

COMMON APPLICATION FORM

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	SIGN HERE → First / Sole Applicant / Guardian	
BONANZA / ARN - 0186					SIGN HERE → Second Applicant
*Please sign alongside in case the EUIN is left blank/not provided.					
I/We hereby confirm that the EUIN box has been intentionally left blank by 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.				SIGN HERE → Third Applicant	

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

TRANSACTION CHARGES (Mandatory to be filled if you have invested through a distributor)

(Please tick (✓) any one) I am a First time investor across Mutual Funds **OR** I am an existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, of ₹ 150 (new investor) & ₹ 100 (existing investor) are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

2. EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 9. Mode of holding will be as per existing folio number.)

3. GENERAL INFORMATION

APPLICATION FOR Zero Balance Folio Invest Now *MODE OF HOLDING : Single Joint (Default) Any one or Survivor

4. FIRST APPLICANT DETAILS

NAME

PAN / PEKRN[^] (First Applicant) PAN / PEKRN[^] (Guardian)

Name of Guardian if first applicant is minor / Contact Person for non individuals

Guardian's Relationship With Minor Father Mother Court Appointed Guardian Date of Birth of 1st Applicant Proof of Date of Birth and Guardian's Relationship with Minor Birth Certificate Passport Others (please specify)

OCCUPATION*** : Professional Agriculturist Housewife Retired Government Service/Public Sector Business Forex Dealer Student Private Sector Service Others _____

STATUS[^] : Resident Individual PSU AOP/BOI Minor through Guardian HUF Trust / Charities / NGOs Society FI / FII NRI Company/Body Corporate Sole Proprietor Defence Establishment PIO Bank FPI*** Government Body Partnership Firm Others _____ (**as and when applicable)

COUNTRY OF TAX RESIDENCE*** India U.S.A. Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

Country of Tax Residence	Tax Identification Number (TIN) [%]	TIN issuing Country	Identification Type (TIN or Other)	Type of Documentary Evidence

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

COUNTRY OF BIRTH*** COUNTRY OF NATIONALITY/CITIZENSHIP***

GROSS ANNUAL INCOME DETAILS*** Please tick (✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 Crore

NET-WORTH*** in ₹ _____ (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)*** Yes No Are you related to a Politically Exposed Person (PEP) Yes No

Mandatory to be filled by Non-Individuals Only

A. NET-WORTH*** in ₹ _____ (Net worth should not be older than 1 year) as on (Date)

B. Is the entity involved in / providing any or the following services
 - Foreign Exchange / Money Changer Services Yes No - Money Lending / Pawning Yes No
 - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) Yes No Any other information: _____

C. Declaration on Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS) enclosed (Refer Ins No. XIII)

**In case First applicant is minor then details for Guardian will be required *Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant through a Key Registered Agency (KRA) appointed by SEBI prior to investing in Reliance Mutual Fund. Refer instruction no.II.6, 7 & IX

ACKNOWLEDGMENT SLIP

APP No.:

Received from Mr/Ms/M/s : _____ an application for allotment of

Units under Scheme Reliance _____ Option _____ as per details below.

Instrument No/Cash Deposit Slip No. _____ Dated _____ Rs. _____ drawn on Bank _____ Time Stamp & Date of receiving office



IVR. "Self Help" Option (24 x 7)

Investor can avail below facilities

- NAV
- Account balance
- Account statement
- Last 5 transactions

For more details : Call : 1800-300-1111

9. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV) OTM facility is available to investors who have Invest Easy facility registered with RMF.

Scheme _____ (Refer Instruction No. I-10) (For Product Labeling please refer last page of application form)
 (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)
 Option (Please ✓) Growth** Dividend Payout Dividend Reinvestment **Dividend Frequency** _____
Payment Details (Please issue cheque favouring scheme name)
 Mode of Payment OTM Facility (One Time Bank Mandate) Cheque DD Funds Transfer RTGS / NEFT Cash^{\$} (Refer Instruction No. XIV)
 Investment Amount (Rs.) _____ DD Charges (if applicable) (Rs.) _____ Net Amount~ (Rs.) _____ | minus || _____
 Instrument No./Cash Deposit Slip No. _____ Dated D₁ D₁ M₁ M₁ Y₁ Y₁ Y₁ Y₁ Drawn on Bank _____
 Bank Branch _____ City _____
 (** Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. \$ Investors are requested to collect the cash deposit slip from the DISC

10. NOMINATION - I wish to Nominate Yes No (Mandatory if mode of holding is single) (Refer Instruction No.V)
 In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
						1st App.
						2nd App.
						3rd App.

11. UNITHOLDING OPTION - DEMAT MODE PHYSICAL MODE

DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. X.
 Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

National Securities Depository Limited	Depository participant Name _____	Central Depository Securities Limited	Depository participant Name _____								
	DP ID No. <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		I	N							Target ID No. _____
	I		N								
Beneficiary Account No. _____											

Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

12. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No.II.1)

First Applicant POA Name	Mr./Ms./M/s _____	PAN*	_____
Second Applicant POA Name	Mr./Ms./M/s _____	PAN*	_____
Third Applicant POA Name	Mr./Ms./M/s _____	PAN*	_____

13. SIP ENROLLMENT DETAILS Opted for SIP: Yes No (Incase you have opted for SIP it is mandatory to submit SIP Enrolment Form)

14. STP ENROLLMENT DETAILS Opted for STP: Yes No (Incase you have opted for STP it is mandatory to submit STP Enrolment Form)

15. I WISH TO APPLY FOR TRANSACT ONLINE Yes No **OR** **I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS** Yes No
 (Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)

16. DECLARATION AND SIGNATURE

I/We would like to invest in Reliance _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Reliance Any Time Money Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM can debit from my folio for the service charges as applicable from time to time. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

I confirm that I am resident of India.
 I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.
 I have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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Check list for the documents to be submitted:

Documents	Companies	Trusts	Societies	Partnership Firms	NRI	FIs/FPs	Investments through Constituted Attorney
1. Resolution/Authorisation to invest	✓	✓	✓	✓	✓	✓	✓
2. List of Authorised Signatories with Specimen Signature(s)	✓	✓	✓	✓	✓	✓	✓
3. Memorandum & Articles of Association	✓						
4. Trust Deed		✓					
5. Bye-Laws			✓				
6. Partnership Deed				✓			
7. Overseas Auditor's Certificate						✓	
8. Notarised Power of Attorney							✓
9. Foreign Inward Remittance Certificate in case of payment is made by DD from NRE/FCNR A/c where applicable					✓		
10. Proof of PAN	✓	✓	✓	✓	✓	✓	✓
11. KYC Compliant	✓	✓	✓	✓	✓	✓	✓

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
BONANZA / ARN - 0186			

*Please sign below in case the EUIN is left blank/not provided.

I/We hereby confirm that the EUIN box has been intentionally left blank by 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.

SIGN HERE →	Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
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Upront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

2. EXISTING UNIT HOLDER INFORMATION FOLIO NO.

3. APPLICANT DETAILS

Name of Sole/1st holder	PAN No. <input type="text"/> M A N D A T O R Y <input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No. <input type="text"/> M A N D A T O R Y <input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No. <input type="text"/> M A N D A T O R Y <input type="checkbox"/> KYC Acknowledgement Copy

4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS (Refer Instruction No.1, 5 & 23)
(If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name) (Please refer respective SID/KIM for product labeling)

Name of 'Transferor' Scheme/Plan/Option

Name of 'Transferee' Scheme/Plan/Option

5. STP DETAILS (Refer Instruction No.6)

<input type="checkbox"/> Fixed Transfer STP (Refer Instruction No.7&9) STP Frequency (Please ✓ any one)					OR	<input type="checkbox"/> Capital Appreciation STP (Refer Inst No.8&9) STP Frequency (Please ✓ any one)	
<input type="checkbox"/> Daily (Minimum One Month)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly		<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly
First execution date will be on or after 7 calendar days from the date of submission of the form (excluding date of submission)	1 st , 8 th , 15 th & 22 nd of every month	1 st & 15 th of every month	* of every month <small>*Incase the Investor has not specified any date then the default date would be 10th</small>	* of the starting month of every Quarter	1 st of every Month	1 st of the starting month of every Quarter	

Amount of Transfer per Instalment **Rs.**

Enrolment Period (Please ✓ any one)

REGULAR From: M M Y Y To: M M Y Y
 PERPETUAL From: M M Y Y To: M M Y Y (Default)

Only for Daily STP Enrolment Period

From: D D M M Y Y To: D D M M Y Y

6. DECLARATION & SIGNATURE/S

I/We would like to opt for Systematic Transfer Plan subject to terms of the Scheme Information Document and subsequent amendments thereto. I/We have read the instructions of the Enrolment Form, Scheme Information Document of the Transferor and Transferee Scheme and Statement of Additional Information before filling up the Enrolment Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada. **APPLICABLE TO NRIs ONLY**; I am a Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/FCNR Account.

Place:

Date:

SIGNATURE		
SIGN HERE →	SIGN HERE →	SIGN HERE →
Sole/ 1 st applicant/Guardian Authorised Signatory	2 nd applicant / Authorised Signatory	3 rd applicant Authorised Signatory

Acknowledgement Receipt of STP Application Form (To be filled in by the Unit holder)

FOLIO NO.

APP No.:

Received from _____ STP application

Amount of Transfer per Instalment Rs. _____

From Scheme / Plan / Option _____

to Scheme / Plan / Option _____

Mode & Frequency of STP _____

Stamp of receiving branch
& Signature

**Details of Ultimate Beneficial Owner including
FATCA & CRS information for Non Individual Investors**

Name of the entity

Type of address given at KRA Residential or Business Residential Business 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 DD / MM / YYYY

City of incorporation

Country of incorporation

Entity Constitution Type a Partnership Firm b HUF c Private Limited Company d Public Limited Company e Society f AOP/BOI
Please tick as appropriate g Trust H Liquidator h Limited Liability Partnership i Artificial Juridical Person j Others specify _____

Please tick the applicable tax resident declaration-

1. Is "Entity" a tax resident of any country other than India Yes 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)

⁸In case Tax Identification Number is not available, kindly provide its functional equivalent⁸

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 (Refer Instruction No. 3.viii)

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, Financial institution⁶ or Direct reporting NFE⁷ (please tick as appropriate)

GIIN

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

Name of sponsoring entity

GIIN not available (please tick as applicable) Applied for

If the entity is financial institution, Not required to apply for - please specify 2 digits sub-category¹⁰

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 ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ³ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part D)
4. Is the Entity a passive ⁴ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁴Refer 3(ii) of Part D | ⁶Refer 1 of Part D | ⁷Refer 3(vii) of Part D | ¹⁰Refer 1A of Part D

UBO Declaration

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 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).

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person	Tax ID Type - TIN or Other, please specify	Address - Include State, Country, PIN / ZIP Code & Contact Details
Country - Tax Residency*	Beneficial Interest - in percentage	Address Type -
Tax ID No. - Or functional equivalent for each country*	Type Code ¹¹ - of Controlling person	
1. Name <input style="width: 100%;" type="text"/>	Tax ID Type <input style="width: 100%;" type="text"/>	Address <input style="width: 100%;" type="text"/>
Country <input style="width: 100%;" type="text"/>	Type Code <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Tax ID No. ³ <input style="width: 100%;" type="text"/>	AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	ZIP <input style="width: 20%;" type="text"/> State: <input style="width: 20%;" type="text"/> Country: <input style="width: 60%;" type="text"/>
2. Name <input style="width: 100%;" type="text"/>	Tax ID Type <input style="width: 100%;" type="text"/>	Address <input style="width: 100%;" type="text"/>
Country <input style="width: 100%;" type="text"/>	Type Code <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Tax ID No. ³ <input style="width: 100%;" type="text"/>	AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	ZIP <input style="width: 20%;" type="text"/> State: <input style="width: 20%;" type="text"/> Country: <input style="width: 60%;" type="text"/>
3. Name <input style="width: 100%;" type="text"/>	Tax ID Type <input style="width: 100%;" type="text"/>	Address <input style="width: 100%;" type="text"/>
Country <input style="width: 100%;" type="text"/>	Type Code <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Tax ID No. ³ <input style="width: 100%;" type="text"/>	AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	ZIP <input style="width: 20%;" type="text"/> State: <input style="width: 20%;" type="text"/> Country: <input style="width: 60%;" type="text"/>

If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification Number <small>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)</small>	Occupation Type - Service, Business, Others	DOB - Date of Birth
City of Birth - Country of Birth	Nationality	Gender - Male, Female, Other
	Father's Name - Mandatory if PAN is not available	
1. PAN <input style="width: 100%;" type="text"/>	Occupation Type <input style="width: 100%;" type="text"/>	DOB <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
City of Birth <input style="width: 100%;" type="text"/>	Nationality <input style="width: 100%;" type="text"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth <input style="width: 100%;" type="text"/>	Father's Name <input style="width: 100%;" type="text"/>	Others <input type="checkbox"/>
2. PAN <input style="width: 100%;" type="text"/>	Occupation Type <input style="width: 100%;" type="text"/>	DOB <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
City of Birth <input style="width: 100%;" type="text"/>	Nationality <input style="width: 100%;" type="text"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth <input style="width: 100%;" type="text"/>	Father's Name <input style="width: 100%;" type="text"/>	Others <input type="checkbox"/>
3. PAN <input style="width: 100%;" type="text"/>	Occupation Type <input style="width: 100%;" type="text"/>	DOB <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
City of Birth <input style="width: 100%;" type="text"/>	Nationality <input style="width: 100%;" type="text"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth <input style="width: 100%;" type="text"/>	Father's Name <input style="width: 100%;" type="text"/>	Others <input type="checkbox"/>

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

³In case Tax Identification Number is not available, kindly provide functional equivalent

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

FATCA - CRS Terms and Conditions

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.

⁵It 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.

Certification

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.

Name	<input style="width: 100%;" type="text"/>					
Designation	<input style="width: 100%;" type="text"/>					
Signature	Signature	Signature	Signature	Signature	Signature	Signature
				Place _____		
				Date / / _____		