 NMF II Platform		IIN No.:	Investor Form	
Advisor/Distributor : Code/Name				
UnitHolder Information				
Name of the First Applicant :				
PAN/Exempt No.:		Date of Birth :	Tax Status* :	cKYC Ref No. :
Father Name :		Mother Name :		
Name of Guardian :		Date of Birth :	PAN/Exempt No. :	cKYC Ref No. :
Contact Address :				
City :		Pincode :	State :	Country :
Tel.(Off) :		Tel.(Res) :	Email :	
Fax.(Off) :		Fax.(Res) :	Mobile:	
Mode of Holding :		DP ID :	Occupation :	
Name of Second Applicant :			PAN/Exempt No. :	
Second Applicant Email:			Second Applicant Mobile :	
Second Applicant Date of Birth :			Second Applicant cKYC Ref No. :	
Name of Third Applicant :			PAN/Exempt No.:	
Third Applicant Email :			Third Applicant Mobile :	
Third Applicant Date of Birth :			Third Applicant cKYC Ref No. :	
Other Details				
Overseas Address (If investor is NRI) :				
City :		Pincode :	Country :	
Bank Mandate Details				
Name of Bank :			Branch :	
A/c No. :		A/c Type :	IFSC Code :	MICR No. :
Bank Address :				
City :		Pincode :	Country :	
Nomination Details				
Nominee Name 1 :		Date of Birth:	Relationship :	Percentage :
Guardian Name(If nominee 1 is minor) :			Guardian PAN :	
Nominee Address :				
City :		Pincode :	State :	
Nominee Name 2 :		Date of Birth:	Relationship :	Percentage :
Guardian Name(If nominee 2 is minor) :			Guardian PAN :	
Nominee Name 3 :		Date of Birth:	Relationship :	Percentage :
Guardian Name(If nominee 3 is minor) :			Guardian PAN :	
Declaration and Signature				
<p>I/We confirm that the information provided by me/us is true and correct. I/We acknowledge that the responsibility of the information provided in the registration form solely rests with me/us and that NSE / NSCCL will not be responsible or liable for any loss, claim, liability that may arise on account of any incorrect and/or erroneous data/information provided by me/us. I/We hereby confirm that I/we will comply with the terms and conditions for Know Your Customer (KYC). I am aware that system generated User ID and password will be sent on the registered mail id. All correspondence/communication in respect of the transactions including the payment link for online fund transfer will be sent to the registered email address and SMS alerts will be sent to the registered mobile number provided at the time of registration on NMF II. I/we also hereby confirm that the email id and the mobile no. provided at the time of registration by the distributor in the NMF II is pertaining to me/us and all communication/correspondence/transactions related alerts shall be sent to same email id/mobile no.</p> <p>I/We confirm that for existing investments, I/we had gone through, understood the contents of the Scheme Information Document and Key Information Memorandum, addenda issued from time to time regarding each Mutual Fund Scheme, in which I/We had chosen to subscribe / redeem. I/We will also ensure that I/we shall go through, understand the contents of the Scheme Information Document and Key Information Memorandum, issued from time to time regarding each Mutual Fund Scheme, in which I/We will choose to subscribe to / redeem.</p> <p>I/We hereby authorize NSE to collect the following data/ information pertaining to my / our mutual fund investments from all Asset Management Companies (AMCs) and their respective Registrar and Transfer Agents with whom I/We transact: -</p> <ol style="list-style-type: none"> Distributor wise transaction data for historical, present and future transactions carried out through various transaction platforms including transaction request submitted at any point of acceptance of the AMCs subject to the condition that the Distributor is registered with NSE NMF II platform. Scheme wise consolidated unit balance available in my account(s) as and when required. <p>I/We hereby authorize the Distributor, NSE & AMC (including its Registrars) to utilize my/our KYC information, such as identity, address and signature for the purpose of validation and to comply with the legal and regulatory requirements. I/We accept that for any transaction submitted offline i.e. with wet signatures, the signature available in my KYC records would be used for signature verification and in the event of such signature not being available or legible, the AMC would be within its rights to carry out further checks to validate the authenticity of the request or reject any such offline request.</p>				
Date :			Place :	
Signature 1st Applicant :		Signature 2nd Applicant :		Signature 3rd Applicant :
*Documents Required:				
Trust : Trust Deed and Authorised Signatory List Partnership Firm : Partnership Deed and Authorised Signatory List. Societies : Bye-Laws and Authorised Signatory List FII & LLP : Overseas Auditors Certificate, Authorised Signatory List ,Board Resolution/Authorisation to Invest Corporate : Board Resolution and Authorised signatory List Minor : Proof of Date of Birth For all investors, a Cancelled cheque should also be mandatorily submitted as proof of bank account. Individual Investor – Additional KYC and FATCA compliance mandatory for IIN activation. Corporate / HUF Investor – Additional KYC, FATCA and UBO compliance mandatory for IIN activation. Note: For Corporate and HUF investors all forms have to be submitted in physical post making necessary submissions on NMF II platform. Once the submissions are made on the platform printed version of forms will be generated from NMF platform.				
This Investor Form was generated through NMF II platform.				

FATCA-CRS Declaration & Supplementary KYC Information
Declaration Form for Entities

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

PART - A

PEKRN*									
Name									
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Unspecified						
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office							
Place of Birth					Country of Birth				
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1-5 Lacs			Net Worth in INR. In Lacs	_____			
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs			Net Worth Date				
	<input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> > 1 Crore							
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning <input type="checkbox"/> To be blank if the same is not applicable				Any other information [if applicable]	[Please specify]			

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

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

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

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code here _____ (Refer Instructions o)

Part B [to be filled by Financial Institutions or Direct Reporting NFFEs]

<p>We are a</p> <p><input type="radio"/> Financial Institution / FFI [refer instructions a.]</p> <p><input type="radio"/> Direct Reporting NFFE [refer instructions a.]</p>	<p>GIIN (Global Intermediary Identification Number):</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><i>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</i></p> <p>Name of the sponsoring entity</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>GIIN not available [tick any one]:</p> <p><input type="checkbox"/> Applied For</p> <p><input type="checkbox"/> Not required to apply for – specify sub-category code <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> [refer instructions c.]</p> <p><input type="checkbox"/> Not obtained - Non-participating FFI</p>																				

Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]

1	<p>Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions d.]</p>	<p>Yes <input type="checkbox"/> (Please specify the name of the Stock Exchange(s) where it is traded regularly)</p> <p>1. _____</p> <p>2. _____</p>
2	<p>Is the entity a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.]</p>	<p>Yes <input type="checkbox"/> (Please specify the name of the listed company, name of the Stock Exchange (s) where it is traded regularly)</p> <p>Name of the listed company: _____</p> <p>Name of the Stock Exchange: _____</p>
3	<p>Is the entity an Active NFE?</p>	<p>Yes - Nature of business _____</p> <p>Please specify sub-category of Active NFE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> [refer instructions g.]</p>
4	<p>If the entity a Passive NFE: [refer instructions h.]</p>	<p>Yes - Nature of business _____</p> <p>Also submit UBO Form [provided separately]</p>

Declaration:

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

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date :

Place :

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

I. Investor Details:

(Mandatory for Non-individual Investors)

Name of the Investor:														
PAN														

** if PAN is not available, specify Folio No.(s)*

II: Category

Our company is a Listed Company listed /Subsidiary or Controlled by a Listed Company *[If this category is selected,no need to provide UBO details]*

Unlisted Company
 Partnership Firm / LLP
 Unincorporated association / body of individuals
 Public Charitable Trust

Private Trust
 Religious Trust
 Trust created by a Will
 Others [please specify] _____

UBO / Controlling Person(s) details													
S.No	Name Of UBO #	Country of Tax Residency #	Taxpayer Identification Number/PAN/Equivalent ID Number #	Identification Type#	% of Beneficial Interest #	CP/UBO (Refer Instructions E)	Place & Country of Birth#	Date of Birth [dd-mm-yyyy]\$	Address\$,Address Type*&Contact details [include City,Pincode,State, Country]	Gender\$ [Male, Female, Others]	Father's Name\$	Nationality \$	Occupation [Service, Business, Others]

Mandatory fields
 * Address Type should either Residence or Business or Registered office
 \$ Mandatory if PAN of UBO/Controlling persons is not provided
 Note:If the given rows are not sufficient,required information in the given format can be enclosed as additional sheet(s)duly signed by Authorized Signatory
***Note that some of the mutual Funds may call for additional information/documentation wherever required or if the given information is not clear/incomplete/incorrect and you may to have provide the same as and when solicited**

Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals,read & understood the FATCA terms and conditions.In case any of the above specified information is found to be false or untrue or misleading or misrepresenting,I/We am/are aware that I/We may liable for it.I/We hereby authorize you to disclose,share,remit in any form,mode or manner,all/any of the information provided by me/us,including all changes,updates to such information as and when provided by me/us to mutual Fund,its Sponsor,Asset Management Company,trustees,their employees/associated parties/RTAs('the Authorized Parties')or any Indian or Foreign governmental or statutory or judicial authorities/agencies including but not limited to the financial Intelligence Unit-India(FIU-IND),the tax/revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same.Further,I/We,authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission/update & for other relevant purposes.I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information/documentary proof as may be required at your end

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
----------------------	----------------------	----------------------

Place:

Date:

Sponsor Bank Code Utility Code

Tick(✓)
 CREATE I/We hereby authorize NSE Clearing – New Mutual Fund Platform to debit tick (✓) SB CA CC SB-NRE SB-NRO Others
 MODIFY
 CANCEL

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

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

IIN Mobile No.

Mandate ID F O R O F F I C E U S E O N L Y Email ID

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

PERIOD

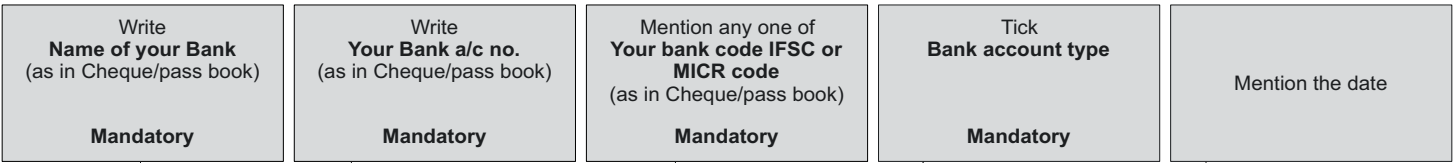
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. _____ Name as in bank records 2. _____ Name as in bank records 3. _____ Name as in bank records

- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

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



NSE Mutual Fund Platform UMRN F O R O F F I C E U S E O N L Y Date

Sponsor Bank Code Utility Code

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

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

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

IIN Mobile No.

Mandate ID F O R O F F I C E U S E O N L Y Email ID

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

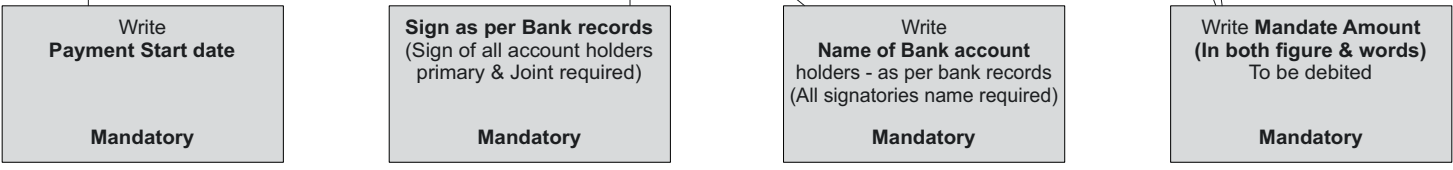
PERIOD

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

Or Until Cancelled 1. _____ Name as in bank records 2. _____ Name as in bank records 3. _____ Name as in bank records

- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.



Mandatory columns to be filled		
① Date in DD/MM/YYYY format	② Select the Account type	③ Customer's bank account number
④ Name of the bank	⑤ IFSC code of customer bank	⑥ Amount in Words
⑦ Amount in figures	⑧ ACH start date	⑨ Name(s) of the customer(s) and Signature(s)