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

## APPLICATION FORM FOR TAX STATUS CHANGE

For existing unitholders holding units in physical mode. The relevant section to be filled-in are indicated in the title of respective section. Please fill in the information below in English and in Block Letters.



Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

1. UNITHOLDER'S INFORMATION (Mandatory)					
Folio No.	PAN				
Sole/1st Applicant					
2. CHANGE IN TAX STATUS RI to NRI NRI to RI					
For existing SIP please attach the following: $\ \ \Box$ OTM Modification Form $\ \ \Box$ USA	/Canada Declaration (only applicable to NRI from USA and Canada)				
3. NEW BANK MANDATE/MODE OF PAYMENT SB to NRO NRO NRO to S	B NRE to SB				
Not required if the bank accounts details are same					
Old Bank details	1				
Bank Name					
Core bank account number					
Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Other					
Bank Address					
City	PIN Code				
IFSC Code (11 digit) MICR Cod	e (9 digit)				
New Bank details					
Bank Name					
Core bank account number					
Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Other					
Bank Address					
City	PIN Code				
IFSC Code (11 digit) MICR Cod  Documents to be submitted by investor	e (9 digit)				
Existing bank details (Any one of the following)  New bank details (Any one of the following)					
A cancelled original cheque leaf/Self attested copy of cancelled cheque*	A cancelled original cheque leaf/Self attested copy of cancelled cheque*				
<ul> <li>□ Photocopy of bank passbook or bank account statement (Having entries not older than 3 months)</li> <li>□ Photocopy of bank passbook or bank account statement (Having entries not older than 3 months)</li> </ul>					
Letter from the bank					
*Account number and name of the first unit holder should be printed on the	face of the cheque.				
4. NEW CONTACT DETAILS					
Mobile No. Email ID					
Email address Mobile No. specified above belongs to self or family, due to inv	vestor being (Please (✓) any one option from below)				
Self Spouse Guardian (for Minor investment) Dependent Children D	ependent Parents  Dependent Siblings PMS Custodian POA				
ACKNOWLEDGEMENT SLIP FOR SLIP FOR Change of Tax Status Form instead of A					
BAJAJ FINSERV ASSET MANAGEMENT LIMITED. 8th floor, E-Core, Solitaire Busin	ess Park (formerly Marvel Edge), Viman Nagar, Pune 411014  Collection Centre / Bajaj AMC Stamp & Signature				
	Bajaj AMC Stamp & Signature				
Application No.					
[For any queries please contact our nearest Investor Service Centre or call us at our TOLL F EMAIL: service@bajajamc.com   WEBSITE: https://www.bajajamc.com	REE NUMBER: 1800 309 3900				

5. FATCA & CRS DETAILS							
Place of Birth	ce of Birth Country of Birth						
Are you a tax resident (i.e. are you assessed for Tax) $\square$ Yes $\square$ No [Please tick ( $\checkmark$ ) any If "NO" proceed for the signature of declaration in any other country outside India?							
If "YES" please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen Resident/ Green Card Holder/ Tax Resident in the respective countries							
Country of Tax Residency	Tax Identification Number or Fund	tion Equivalent Ide	Identification Type (TIN or other please specify)  If TIN is not available please tick the reason				
					_ A	В С	
Reason A The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.							
Reason B No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)							
Reason C Others, please state the reason thereof:							
6. KYC DETAILS							
-	ate Sector Service Public Sec sewife Student	tor Service Gove		Professio		Retired	
Gross Annual Income Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 crore >1 crore							
Others							
7. DECLARATION AND SIGNATURES							
I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and here by agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H,as part of the Income-tax Rules,1962. 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 Alternative Investment fund from amongst which the Scheme is being recommended to me/us.  I/We hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield for this investment.  I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Alternative Investment fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."							
Signature(s) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.							
First/ Sole Unit holder	/ Guardian/ POA Holder	Seco	nd Unit holder		Third Unit holde	ır	

TOLL FREE