disease; any pancreatic disease
- e. Any Lung Disease (e.g. Chronic Obstructive Pulmonary Diseases, Parenchymal lung Disease, Pulmonary Embolism etc.).
- f. Blood Disorders, Gastro-Intestinal Diseases, Ulcer or any other disorder of the bones, spine or muscle;
- g. Any Cancer or Cancerous growth;
- h. Any Mental or Psychiatric condition, any Genetic Disease, autoimmune or any disease related to central nervous system (disease related to brain); Congenital conditions;
- i. HIV / AIDS or AIDS related complications,
- j. Any h/o sudden loss of weight in last 1 yr.

If answer is yes- Proposal gets declined

Yes ☐ No ☐

#### Declaration & Warranty by the Applicant

- I. I have read and understood the brochure, prospectus, sales literature & policy wordings and confirm to abide by the same.
- II. I agree that this application is part of Group Policy issued to Master Policyholder for covering their secured/unsecured loan customer and renewal thereafter.
- III. I agree that the cover shall be voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the application form/personal statement, declaration and connected documents or any material information has been withheld by me or anyone acting on my our behalf to obtain any benefit under this cover.
- IV. I understand that the information provided by me will form the basis of the insurance cover and is subject to the Board approved underwriting policy of the insurance company and will come into force only after full receipt of premium chargeable.
- V. I further consent and authorize Aditya Birla Health Insurance Co. Limited and/or any of their authorized representatives to seek medical information from any hospital / Medical Practitioner / Insurer / any of the related entity that I have attended or may attend in future concerning and disease / illness / injury.
- VI. I understand and agree that the cover tenure will be less or equivalent to loan tenure. Subject to same, cover is valid only till I am we are Loan Customer
- VII. I / We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and / or claim settlement and with any governmental and/or regulatory authority.
- VIII. I understand and agree that the insurance coverage shall commence not earlier than the date of disbursal of loan as referred overleaf or after full premium is received by Aditya Birla Health Insurance (hereinafter referred to as the "Company") whichever is later subject to underwriting approval by the company. Receipt of application form by the company shall not be construed as an acceptance of my application. The company in its sole discretion reserves the right to accept or reject any application without any assigning any reason thereof.
- IX. I understand and agree that no benefit under the policy shall be payable for any critical illness or surgical procedure which results due to any pre-existing disease or illness or symptoms or which is diagnosed within 90 days of cover period.
- X. I hereby declare that I would submit 2 medical examinations, before the nominated doctor of the company, or undergo diagnostic or other medical test, as suggested by the company for its underwriting or claim.
- XI. I also confirm and declare that I am the applicant of the loan whose details have been mentioned in the application form.
- XII. I have read and understood that the cover is available for loan tenure or the full prepayment of the loan whichever is earlier but not beyond the end date of the period of insurance.



- XIII. I understand and agree to the following: - a. in case of more than one applicant under the same loan Account No. then the sum insured in aggregate for all the loan applicant(s) shall not exceed the loan sanctioned amount and the sum insured shall be equal for all applicants.
- b. The company's total liability for an individual in aggregate shall not exceed 1 crore, subject to sum insured irrespective of the number of covers under which he or she is covered. c. Sum insured cannot exceed loan sanction amount. d. If sum insured is not given, disbursed amount will be considered as sum insured.
- XIV. In case of any claim made under the Cover, No premium shall be refunded on cancellation of the Cover.
- XVI. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- XVII. I/We consent to receive information from the company through physical, electronic or telecommunication means from time to time.

For JMK GEC REALTORS (P) LTD

Applicant's Signature

Date

Place

Authorised Signatory

Co-Applcant's Signature

Date

Place

**Applicant's Declaration:**

"I \_\_\_\_\_, s/o D/o W/o \_\_\_\_\_ holding loan from \_\_\_\_\_ with LAN ( Loan Account No) \_\_\_\_\_ have obtained \_\_\_\_\_ cover/sum assured from Aditya Birla Health Insurance Co. Limited and am fully aware of the coverage and the terms and conditions. In the event of claims as per the terms and conditions of the cover i hereby express my freewill and consent to remit the claim amount to the financier and i do not have any objection for the same and balance if any to be paid to myself / Legal heirs as per the terms and condition of the cover.

Date

Place

Applicant's Signature

**Co-Applcant's Declaration:**

"I \_\_\_\_\_, S/o D/o W/o \_\_\_\_\_ holding loan account from \_\_\_\_\_

With the loan account number \_\_\_\_\_ with \_\_\_\_\_,x

I have obtained \_\_\_\_\_ cover from Aditya Birla Health Insurance Company Limited and I am fully aware of the coverage and terms and conditions.

In the event of claims as per the terms and conditions of the cover, I hereby express my free will and consent to remit the claim amount to the financier and I do not have any objection for the same and balance if any to be paid to myself / Legal heirs as per the terms and conditions of the cover.

Date

Place

Co-Applcant's Signature



# Mutual Funds

## Aditya Birla Sun Life Mutual Fund



# ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Common Application Form For Resident Indians and NRIs/FPIs

(Please read the instructions before filling up the form. All sections to be completed in english in black / blue coloured ink and in block letters.)

Distributor Name & ARN/ RIA No. Sub Broker Name & ARN/ RIA No. Sub Broker Code Employee Unique ID. No. (EUIN) Application No.

|                        |  |                      |  |
|------------------------|--|----------------------|--|
| Distributor Mobile No. |  | Distributor Email Id |  |
|------------------------|--|----------------------|--|

Applicable only for Regular Schemes. Please note the Distributor Mobile & Email Id will not be updated in the Broker Master and will be restricted to this transaction only.

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

I/we hereby confirm that the EUIN box has been intentionally left blank my 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.

|                                        |                  |                 |
|----------------------------------------|------------------|-----------------|
| First Applicant / Authorised Signatory | Second Applicant | Third Applicant |
|----------------------------------------|------------------|-----------------|

### Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction 1 (viii))

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

Existing Unitholder please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

|                    |       |
|--------------------|-------|
| Existing Folio No. | GSTIN |
|--------------------|-------|

### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

Name of First/Sole Applicant (as per PAN Card)# Mr. Ms. M/s.

PAN / PEKRN (Mandatory) Date of Birth\*\* D D M M Y Y Y Y

CKYC Number 14 digit CKYC Number

Name of the Second Applicant (as per PAN Card)# Mr. Ms. M/s.

PAN / PEKRN (Mandatory) Date of Birth\*\* D D M M Y Y Y Y

CKYC Number 14 digit CKYC Number

Name of the Third Applicant (as per PAN Card)# Mr. Ms. M/s.

PAN / PEKRN (Mandatory) Date of Birth\*\* D D M M Y Y Y Y

CKYC Number 14 digit CKYC Number

Name of the Guardian (as per PAN Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non-individual Investors)

Mr. Ms. M/s.

PAN / PEKRN (Mandatory) Date of Birth\*\* D D M M Y Y Y Y

CKYC Number 14 digit CKYC Number

Relationship of Guardian (Refer Instruction No. 2(ii))

ISD CODE TEL: OFF. S T D

TEL: RESI S T D

#The application is liable to get rejected if does not match with PAN card

Proof of the Relationship with Minor\*\* \*\* Mandatory in case the First / Sole Applicant is Minor

### Tax Status [Please tick (✓)] (Applicable for First / Sole Applicant)

☐ Resident Individual ☐ FPIs ☐ NRI - NRO ☐ HUF ☐ Club / Society ☐ PIO ☐ Body Corporate ☐ Minor ☐ Government Body  
☐ Trust ☐ NRI - NRE ☐ Bank and FI ☐ Sole Proprietor ☐ Partnership Firm ☐ Provident Fund ☐ Others

### Acknowledgement Slip (To be filled in by the Investor)

Application No.

Received from Mr. / Ms. Date : / /

[Please Tick (✓)] Enclosed ☐ PAN/PEKRN Proof ☐ KYC Complied NECS Form ☐ Yes ☐ No

### Common Application Form

Collection Centre /  
ABSLAMC Stamp & Signature

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)

Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,

841, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013

+91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

Contact Us:

1800-270-7000

adityabirlacapital.com



## ADITYA BIRLA CAPITAL



MAILING ADDRESS OF FIRST / SOLE APPLICANT (P. O. Box Address is not sufficient. Please provide full address.)OVERSEAS ADDRESS (Mandatory for NRI/FPI Applicant.)[illegible]

2. **GO GREEN** [Please tick (✓)] (Refer Instruction No. 10)

|                                       |                                        |            |     |  |  |  |  |  |  |  |  |                                                                           |
|---------------------------------------|----------------------------------------|------------|-----|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------|
| <input type="checkbox"/> SMS Transact | <input type="checkbox"/> Online Access | Mobile No. | +91 |  |  |  |  |  |  |  |  | I/ We would like to register for my/our SMS Transact and/or Online Access |
|---------------------------------------|----------------------------------------|------------|-----|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------|

| Email Id |  |
|----------|--|
|----------|--|

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: [Please tick (3)] ☐ Account Statement ☐ Annual Report ☐ Other Statutory Information

| Facebook Id | Twitter Id |
|-------------|------------|
|-------------|------------|

3. **BANK ACCOUNT DETAILS** (In case of Minor investment, bank details should be of Minor or from a joint account of Minor with the guardian only) Refer Instruction No. 3(A)

[illegible][illegible][illegible][illegible][illegible]

Account Type [Please tick (✓)] ☐ SAVINGS ☐ CURRENT ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS \_\_\_\_\_ (Please Specify)

[illegible]INVESTMENT DETAILS (Please tick (✓)) (Refer Instruction No. 5.9 & 14) (If this section is left blank, only folio will be created)

**4. INVESTMENT DETAILS** [Please tick (✓)] (Refer Instruction No. 5, 9 & 14) (If this section is left blank, only folio will be created)

Separate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only".  
Please write appropriate scheme name as well as the Plan/Option/Sub Option

| S. No. | Cheque/ DD Favouring/ Auto Debit Mandate Scheme Name* (refer Instruction 5) | Plan/Option | Cheque Mandate Date | Amount Invested (₹) | DD Charges^ | Net Amount Paid (₹) | Cheque/DD No./UTR No. (in case of NEFT/RTGS) |
|--------|-----------------------------------------------------------------------------|-------------|---------------------|---------------------|-------------|---------------------|----------------------------------------------|
| 1.     | ABSL                                                                        |             |                     |                     |             |                     |                                              |
|        | Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____                   |             |                     |                     |             |                     |                                              |
| 2.     | ABSL                                                                        |             |                     |                     |             |                     |                                              |
|        | Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____                   |             |                     |                     |             |                     |                                              |
| 3.     | ABSL                                                                        |             |                     |                     |             |                     |                                              |
|        | Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____                   |             |                     |                     |             |                     |                                              |
| 4.     | ABSL                                                                        |             |                     |                     |             |                     |                                              |
|        | Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____                   |             |                     |                     |             |                     |                                              |
| 5.     | ABSL                                                                        |             |                     |                     |             |                     |                                              |
|        | Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____                   |             |                     |                     |             |                     |                                              |

# (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) \*All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

## KYC DETAILS (Mandatory)

**OCCUPATION** [Please tick (✓)]

☐ Private Sector Service   ☐ Public Sector Service   ☐ Government Service   ☐ Business   ☐ Professional   ☐ Agriculturist   ☐ Retired   ☐ Housewife

FIRST APPLICANT ☐ Student ☐ Forex Dealer ☐ Others ..... (please specify)

|                  |                                                                                                                                                                                                                                                                                                                               |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SECOND APPLICANT | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                  |                                  |                                       |                                                        |
|------------------|----------------------------------|---------------------------------------|--------------------------------------------------------|
| SECOND APPLICANT | <input type="checkbox"/> Student | <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Others ..... (please specify) |
|------------------|----------------------------------|---------------------------------------|--------------------------------------------------------|

THIRD APPLICANT ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife

☐ Student      ☐ Forex Dealer      ☐ Others ..... (please specify)

| S. No. | Scheme Name | Plan / Option | Net Amount Paid (₹) | Payment Details                                 |                 |
|--------|-------------|---------------|---------------------|-------------------------------------------------|-----------------|
|        |             |               |                     | Cheque/DD No./UTR No.<br>(in case of NEFT/RTGS) | Bank and Branch |
| 1.     | ABSL        |               |                     |                                                 |                 |



## GROSS ANNUAL INCOME [Please tick (✓)]

|                                                                                                                                                                                              |                                                                                                                                                                                                                                                  |   |   |   |   |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|
| FIRST APPLICANT                                                                                                                                                                              | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore                    |   |   |   |   |   |   |   |   |
| Net worth (Mandatory for Non - Individuals) Rs. _____ as on <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> [Not older than 1 year] |                                                                                                                                                                                                                                                  | D | D | M | M | Y | Y | Y | Y |
| D                                                                                                                                                                                            | D                                                                                                                                                                                                                                                | M | M | Y | Y | Y | Y |   |   |
| SECOND APPLICANT                                                                                                                                                                             | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____ |   |   |   |   |   |   |   |   |
| THIRD APPLICANT                                                                                                                                                                              | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____ |   |   |   |   |   |   |   |   |

## For Individuals

|                      |                                 |                                            |                          |
|----------------------|---------------------------------|--------------------------------------------|--------------------------|
|                      | I am Politically Exposed Person | I am Related to Politically Exposed Person | Not Applicable           |
| Sole/First Applicant | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/> |
| Second Applicant     | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/> |
| Third Applicant      | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/> |

## For Non-Individual Investors (Companies, Trust, Partnership etc.)

|                                                                                                                                                     |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Foreign Exchange / Money Charger Services                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gaming / Gambling / Lottery / Casino Services                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Money Lending / Pawning                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## 5. DEMAT ACCOUNT DETAILS (OPTIONAL) (If Demat details are provided, units will be compulsorily given in Demat form only) (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 3(B)

|                                          |                                                                                                                                                                                                                |   |   |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|--|--|--|--|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NSDL: Depository Participant Name: _____ | DPID No.: <table><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>                                                                                 | I | N |  |  |  |  |  |  |  |  | Beneficiary A/c No. <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I                                        | N                                                                                                                                                                                                              |   |   |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                          |                                                                                                                                                                                                                |   |   |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CDSL: Depository Participant Name: _____ | Beneficiary A/c No. <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |   |   |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                          |                                                                                                                                                                                                                |   |   |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Enclosed: ☐ Client Master ☐ Transaction/ Statement Copy/ DIS Copy

## 6. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 7)

☐ I/We wish to nominate ☐ I/We DO NOT wish to nominate and sign here ..... 1st Applicant Signature (Mandatory)

|           | Nominee Name and Address | Applicant's Relationship with the Nominee | Guardian Name (in case of Minor) | Allocation % | Nominee/ Guardian Signature |
|-----------|--------------------------|-------------------------------------------|----------------------------------|--------------|-----------------------------|
| Nominee 1 |                          |                                           |                                  |              |                             |
| Nominee 2 |                          |                                           |                                  |              |                             |
| Nominee 3 |                          |                                           |                                  |              |                             |

## 7. FATCA &amp; CRS INFORMATION [Please tick (✓)] For Individual Investors including Sole Proprietor (Non Individual Investors should mandatorily fill separate FATCA detail form)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

| Category                                           | First Applicant (including Minor) | Second Applicant/ Guardian | Third Applicant |
|----------------------------------------------------|-----------------------------------|----------------------------|-----------------|
| Name of Applicant                                  |                                   |                            |                 |
| Place/ City of Birth                               |                                   |                            |                 |
| Country of Birth                                   |                                   |                            |                 |
| Country of Tax Residency#                          |                                   |                            |                 |
| Tax Payer Ref. ID No^                              |                                   |                            |                 |
| Identification Type [TIN or other, please specify] |                                   |                            |                 |
| Country of Tax Residency 2                         |                                   |                            |                 |
| Tax Payer Ref. ID No. 2                            |                                   |                            |                 |
| Identification Type [TIN or other, please specify] |                                   |                            |                 |
| Country of Tax Residency 3                         |                                   |                            |                 |
| Tax Payer Ref. ID No. 3                            |                                   |                            |                 |
| Identification Type [TIN or other, please specify] |                                   |                            |                 |

#To also include USA, where the individual is a citizen/green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.



8. DECLARATION(S) & SIGNATURE(S) (Refer Instruction No. 1)

To,

The Trustee,

Aditya Birla Sun Life Trustee Private Limited.

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

**For Non-Individual Investors:** I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of Aditya Birla Sun Life AMC Limited and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify ABSLAMC / ABSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.

**For NRIs only:** I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR account. (Refer Inst. No. 6)

I/We confirm that details provided by me/us are true and correct.\*\*

\*\* I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Aditya Birla Sun Life AMC Limited (Investment Manager of Aditya Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.adityabirlasunlifemf.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

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 / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

**FATCA & CRS Declaration:** I/ We have understood the information requirements of this Form (read along with 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 and hereby accept the same. (Refer Inst.No. 14)

For JMK GEC REALTORS (P) LTD

Signature of First Applicant / Authorized Signatory

Signature of Second Applicant

Signature of Third Applicant

Authorized Signatory

CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company. ☐ Yes ☐ No

VALUE ADD

I/We am/are interested in knowing my/our credit score and am/are happy to receive help in this regard.

I / We hereby provide my consent to :-

- Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct check on my/our credit information with any of the credit bureau.
- Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct a background check either by their employees or through any third party vendor. ☐ Yes ☐ No



**Lien Marking – Investor's letter**

Date:

To,  
Aditya Birla Sun Life AMC Limited,  
One World Centre  
Tower I, 17th Floor, Jupiter Mill Compound  
841, Senapati Bapat Marg  
Elphinstone Road, Mumbai 400013

Dear Sir,

Sub: Request for Marking of Lien in favor of \_\_\_\_\_ under folio no. \_\_\_\_\_

As per our arrangement with \_\_\_\_\_ (*Pledgee's Name*), an amount of Rs. <> has been invested on my/our behalf in your account today/cheque issued by <pledge name>. This is towards our purchase for Rs. <> in <scheme name and option> of Aditya Birla Sun Life Mutual Fund ("ABSLMF"). Kindly note that this is as per our ongoing arrangement with <pledgee name> which is as follows: \_\_\_\_\_

I/We have requested and authorized the Pledgee to invest on my/our behalf the said amounts/issue cheques towards investment in <scheme name> under the above-mentioned folio held in my/our name.

We hereby agree and consent that all units allotted in the above mentioned purchase as also units created out of future investments under <scheme, option > held under folio no. <> (including any Purchases/Switch-in/Dividends declared in the Scheme) be pledged/charged/lien marked in favour of the Pledgee. I/We request you to kindly recognize our request and accept the investment of the said amount from the Pledgee towards the purchases initiated by me/us and pledge/charge/lien mark in favour of the Pledgee all present and future investments in the aforesaid folio (including any Purchases/Switch-in/Dividends declared in the Scheme).

I/We confirm and acknowledge that during the period of the said pledge/lien/charge marked over the aforesaid folio, the Pledgee shall have unrestricted right to sell or redeem all investments in the aforesaid folio and any such sale or redemption of the investments in the aforesaid folio, shall be valid in the same manner as if the investments were sold or redeemed by me/us and I/we hereby authorize the same.

Notwithstanding anything contained herein, or any other document to the contrary, I/we confirm and acknowledge that neither you, nor your affiliates, ABSLMF, Aditya Birla Sun Life Trustee Pvt. Ltd., ("**Trustees**"), respective directors, employees, agents, representatives, successors nor assigns shall be, in any manner whatsoever, be liable and/or responsible for allowing any sale/redemption in favour of the Pledgee, as per the directions of the Pledgee. I / we confirm that there is no prior pledge / charge / lien upon the aforesaid folio which has not been registered with ABSLMF.

I / we hereby undertake to save, keep indemnified at all times, you, ABSLMF, the trustees, your respective directors, employees, agents, representatives, affiliates, successors and assigns, from and against all actions, suits, proceeding, liabilities, claims, penalties, demands, costs and expenses whatsoever arising out of or in connection with the marking of pledge over the aforesaid folio as requested by me/us hereinabove.

Thanking you

1<sup>st</sup> Unit Holder:  
2<sup>nd</sup> Unit Holder:  
3<sup>rd</sup> Unit Holder:

**For JMK GEC REALTORS (P) LTD**

**Authorised Signatory**



**Lien Marking – Investor's letter**

Date:

To,

Aditya Birla Sun Life AMC Limited,  
One World Centre  
Tower I, 17th Floor, Jupiter Mill Compound  
841, Senapati Bapat Marg  
Elphinstone Road, Mumbai 400013

Dear Sir,

Sub: Request for Marking of Lien in favor of \_\_\_\_\_ under folio no. \_\_\_\_\_

As per our arrangement with \_\_\_\_\_ (*Pledgee's Name*), an amount of Rs. <> has been invested on my/our behalf in your account today/cheque issued by <pledge name>. This is towards our purchase for Rs. <> in <scheme name and option> of Aditya Birla Sun Life Mutual Fund ("**ABSLMF**"). Kindly note that this is as per our ongoing arrangement with <pledgee name> which is as follows: \_\_\_\_\_

I/We have requested and authorized the Pledgee to invest on my/our behalf the said amounts/issue cheques towards investment in <scheme name> under the above-mentioned folio held in my/our name.

We hereby agree and consent that all units allotted in the above mentioned purchase as also units created out of future investments under <scheme, option > held under folio no. <> (including any Purchases/Switch-in/Dividends declared in the Scheme) be pledged/charged/lien marked in favour of the Pledgee. I/We request you to kindly recognize our request and accept the investment of the said amount from the Pledgee towards the purchases initiated by me/us and pledge/charge/lien mark in favour of the Pledgee all present and future investments in the aforesaid folio (including any Purchases/Switch-in/Dividends declared in the Scheme).

I/We confirm and acknowledge that during the period of the said pledge/lien/charge marked over the aforesaid folio, the Pledgee shall have unrestricted right to sell or redeem all investments in the aforesaid folio and any such sale or redemption of the investments in the aforesaid folio, shall be valid in the same manner as if the investments were sold or redeemed by me/us and I/we hereby authorize the same.

Notwithstanding anything contained herein, or any other document to the contrary, I/we confirm and acknowledge that neither you, nor your affiliates, ABSLMF, Aditya Birla Sun Life Trustee Pvt. Ltd., ("**Trustees**"), respective directors, employees, agents, representatives, successors nor assigns shall be, in any manner whatsoever, be liable and/or responsible for allowing any sale/redemption in favour of the Pledgee, as per the directions of the Pledgee. I / we confirm that there is no prior pledge / charge / lien upon the aforesaid folio which has not been registered with ABSLMF.

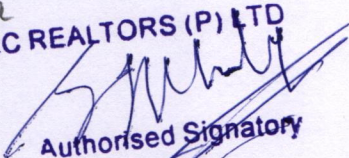
I / we hereby undertake to save, keep indemnified at all times, you, ABSLMF, the trustees, your respective directors, employees, agents, representatives, affiliates, successors and assigns, from and against all actions, suits, proceeding, liabilities, claims, penalties, demands, costs and expenses whatsoever arising out of or in connection with the marking of pledge over the aforesaid folio as requested by me/us hereinabove.

Thanking you

1<sup>st</sup> Unit Holder:

2<sup>nd</sup> Unit Holder:

3<sup>rd</sup> Unit Holder:

JRP  
for JMK GEC REALTORS (P) LTD  
  
Authorised Signatory



**Lien Marking – Investor's letter**

Date:

To,

Aditya Birla Sun Life AMC Limited,

One World Centre

Tower I, 17th Floor, Jupiter Mill Compound

841, Senapati Bapat Marg

Elphinstone Road, Mumbai 400013

Dear Sir,

Sub: Request for Marking of Lien in favor of \_\_\_\_\_ under folio no. \_\_\_\_\_

As per our arrangement with \_\_\_\_\_ (*Pledgee's Name*), an amount of Rs. <> has been invested on my/our behalf in your account today/cheque issued by <pledge name>. This is towards our purchase for Rs. <> in <scheme name and option> of Aditya Birla Sun Life Mutual Fund ("ABSLMF"). Kindly note that this is as per our ongoing arrangement with <pledgee name> which is as follows: \_\_\_\_\_

I/We have requested and authorized the Pledgee to invest on my/our behalf the said amounts/issue cheques towards investment in <scheme name> under the above-mentioned folio held in my/our name.

We hereby agree and consent that all units allotted in the above mentioned purchase as also units created out of future investments under <scheme, option > held under folio no. <> (including any Purchases/Switch-in/Dividends declared in the Scheme) be pledged/charged/lien marked in favour of the Pledgee. I/We request you to kindly recognize our request and accept the investment of the said amount from the Pledgee towards the purchases initiated by me/us and pledge/charge/lien mark in favour of the Pledgee all present and future investments in the aforesaid folio (including any Purchases/Switch-in/Dividends declared in the Scheme).

I/We confirm and acknowledge that during the period of the said pledge/lien/charge marked over the aforesaid folio, the Pledgee shall have unrestricted right to sell or redeem all investments in the aforesaid folio and any such sale or redemption of the investments in the aforesaid folio, shall be valid in the same manner as if the investments were sold or redeemed by me/us and I/we hereby authorize the same.

Notwithstanding anything contained herein, or any other document to the contrary, I/we confirm and acknowledge that neither you, nor your affiliates, ABSLMF, Aditya Birla Sun Life Trustee Pvt. Ltd., ("**Trustees**"), respective directors, employees, agents, representatives, successors nor assigns shall be, in any manner whatsoever, be liable and/or responsible for allowing any sale/redemption in favour of the Pledgee, as per the directions of the Pledgee. I / we confirm that there is no prior pledge / charge / lien upon the aforesaid folio which has not been registered with ABSLMF.

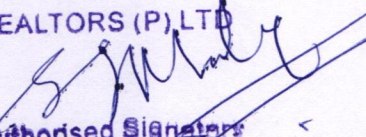
I / we hereby undertake to save, keep indemnified at all times, you, ABSLMF, the trustees, your respective directors, employees, agents, representatives, affiliates, successors and assigns, from and against all actions, suits, proceeding, liabilities, claims, penalties, demands, costs and expenses whatsoever arising out of or in connection with the marking of pledge over the aforesaid folio as requested by me/us hereinabove.

Thanking you

1<sup>st</sup> Unit Holder:

2<sup>nd</sup> Unit Holder:

3<sup>rd</sup> Unit Holder:

FOR JMK GEC REALTORS (P) LTD  
SRPL  
  
Authorised Signatory



**Lien Marking – Investor's letter**

Date:

To,

Aditya Birla Sun Life AMC Limited,

One World Centre

Tower I, 17th Floor, Jupiter Mill Compound

841, Senapati Bapat Marg

Elphinstone Road, Mumbai 400013

Dear Sir,

Sub: Request for Marking of Lien in favor of \_\_\_\_\_ under folio no. \_\_\_\_\_

As per our arrangement with \_\_\_\_\_ (*Pledgee's Name*), an amount of Rs. <> has been invested on my/our behalf in your account today/cheque issued by <pledge name>. This is towards our purchase for Rs. <> in <scheme name and option> of Aditya Birla Sun Life Mutual Fund ("**ABSLMF**"). Kindly note that this is as per our ongoing arrangement with <pledgee name> which is as follows: \_\_\_\_\_

I/We have requested and authorized the Pledgee to invest on my/our behalf the said amounts/issue cheques towards investment in <scheme name> under the above-mentioned folio held in my/our name.

We hereby agree and consent that all units allotted in the above mentioned purchase as also units created out of future investments under <scheme, option > held under folio no. <> (including any Purchases/Switch-in/Dividends declared in the Scheme) be pledged/charged/lien marked in favour of the Pledgee. I/We request you to kindly recognize our request and accept the investment of the said amount from the Pledgee towards the purchases initiated by me/us and pledge/charge/lien mark in favour of the Pledgee all present and future investments in the aforesaid folio (including any Purchases/Switch-in/Dividends declared in the Scheme).

I/We confirm and acknowledge that during the period of the said pledge/lien/charge marked over the aforesaid folio, the Pledgee shall have unrestricted right to sell or redeem all investments in the aforesaid folio and any such sale or redemption of the investments in the aforesaid folio, shall be valid in the same manner as if the investments were sold or redeemed by me/us and I/we hereby authorize the same.

Notwithstanding anything contained herein, or any other document to the contrary, I/we confirm and acknowledge that neither you, nor your affiliates, ABSLMF, Aditya Birla Sun Life Trustee Pvt. Ltd., ("**Trustees**"), respective directors, employees, agents, representatives, successors nor assigns shall be, in any manner whatsoever, be liable and/or responsible for allowing any sale/redemption in favour of the Pledgee, as per the directions of the Pledgee. I / we confirm that there is no prior pledge / charge / lien upon the aforesaid folio which has not been registered with ABSLMF.

I / we hereby undertake to save, keep indemnified at all times, you, ABSLMF, the trustees, your respective directors, employees, agents, representatives, affiliates, successors and assigns, from and against all actions, suits, proceeding, liabilities, claims, penalties, demands, costs and expenses whatsoever arising out of or in connection with the marking of pledge over the aforesaid folio as requested by me/us hereinabove.

Thanking you

1<sup>st</sup> Unit Holder:

2<sup>nd</sup> Unit Holder:

3<sup>rd</sup> Unit Holder:

For JMK GEC REALTORS (P) LTD

Authorised Signatory



**Lien Marking – Investor's letter**

Date:

To,

Aditya Birla Sun Life AMC Limited,

One World Centre

Tower I, 17th Floor, Jupiter Mill Compound

841, Senapati Bapat Marg

Elphinstone Road, Mumbai 400013

Dear Sir,

Sub: Request for Marking of Lien in favor of \_\_\_\_\_ under folio no. \_\_\_\_\_

As per our arrangement with \_\_\_\_\_ (*Pledgee's Name,*) an amount of Rs. <> has been invested on my/our behalf in your account today/cheque issued by <pledge name>. This is towards our purchase for Rs. <> in <scheme name and option> of Aditya Birla Sun Life Mutual Fund ("**ABSLMF**"). Kindly note that this is as per our ongoing arrangement with <pledgee name> which is as follows: \_\_\_\_\_

I/We have requested and authorized the Pledgee to invest on my/our behalf the said amounts/issue cheques towards investment in <scheme name> under the above-mentioned folio held in my/our name.

We hereby agree and consent that all units allotted in the above mentioned purchase as also units created out of future investments under <scheme, option > held under folio no. <> (including any Purchases/Switch-in/Dividends declared in the Scheme) be pledged/charged/lien marked in favour of the Pledgee. I/We request you to kindly recognize our request and accept the investment of the said amount from the Pledgee towards the purchases initiated by me/us and pledge/charge/lien mark in favour of the Pledgee all present and future investments in the aforesaid folio (including any Purchases/Switch-in/Dividends declared in the Scheme).

I/We confirm and acknowledge that during the period of the said pledge/lien/charge marked over the aforesaid folio, the Pledgee shall have unrestricted right to sell or redeem all investments in the aforesaid folio and any such sale or redemption of the investments in the aforesaid folio, shall be valid in the same manner as if the investments were sold or redeemed by me/us and I/we hereby authorize the same.

Notwithstanding anything contained herein, or any other document to the contrary, I/we confirm and acknowledge that neither you, nor your affiliates, ABSLMF, Aditya Birla Sun Life Trustee Pvt. Ltd., ("**Trustees**"), respective directors, employees, agents, representatives, successors nor assigns shall be, in any manner whatsoever, be liable and/or responsible for allowing any sale/redemption in favour of the Pledgee, as per the directions of the Pledgee. I / we confirm that there is no prior pledge / charge / lien upon the aforesaid folio which has not been registered with ABSLMF.

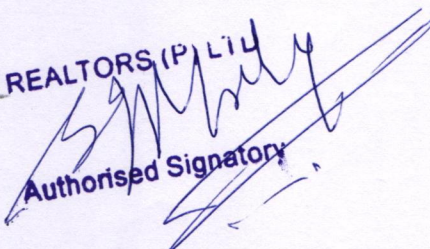
I / we hereby undertake to save, keep indemnified at all times, you, ABSLMF, the trustees, your respective directors, employees, agents, representatives, affiliates, successors and assigns, from and against all actions, suits, proceeding, liabilities, claims, penalties, demands, costs and expenses whatsoever arising out of or in connection with the marking of pledge over the aforesaid folio as requested by me/us hereinabove.

Thanking you

1<sup>st</sup> Unit Holder: \_\_\_\_\_

2<sup>nd</sup> Unit Holder: \_\_\_\_\_

3<sup>rd</sup> Unit Holder: \_\_\_\_\_

**For JMR SEC REALTORS (P) LTD**  
  
**Authorised Signatory**



**Important Instructions:**

- A. Fields marked with '\*' are mandatory fields.  
 B. Tick '✓' wherever applicable.  
 C. Please fill the date in DD-MM-YYYY format.  
 D. Please fill the form in English and in BLOCK letters.  
 E. KYC number of applicant is mandatory for update application.  
 F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 G. List of two-character ISO 3166 country codes is available at the end.  
 H. Please read section wise detailed guidelines/instructions at the end.  
 I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

(To be filled by financial institution)

Application Type\*

☐ New☐ Update

KYC Number

(Mandatory for KYC update request)

☐ **1. Entity Details\*** (Please refer instruction A at the end)☐ Name\*

Entity Constitution Type\*

☐ Others (Specify)

(Please refer instruction B at the end)

Date of Incorporation/Formation\*

DD - MM - YYYY

Date of Commencement of Business

DD - MM - YYYY

Place of Incorporation/Formation\*

Country of Incorporation/Formation\*

TIN or Equivalent Issuing Country

PAN\*

TIN/GST Registration Number

☐ **2. PROOF OF IDENTITY (POI)\*** (Please refer instruction B at the end)☐ Officially valid document(s) in respect of person authorised to transact☐ Certificate of Incorporation/Formation☐ Registration Certificate

Regn Certificate No.

☐ Memorandum and Articles of Association☐ Partnership Deed☐ Trust Deed☐ Resolution of Board/Managing Committee☐ Power of Attorney granted to its manager, officers or employees to transact on its behalf☐ Activity proof – 1 (For Sole Proprietorship Only)☐ Activity proof – 2 (For Sole Proprietorship Only)☐ **3. ADDRESS** (Please see instruction C at the end)☐ **3.1 Registered Office Address/Place of Business\***

Proof of Address\*

☐ Certificate of Incorporation/Formation☐ Registration Certificate☐ Other Document

Line 1\*

Line 2

Line 3

City/Town/Village\*

District\*

Pin/Post Code\*

State/U.T Code\*

ISO 3166 Country Code\*

☐ **3.2 Local Address in India (If different from above)\***

Line 1\*

Line 2

Line 3

City/Town/Village\*

District\*

Pin/Post Code\*

State/U.T Code\*

ISO 3166 Country Code\*

☐ **4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off)

Fax

Mobile

Email ID

Mobile

Email ID

☐ **5. Number of Related Persons** ☐ (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)



▪ I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately upon any of the above information is found to be false.

- ke to  
e or  
For JMK GEC REALTORS (P) LTD  
any  
mail  
from  
Signature  
Authorized Signatory  
Signature/Thumb Impression of Authorised Person(s)

[illegible]

Signature/Thumb Impression of Authorised Person(s)

Documents Received ☒ Certified Copies ☐ Equivalent e-document

☐ Certified Copies☐ Equivalent e-document

Identity Verification ☐ Done Date:   -   -

[illegible][illegible][illegible][illegible][illegible][illegible]