## Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

## **COMMON APPLICATION FORM**

For all schemes of Bajaj Finserv Mutual Fund except NFO Schemes



Application No.

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of Bajaj Finserv Mutual Fund.

1. DISTRIBUTOR INFORMATION*					(Please Refer instruction no. 1)
Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
☐ **By mentioning RIA/PMRN code, I/We autho in the scheme (s) of Bajaj Finserv Mutual Fund. ( EUIN in the Declaration & Signatures section ove distributor, based on the investor's assessment	rize you to share with the Investm Please ✓ if applicable) *In case the rleaf. Commission "if any applical of various factors, including the s	nent Adviser / Portfolio M e EUIN box has been left ble" shall be paid directly ervice rendered by the di	anager the details of my/our to blank, please refer the point re by the investor to the AMFI re stributor.		NG OPTION MODE (Default) DEMAT MODE* please fill section 10 )
2. TRANSACTION CHARGES FOR AF	PLICATIONS THROUGH DI	STRIBUTORS ONLY	'* (Please ✓ any one of t	:he below)	(Please refer instruction no. 2)
☐ I confirm that I am a First time inve	stor in Mutual Funds. OR	I confirm that I am	an existing investor in M	utual Funds.	
3. MODE OF HOLDING					(Please refer instruction no. 6)
(In case of Demat Purchase Mode of F	Holding should be same as i	n Demat Account)	Single Jo	oint (Default) 🔲 Anyor	ne or Survivor
4. APPLICANT'S NAME AND INFORI	MATION (Mandatory) to be f	illed in block letters			(Please refer instruction no. 4)
Folio No.	(For Exis	ting unit holders)	Gender 🗌	Male  Female  Ot	ners
Name of Sole / 1st Applicant Mr. /	Ms. / M/s.				
PAN/PEKRN	CKYC No.			Date of Birt	$\mathbf{h} \begin{bmatrix} D & D & M & M & Y & Y & Y & Y \end{bmatrix} $
Mobile No.		Email ID			
The Email ID belongs to (Mandatory Please 🗸) The Mobile No. belongs to (Mandatory Please 🗸		_		_	dian
The default Communication mode is E-mail only, (We would recommend you to choose an onli					ed summary□ Other Statutory Information.
LEI Code			Valid upto DDM	M Y Y Y Y transac	Entity Identifier Number is Mandatory for tion value of INR 50 crore and above for dividual investors. Refer instruction no. 4a)
(	dual NRI-Repatriation guardian Company inisation Financial Institu	FIIs	☐ PIO	Trust HUI Body Corporate Soc Others	=
GUARDIAN DETAILS (In case First /	Sole Applicant is minor) /	CONTACT PERSON	- DESIGNATION / POA I	HOLDER (In case of No	on- Individual Investors)
Mr. / Ms.		Des	ignation/Relationship	with Minor	
PAN	CKYC No.			Gender	Male Female Others
Mobile No.		Email ID			
Date of Birth Proof for minors (Any	/ One)				
☐ Birth Certificate ☐ Marks She	et (HSC/ICSE/CBSE) 🗌 S	chool Leaving Certi	ficate Passport	Others	
5a. MAILING ADDRESS					
Local Address of 1st Applicant					
	City			State	
Pin Code				Tel. Off	
5b. OVERSEAS CORRESPONDENCE AL	DDRESS (Mandatory for NRI)	/ FII Applicant)			
[Please provide Full Address. P. O. Bo	x address is not sufficient]_				
Tol Dooi	T-1.0%				Zip Code:
Tel. Resi	Tel. Off				
Acknowledgement Slip (To be filled in BAJAJ FINSERV ASSET MANAGEME		Solitaire Rusiness Pa	rk (formerly Marvel Edge)	Viman Nagar Pune 411014	
Received from Mr. / Ms			. ,	· ·	Collection Centre / Bajaj AMC Stamp & Signature
Application No.					y y

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

/www.bajajamc.com
https:/
WEBSITE:
EMAIL: service@bajajamc.com
1800 309 3900
OLL FREE NUMBER:
TOLL

6a.	SECOND APPLIC	CANT'S DETAILS* (In case of Mi	nor, there shall be no joint h	nolders) [Name and DOB shall	be as per PAN Card]				
Nar	ne Mr. / Ms.								
PAN CKYC No. Gender Male Female Others									
Mobile No.               Email ID									
		Mandatory Please ✓ ) ☐ Self ☐ Sp			Dependent Parents 🗌 Guardi	an PMS Custodian POA			
The	Mobile No. belongs to	o (Mandatory Please ✓) ☐ Self ☐ S	pouse 🗌 Dependent Childr	en 🗌 Dependent Siblings 🗌	Dependent Parents 🗌 Guardi	an 🗌 PMS 🗌 Custodian 🗌 POA			
Tax Status (Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation									
6b.	THIRD APPLICA	NT'S DETAILS* (In case of Min	or, there shall be no joint h	olders) [Name and DOB shall b	pe as per PAN Card]				
Na	me Mr. / Ms.								
PAN CKYC No. Gender Male Female Others									
Мо	bile No.			Email ID					
	-	ns to (Mandatory Please ✓) ngs to (Mandatory Please ✓)			ndent Siblings Dependent				
	x <b>Status</b> ndatory, Please√)	Resident Individual	NRI-Repatriation 🗌 NRI	-Non Repatriation					
7. 1	<b>(YC Details</b> (Mand	datory)			(	Please refer instruction no. 4e)			
Fir	st Applicant:	☐ Private Sector Service ☐ Housewife ☐	Public Sector Service Student		usiness Professional thers (please specify)	Agriculturist  Retired			
Sec	cond Applicant:	☐ Private Sector Service ☐ Housewife ☐	Public Sector Service Student		tusiness Professional thers (please specify)	Agriculturist    Retired			
Thi	ird Applicant:	☐ Private Sector Service ☐ Housewife	Public Sector Service Student		usiness Professional thers (please specify)	Agriculturist			
Gro	oss Annual Incon	ne							
Fir	st Applicant:	Below 1 Lac 1-	5 Lacs	cs 10-25 Lacs	>25 Lacs-1 crore	☐ >1 crore			
	oc Applicanti		dividuals) ₹ (please specify)		as on D D M M Y Y	Y Y (Not older than 1 year)			
Sec	cond Applicant:	☐ Below 1 Lac ☐ 1-3 OR Net worth* (for Non-Inc	5 Lacs	cs 10-25 Lacs	>25 Lacs-1 crore	>1 crore   Y   Y   (Not older than 1 year)			
Thi	ird Applicant:	☐ Below 1 Lac ☐ 1-1	5 Lacs		>25 Lacs-1 crore	>1 crore (Not older than 1 year)			
For	r Individuals					Please refer instruction no. 4d)			
	st Applicant:	☐ I am Politically Exposed Per	son (PEP) 🔲 I am Relate	ed to Politically Exposed Pers	_				
Sec	cond Applicant:	☐ I am Politically Exposed Per	son (PEP) 🔲 I am Relate	ed to Politically Exposed Pers	son (RPEP) Not applicable				
Thi	rd Applicant:	I am Politically Exposed Per	son (PEP)	ed to Politically Exposed Pers	son (RPEP) Not applicable				
		s, if involved in any of the below	, , =						
		•	•		rvices Yes No (iii) Money	Lending / Pawning   Yes   No			
		DETAILS FOR PAYOUT (Please a			•	(Please refer instruction no. 5)			
Nar	ne of the Bank								
	1 1			1 1 1					
Acc	count No.			Account Type	SB CA CC SB-	NRE SB-NRO Other			
Bank Branch Address									
Bank City State Pincode									
МІС	R Code (9 digits)		\$IFSC Code for	NEFT / RTGS		s is an 11 Digit Number, kindly obtain om your cheque copy or Bank Branch.			
	· -><				Payment I				
Sr. No.	Scheme I	Name /Plan	Option	Net Amount Paid (₹)	Cheque/DD No./UTR No.	Bank and Branch			
			☐ Growth		(in case of NEFT/RTGS)				
1	Bajaj Finserv		☐ IDCW Payout						
	Regular	Direct	☐ IDCW Reinvestment						
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9. INVESTMENT & PAYMENT DETAILS* The name of the first/ sole applicant must be pre-printed on the cheque. (Please refer instruction							ion no. 7)					
Scheme Name		Plan		0	Option							
Bajaj Finserv	☐ Re	gular Plan 🔲 Direct Plan	· _	ault)      IDCW Reinvestment   Transfer of IDCW    Daily   Weekly   Fortnightly   Monthly								
Payment Type ( Please ✓ )		☐ Non-Third Party				☐ Third Party Payment (PIs fill third party declaration form)						
Mode of Payment		Lumpsum			□ SIP*							
Amount (INR)												
Mode of Payment ( Please ✓ )  ☐ Cheque / DD ☐ NEFT / RTGS		Cheque / DD No. / UTR No.			Cheque	/ DD No. / UTR No.						
Drawn on Bank and A/c no												
Date												
Cheque/DD should be drawn in *If you wish to register SIP, kindle Reason for investment Ho Investment horizon Please ( ).  10. UNIT HOLDING OPTION *Demat Account details are man	y fill the relevant SIP I use	Registration & OTM Debit Mand ucation	ate Form. e	25 Years		(Please refe						
applicants matches as per the D	,				•	•						
Nation	nal Securities Deposito	ory Limited		Cent	ral Depository Servi	ces (India) Limited						
DP Name			DP Name									
DP ID IN	Beneficiary A/c No.		Beneficiar	y A/c No.								
inclosures - Please (✓) ☐ Cli	ent Masters List (CML)	Transaction cum Holding	g Statement	Delivery Inst	ruction Slip (DIS)							
11. FATCA AND CRS DETAILS F	OR INDIVIDUALS	(Including Sole Proprietor)				(Please refe	er instruct	ion no. 9)				
Non-Individual investors should	mandatorily fill separa	te FATCA and Ultimate Benefic	ial Ownership (	UBO) Form. Th	e below information	is required for all a	pplicants/	guardian				
Particulars	Place/City of Birtl	h Country of E	Birth		Country of Cit	izenship / Nationa	ality					
First Applicant / Guardian				☐ Indian	U.S. Others	(Please specify)						
Second Applicant				Indian	U.S. Others	(Please specify)						
Third Applicant				☐ Indian ☐ U.S. ☐ Others (Please specify)								
Are you a tax resident (i.e., are yo	u assessed for Tax) in	any other country outside Indi	ia? 🗌 Yes 🗌	No [Please tick	<b>(√)</b> ]							
f 'YES' please fill for ALL countrie respective countries.	es (other than India) in	which you are a Resident for to	ax purpose i.e.	where you are a (	Citizen/Resident/Gr	een Card Holder/Ta	ax Resident	: in the				
Particulars Co	ountry of Tax Reside	Tax Identification Functional Equ			ntion Type please specify)	If TIN is not availa the reason A, B or						
First Applicant / Guardian						Reason: A	В	c				
Second Applicant						Reason: A	В	с□				
Third Applicant						Reason: A	В	с□				
Reason B ⇒ No TIN require	ed (Select this reason	der is liable to pay tax does not i only if the authorities of the res reof:	pective country	y of tax residence	do not require the 1	•						
*Address Type of Sole	of Sole/1st Holder: *Address Type of 2nd Holder: *Address Type of 3rd Holder:											
•	stered Office Rusiness Residential Registered Office Business Residential Registered Office Business											

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I/We do hereby nominate the person(s) r the Units held in my/our Folio in the ever (Please fill the nominee details in the tab	more particularly de nt of my/our death lle given below)	escribed here unde	or to receive OR OR requisite requisite favour of	by confirm that I/We d I in my/our mutual fun intment of any nomine all the unit holders in th documents issued by t by the Mutual Fund/Alv the legal heir(s), based	ont wish to appoint any nomid folio. I/We understand the imee(s) and am/are further aware he folio, my/our legal heir(s) we he Court or such other compet I/C for settlement of death clair don't he value of the units held appace provided below i.e. in	nee(s) for my mutual fund plications/issues involved in that in case of my demise/ uld need to submit all the ent authority, as may be n/transmission of units in in the mutual fund folio.				
ii you do not wish to nominate (opt of		,		Guardian's	Signature of Nominee/	Proportion (%) in which				
Name and PAN of Nominee(s)	Relationship with Applicant	Date of Birth	Guardian Name	relationship with nominee	Guardian of Nominee (Optional)	the units will be shared by each Nominee (should aggregate to 100%)				
		-	nished in case the Nomin	ee is a minor)		aggregate to 100%)				
Nominee 1		DD/MM/YYYY								
Nominee 2		DD/MM/YYYY								
Nominee 3		DD/MM/YYYY								
nature(s) All Unit holders to mand	datorily sign irresp	ective of the mo	de of holding.							
Sign of 1st Applicant / Guard	ian		Sign of 2nd Applicant		Sign of 3rd Applicant					
hereby confirm and declare as under:— I/We have espective Scheme(s) and Addenda thereto, issued re and agree to abide by the terms, conditions, rule: uthorised to make this investment and the amour applicable laws enacted by the Government of In- mes of various Mutual Funds from amongst which ling the KYC process to the astisfaction of the AMC in edemption. I/We agree that Bajaj Finserv Mutual in changes. For investors investing in Direct Plan: by declare that I/We do not have any existing Win -Resident(s) of Indian Nationality/Origin and I/We I -Recount (s). FATCA and GRS Declaration: I/We for Account (s). FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration: I/We III - Recount (s). J. FATCA and GRS Declaration - Recoun	I from time to time and to a not regulations of the th invested in the Schem dia or any Statutory Auth the Scheme(s) is/are is/Bajaj Finserv Mutual Fund can debit from my I/We hereby agree that coro investments which hereby confirm that the	the Instructions. I/We, relevant Scheme(§). I/ ne is through legitimat thority. The ARN holder being recommended the rund, I/We hereby auth the AMC has not reco- together with the cur	nereby apply to the Trustee of Bajaj F whe have neither received nor been in e sources only and is not designed fi has disclosed to me/us all the comm one/us. I/we declare that the inforr orise the AMC/Bajaj Finserv Mutual I ges as applicable. I/we agree to not mmended or advised me/us regardii mmended or advised me/us regardii	inserv Mutual Fund for allo duced by any rebate or gift or the purpose of contrave issions (in the form of trail nation given in this applica Fund to redeem the units a y Bajaj Finserv Asset Mana	tment of units of the Scheme(s) of I s, directly or indirectly in making this ntion or evasion of any Act, Regulati commission or any other mode), pay tion form is correct, complete and t gainst the funds invested by me/us gement Limited immediately in the e	Bajaj Finserv Mutual Fund, as indicate investment. I/We declare that I am/Von, Rule, Notification, Directions or al able to him for the different competir ruly stated. In the event of my/our n				
und to be false or untrue or misleading or misrepre other additional information as may be required a mation as and when provided by me/us to Mutual ding but not limited to the Financial Intelligence U Please \( \' \) : if the EUIN space is left blank: I / We he manager/sales person of the above distributor or advisory fees on this transaction.  gnature(s) should be as it appears in the space of the space	issenting, I/We shall be lia at your end. I/We hereb Fund, its Sponsor, Asse Init-India (FIU-IND), the irreby confirm that the El notwithstanding the ac	able for it. I/We also ur y authorise you to dis at Management Comp; tax /revenue authoriti UIN box has been inter lyice of in-appropriate	I have been remitted from abroad th mation provided in this form is true: dertake to keep you informed in writ close, share, remit in any form, mot may, trustees, their employees (the Aes and other investigation agencies: attionally left blank by me/us as this is ness, if any, provided by the employerm and in the same order. I	ate investments exceeding rough normal banking cha not correct to the best of fining about any changes/mile for ing about any changes/mile for manner, all/any of the tuthorised Parties') or any law in an "execution-only" trans e/relationship manager/sa	g Rs. 50,000 in a year. Applicable in mels or from funds in my/our Non-iny/our knowledge and belief. In case diffication to the above information in einformation provided by me/us, indian or foreign governmental or studyising me/us of the same. action without any interaction or ad les person of the distributor and the holding is joint, all Unit hold	vent the information in the self-cert an. Applicable to Micro Investors: I/ o NRIs: I/We confirm that 1 am/We a tesident External / Ordinary Accoun any of the above specified informati n future and also undertake to provi cluding all changes, updates to sustitutory or judicial authorities/agenc vice by the employee/relationship distributor has not charged any lers are required to sign.				
nd to be false or untrue or misleading or misrepre ther additional information as may be required a nation as and when provided by me/us to Mutual ling but not limited to the Financial Intelligence U Please \( ' \) if the EUIN space is left blank: I/ We he manager/sales person of the above distributor or advisory fees on this transaction.	esenting, I/We shall be lia at your end. I/We hereb Fund, its Sponsor, Asse Init-India (FIU-IND), the reby confirm that the El notwithstanding the ac	able for it. I/We also up y authorise you to dis at Management Computax / revenue authoriti UIN box has been interlyice of in-appropriate	I have been remitted from abroad the material and the highest and high	ate investments exceeding rough normal banking cha not correct to the best of fining about any changes/mile for ing about any changes/mile for manner, all/any of the tuthorised Parties') or any law in an "execution-only" trans e/relationship manager/sa	g Rs. 50,000 in a year. Applicable 'n nnels or from funds in my/our Non-i ny/our knowledge and belief. In case diffication to the above information i e information provided by me/us, in dian or foreign governmental or st dvising me/us of the same. action without any interaction or ad les person of the distributor and the	vent the information in the self-certi an. Applicable to Micro Investors: I/v o NRIs: I/We confirm that I am/We a tesident External / Ordinary Account any of the above specified information in future and also undertake to provi uniture and unitur				
and to be false or untrue or misleading or misrepre ther additional information as may be required a nation as and when provided by me/us to Mutual iling but not limited to the Financial Intelligence U Please / : if the EUIN space is left blank: I / We he manager/sales person of the above distributor or advisory fees on this transaction.    Instruct   Commonstrature   Commonstr	esenting, I/We shall be lia at your end. I/We hereb Fund, its Sponsor, Asse Init-India (FIU-IND), the reby confirm that the El notwithstanding the ac	able for it. I/We also up y authorise you to dis at Management Computax / revenue authoriti UIN box has been interlyice of in-appropriate	whave been remitted from abroad th mation provided in this form is true; dertake to keep you informed in writ close, share, remit in any form, mot may, trustees, their employees (the Aes and other investigation agencies: attionally left blank by me/us as this is ness, if any, provided by the employerm and in the same order. I	ate investments exceeding rough normal banking cha not correct to the best of fining about any changes/mile for ing about any changes/mile for manner, all/any of the tuthorised Parties') or any law in an "execution-only" trans e/relationship manager/sa	g Rs. 50,000 in a year. Applicable the mels or from funds in my/our Non-Iny/our knowledge and belief. In case diffication to the above information in einformation provided by me/us, indian or foreign governmental or studyising me/us of the same.  action without any interaction or ad less person of the distributor and the holding is joint, all Unit hold.	vent the information in the self-cert an. Applicable to Micro Investors: I// o NRIs: I/We confirm that 1 am/We a tesident External / Ordinary Accoun any of the above specified informati or future and also undertake to provi in future and also undertake to provi substitutory or judicial authorities/agenci vice by the employee/relationship distributor has not charged any lers are required to sign.				
und to be false or untrue or misleading or misrepre other additional information as may be required a mation as and when provided by me/us to Mutual uding but not limited to the Financial Intelligence U Please Y : if the EUIN space is left blank: I / We he manager/sales person of the above distributor or advisory fees on this transaction.  ignature(s) should be as it appears in Sign of 1st Applicant / Guardia	esenting, I/We shall be lia at your end. I/We hereb Fund, its Sponsor, Asse Init-India (FIU-IND), the reeby confirm that the El notwithstanding the ac	able for it. I/We also up you to dis at Management Competax / fevenue authoriti UIN box has been interlyice of in-appropriate  Application Fo	where been remitted from abroad the mation provided in this form is true; dertake to keep you informed in write close, share, remit in any form, more many, trustees, their employees (the Aes and other investigation agencies intionally left blank by me/us as this is ness, if any, provided by the employer mand in the same order. I	ate investments exceeding orough normal banking cha nor orrect to the best of fining about any changes/mile or manner, all/any of the tuthorised Parties!) or any lewithout any obligation of a lan "execution-only" transpersed Parties or any lewithout any obligation of a lan "execution-only" transpersed Parties or any lewithout any obligation of a lan "execution-only" transpersed or case the mode of	g Rs. 50,000 in a year. Applicable the mels or from funds in my/our Non-Iny/our knowledge and belief. In case diffication to the above information in einformation provided by me/us, indian or foreign governmental or studyising me/us of the same.  action without any interaction or ad less person of the distributor and the holding is joint, all Unit hold.	vent the information in the self-certivo to NRIs: I/We confirm that I am/We a Resident External / Ordinary Accounting that I am/We a Resident External / Ordinary Accounting that I am/We a self-certification of future and also undertake to provide including all changes, updates to sustitutory or judicial authorities/agencivice by the employee/relationship indistributor has not charged any lers are required to sign.  Applicant / natory / POA				

Points to remember												
Please ensure that: 1. Your Application Form is complete in all respects & si	Documents gned by all applicants.	Individuals	Companies	Societies	Partnership Firms	Investments through PoA	Trust			Sole Proprietor	Minor	HUF
Name, Address and Contact Details are mentioned in should be provided along with the declaration wheth	Resolution / Authoris	sation to invest	✓	✓	✓		<b>√</b>		✓			
Family member.  3. Bank Account Details are entered completely and con	rectly. IFSC Code & 9 digit  Bye - Laws			✓			<b>√</b>					_
4. Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount.  5. Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 4(e) for more information)  6. Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. For e.g "Bajaj Finsery Liquid Fund"  7. Application Number is mentioned on the reverse of the cheque.	Taranaramp Bada	esignated Depository ion Certificate 2			<b>√</b>				<b>√</b>			
	Proof of Date of birth										✓	
	Foreign Inward Remit case payment is mad FCNR a/C, where ann	ttance Certificate, in le by DD from NRE /				<b>✓</b>		<b>✓</b>				
A cancelled Cheque leaf of your Bank is enclosed in c is not from the bank account that you have furnished.	. KVC Askasuladasas	ent 🗸	✓	✓	<b>✓</b>	✓	✓	✓	✓	✓	<b>✓</b>	<b>✓</b>
Documents as listed are submitted along with the Ap     to your specific case)	B	···	<b>√</b>	<b>✓</b>	✓	✓	✓	✓	✓	<b>√</b>	✓	<b>√</b>
to your specific case)	FATCA CRS/UBO Dec	claration	✓	<b>√</b>	<b>√</b>	<b>√</b>	✓	✓	<b>√</b>	✓	✓	<b>√</b>

1. Self attestation is mandatory 2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided 3. In case Units are applied in Electronic (Demat) mode.