

## TRANSMISSION DOCUMENTS MATRIX - READY RECKONER

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders	Transmission to Surviving Holders	Sole Holder / All Joint holders deceased & Nomination has been registered	Sole Holder / All Joint holders deceased & NO Nomination registered	Karta of HUF deceased	Karta of HUF deceased
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
1	Prescribed Transmission Request Form	✓ Form T1	✓ Form T2	✓ Form T3	✓ Form T3	✓ Form T4	✓ Form T5
2	Death Certificate of deceased Unit Holder/s / Karta in original or Photocopy duly attested by a Notary Public or a Gazetted Officer. or photocopy self-attested by the nominee(s) / claimant(s) / legal heir(s) subject to verification with original by AMC branches.	✓	✓	✓	✓	✓	✓
3	Copy of Birth Certificate (in case the claimant is a minor)	N.A.	N.A.	✓	✓	N.A.	✓
4	Self-attested copy of PAN of the claimant/ new Karta/ Guardian	✓*	✓*	✓	✓	✓	✓
4	KYC of the Claimant / New Karta / Guardian (in case of nominee / claimant being a minor / of unsound mind).	✓**	✓**	✓	✓	✓	✓
5	Cancelled cheque leaf with name and bank account number pre-printed OR copy of bank statement / Photocopy of Bank Passbook with current entries (not older than 3 months) attested by a Notary Public or a Gazetted Officer or Bank Manager.	✓	✓	✓	✓	✓	✓
6	Bank Attestation of Signature of the Claimant/ Guardian (in case the Claimant is a minor) by the Bank Manager as per Annexure-I(a) where Transmission value upto ₹500,000	N.A.	✓	✓	✓	N.A.	✓
7	Bank's letter certifying / attesting the signature and details of new Karta in the bank account of the HUF as per Annexure-1(b)	N.A.	N.A.	N.A.	N.A.	✓	N.A.
8	Attestation of Signature of the Claimant by a Notary Public or a Judicial Magistrate First Class (in the space provided in TRF) if the Transmission value is more than ₹500,000	N.A.	N.A.	✓	✓	N.A.	✓

\*If PAN not submitted previously \*\*If not KYC compliant

## SUPPORTING LEGAL DOCUMENTS

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders	Transmission to Surviving Holders	Sole Holder / All Joint holders deceased & Nomination has been registered	Sole Holder / All Joint holders deceased & NO Nomination registered	Karta of HUF deceased	Karta of HUF deceased
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
(i)	Indemnity Bond duly signed and executed by all legal heir/s confirming the claimants (Annexure II) -Duly notarised #	N.A.	N.A.	N.A.	✓	N.A.	N.A.
(ii)	Individual Affidavit by all legal heir/s (Annexure III) - Duly Notarised	N.A.	N.A.	N.A.	✓	N.A.	N.A.
(iii)	<b>For Transmission value upto ₹500,000:</b>						
	Document evidencing relationship of the claimant/s with the deceased unitholder/s	N.A.	N.A.	N.A.	✓	N.A.	N.A.
	NOC from other Legal Heirs ( Annexure - IV)	N.A.	N.A.	N.A.	✓	N.A.	N.A.
	Any appropriate document evidencing relationship of the new Karta and the other coparceners with the deceased Karta.	N.A.	N.A.	N.A.	N.A.	✓	N.A.
	<i>Note: If the value at PAN level is upto ₹5 lakh, a notarized indemnity bond from the legal heir(s) / claimant(s) to whom the securities are to be transmitted, in the specified format is required. However, No Objection certificate from all non-claimants shall be required only where there are multiple beneficiaries as per the Registered Will, but all of them have renounced their claim and have no objection to the applicant (claimant) making the claim for transmission of Units. In such cases, the PAN/any OVD of such other legal heirs may also be obtained along with the NOC duly attested by a notary public or by a gazetted officer as per the specified format.</i>						
(iv)	<b>Where Transmission value is more than ₹ 500,000 but upto ₹10,00,000**:</b>						
	a) Notarised copy of the Probated or Registered Will. In case of Registered Will, the same shall be accompanied with a notarised Indemnity bond from the claimant (i.e., appropriate beneficiary of the Will) OR b) Legal Heirship Certificate or its equivalent, along with - 1) a notarized indemnity bond as per Annexure II from the legal heir(s) / claimant(s) to whom the securities are transmitted, as per the format specified provided; and	N.A.	N.A.	N.A.	✓	N.A.	N.A.

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders	Transmission to Surviving Holders	Sole Holder / All Joint holders deceased & Nomination has been registered	Sole Holder / All Joint holders deceased & NO Nomination registered	Karta of HUF deceased	Karta of HUF deceased
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
	b) Legal Heirship Certificate or its equivalent, along with – 2) No Objection Certificate as per Annexure IV from all the non-claimants (remaining legal heirs), duly attested by a notary public or by a gazetted officer as per the format provided.						
	<b>Where transmission value at the PAN-level is more than ₹10 lakhs, any one of the documents mentioned below :</b> a) Notarised copy of Probated Will; OR b) Succession Certificate issued by competent court, OR c) Letter of Administration or court decree, in case of Intestate Succession. <i>Note: In the above three scenarios, Indemnity Bond as mentioned at point no (i) is not required.</i>	N.A.	N.A.	N.A.	✓	N.A.	N.A.
	<b>For change of Karta of HUF or Dissolution of HUF</b>						
(v)	Indemnity bond signed by all co-parceners including the new Karta (Annexure V)	N.A.	N.A.	N.A.	N.A.	✓	N.A.
(vi)	Indemnity bond signed by the Claimant, where there is no surviving co-parcener or the HUF has been dissolved/partitioned after demise of the Karta (Annexure VI)	N.A.	N.A.	N.A.	N.A.	N.A.	✓
	<i>Note: Notarized copy of Decree of the relevant competent Court or Deed of Settlement or Deed of Partition. In case of no surviving co-parceners and the transmission value is more than ₹500,000 or where there is an objection from any surviving members of the HUF</i>						

Additional documentation required:

ID proof [PAN/Redacted Aadhaar/Voter ID / Passport or any other OVD as per PMLA guidelines] of the deceased person attested by the claimant(s), duly notarized or originals can be shown at the AMC branches and OSV seal attested by them.

## DOCUMENTS REQUIRED

**Transmission of units to the claimant/s upon death of the Karta of HUF, where there is no surviving co-parcener or the HUF has been dissolved/partitioned after demise of the Karta:**

- i. Transmission Request Form (Form T5) for Transmission of Units to the Claimant.
- ii. Death certificate of the deceased Karta in original OR photocopy thereof attested by a notary public/gazette officer in original copy of birth certificate.
- iii. Self -attested copy of PAN Card of the claimant(s) / guardian (in case the claimant is a minor).
- iv. KYC acknowledgment or KYC form of the claimant(s) /guardian (in case the claimant is a minor). Transmission will be completed only after the status of the KYC is updated as "KYC complied".
- v. Cancelled cheque with the claimant's name pre-printed thereon OR copy of the claimant's recent bank statement/passbook which is not more than 3 months old.
- vi. If the transmission amount is upto ₹ 5 lakh, attestation of the signature of the claimant by bank manager as per Annexure-(Ia). In case the claimant is a minor, the signature of the guardian (as per the minor's bank account / minors joint account with the guardian) shall be attested. If the transmission amount is for more than ₹ 5 lakh, the signature of the claimant shall be attested by a Notary Public or a JMFC in the space provided for signature attestation in the TRF itself below the signature of the claimant.
- vii. Bond of Indemnity to be furnished by the Claimant as per Annexure-VI.
- viii. If the HUF has been dissolved/partitioned by the surviving members after demise of the Karta, the transmission of units shall be processed on the basis of any of the following documents:
  - a) Notarized copy of Settlement Deed, OR
  - b) Notarized copy of Deed of Partition, OR
  - c) Notarized copy of Decree of the relevant competent Court.

Additional documentation required:

ID proof [PAN/Redacted Aadhaar/Voter ID / Passport or any other valid OVD as per PMLA guidelines] of the deceased person attested by the claimant(s), duly notarized or originals can be shown at the AMC branches and Original Seen & Verified stamp attested by them.

**Transmission Request Form for settlement of claim by surviving members of a HUF which is dissolved upon demise of the registered Karta / where there are no surviving co-parceners.**

To: \_\_\_\_\_ Date : \_\_\_\_\_

The Trustees,  
\_\_\_\_\_ Mutual Fund

<b>Name of the Claimant:</b> Mr./Ms	
Name of the Guardian <i>← in case the claimant is a minor →</i>	Date of Birth of the minor* <input type="text"/> / <input type="text"/> / <input type="text"/>
Mr./Ms	
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*	
PAN (Claimant/Guardian): <input type="text"/>	<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)	
<b>Name of the HUF:</b>	
I, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that the Karta of the above HUF, Mr. _____ expired on _____	
<input type="checkbox"/> As there are no other surviving coparcener except myself, the above HUF stands dissolved OR <input type="checkbox"/> The surviving members of the HUF have decided to dissolve / partition the HUF as per attached Settlement Deed / Partition Deed / Court Decree. (Please tick <input checked="" type="checkbox"/> whichever is applicable)	

Therefore I hereby request you to transmit the Units held by the HUF in the following schemes & proportion in my favour:

Scheme Name	Folio No.	No. of Units	% of Claim@
1)			
2)			
3)			
4)			

@ as per Deed of Settlement / Partition of HUF / Decree of the competent court

**Contact Details of the claimant**

Mobile No. +91 <input type="text"/>	Land Line No. <input type="text"/>
Email Address <input type="text"/>	

**Address** (Please note that the address of the claimant will be updated as per address on KYC form / KYC Registration Agency records)

Address Line 1 <input type="text"/>		
Address Line 2 <input type="text"/>		
City: <input type="text"/>	State <input type="text"/>	PIN <input type="text"/>

**Bank Account Details of the claimant**

Bank Name <input type="text"/>	
Account No. <input type="text"/>	11-digit IFSC <input type="text"/>
A/c. Type Please tick <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No. <input type="text"/>
Name of bank branch <input type="text"/>	
City <input type="text"/>	PIN <input type="text"/>

Please attach a cancelled cheque (with name of the claimant pre-printed) OR Bank Statement/Passbook of the to validate the bank details along with a Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1

I also request you to pay the UNCLAIMED amounts of dividend or redemption proceeds in respect of the HUF if any, to me by direct credit to the bank account mentioned above.

**Additional KYC information** (Please tick/ whichever is applicable)

<b>Occupation</b> <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"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)
The Claimant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)
<b>Gross Annual Income</b> (₹) <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-1crore <input type="checkbox"/> >1 crore

**FATCA and CRS information**

Country of Birth _____	Place of Birth _____	
Nationality _____		
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below		
Country	Tax-Payer Identification Number	Identification Type

**Nomination@** (Please  one of the options below)

<input type="checkbox"/> I DO NOT wish to make a nomination. (Please tick <input checked="" type="checkbox"/> if the claimant does not wish to nominate anyone)					
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described hereunder to receive the Units held my/our folio in the event of my death.					
Nominee's Name	Guardian's Name*	PAN of Nominee/ Guardian*	Date of Birth of Nominee*	% Allocation	Signature of Nominee/Guardian*
Nominee 1					
Nominee 2					
Nominee 3					

@ Guardian of a minor cannot make a nomination

(\* in case the Nominee is a Minor)

**Declaration and Signature of the Claimant**

I have attached herewith all the relevant / required documents as indicated in the attached *Ready Reckoner*.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep \_\_\_\_\_ Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.

I hereby authorize \_\_\_\_\_ Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place _____	Signature of Claimant
Date _____	
<b>Signed before me</b>	
At: _____	
On : _____	
Signature of Notary / JMFC	
Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.	

Note: *This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹5 lakhs*

**Documents Attached**

- Copy of Death Certificate of the deceased Kata  Copy of Birth Certificate (in case the Claimant is a minor)
- Copy of PAN Card of Claimant / Guardian  KYC Acknowledgment OR  KYC form of Claimant
- Cancelled cheque with claimant's name printed OR  Claimant's Bank Statement/Passbook
- Annexure-I - Bank Attestation of Signature & bank account (if the value of the Units being transmitted is more than ₹5 lakhs)
- Bond of Indemnity signed by surviving coparceners as per Annexure V.

Notarised copy of  Deed of Settlement  Deed of Partition of HUF  Decree of the competent court

## Bank Attestation of Account Details & Account-holder's Signature

(where aggregate value of investment under all folios is up to ₹5 lakhs)

{To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below}

Date: DD / MM / YYYY

### TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. \_\_\_\_\_

is a customer of our bank, namely, \_\_\_\_\_

Name of the bank

\_\_\_\_\_ branch

having the following Bank Account:

Account number	
A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> NRNR <input type="checkbox"/> Others (Pl. specify)	
9-Digit MICR No.	11-Digit IFSC

His/her address, as per our Bank records, is as follows:

City	PIN	State

#### Signature Verification by Bankers

Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records	Signature of the client
Signature of the bank official with Bank's Seal	
Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

\* Mandatory

## Annexure VI

### Bond of Indemnity to be submitted by the Claimant on dissolution of HUF or where there are no surviving members after demise of the Karta

[To be submitted in non-judicial stamp paper as per the value prescribed by the respective State subject]

I, \_\_\_\_\_ aged \_\_\_\_\_ years, presently residing at \_\_\_\_\_ and surviving member of \_\_\_\_\_ *Name of the Hindu Undivided Family* HUF, (hereinafter referred to as “the HUF”) hereby solemnly affirm and state on oath as under:

1. That the HUF has investments/units in the following schemes/folios:

Scheme Name	Folio No.	No. of Units
1)		
2)		
3)		
4)		

2. That Mr. \_\_\_\_\_ who was managing the affairs of the HUF as its the Karta, expired on \_\_\_\_\_.
3. That after the death of the abovenamed Karta, the aforesaid HUF stands dissolved, as there are no other surviving coparcener except myself \* OR as the surviving members of the HUF have decided to dissolve / partition the HUF vide Settlement Deed / Partition Deed / Court Decree dated .....\*.
4. That I have approached \_\_\_\_\_ Mutual Fund with a request to transmit the aforesaid Units / proportional units as per the Settlement Deed / Partition Deed / Court Decree dated .....(hereinafter referred to as “the Units’) in my name, in your records for which I execute the indemnity as is herein contained and on relying on the information herein given by me believing the same to be true.
5. That I agree and undertake to provide all necessary documents as may be required by \_\_\_\_\_ Mutual Fund for processing my request as aforesaid.

In consideration therefore of \_\_\_\_\_ Mutual Fund acceding to my request to transmit the Units in the Mutual Fund folios in my name, I/We hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless \_\_\_\_\_ Mutual Fund, its asset management company and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which the mutual fund may suffer and/or incur by reason of acceding to and acting on my/our request as herein above mentioned.

I / we hereby state that whatever is stated herein above are true to the best of my/our knowledge & belief.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand/s and seal/s this \_\_\_\_\_ day of \_\_\_\_\_

Signed and delivered by the within named

\_\_\_\_\_  
Name of the Claimant

.....  
Signature of the Claimant

**Signed before me**

Place: \_\_\_\_\_

Date : \_\_\_\_\_

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Signature of Notary with Official Seal of Notary

# Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals



## 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.

<b>For office use only</b> (To be filled by financial institution)	Application Type* KYC Number	<input type="checkbox"/> New	<input type="checkbox"/> Update	(Mandatory for KYC update request)
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## 1. ENTITY DETAILS\* (Please refer instruction A at the end)

<input type="checkbox"/> Name*												
Entity Constitution Type*	<input type="checkbox"/> Others (Specify)										(Please refer instruction B at the end)	
Date of Incorporation/ Formation*	DD	MM	YYYY	Date of Commencement of Business	DD	MM	YYYY	Country of Incorporation/ Formation*	Country	TIN or Equivalent Issuing Country	Country	
Place of Incorporation/ Formation*									PAN*			
TIN/GST Registration Number												

## 2. PROOF OF IDENTITY (POI)\* (Please refer instruction B at the end)

<input type="checkbox"/> Officially valid document(s) in respect of person authorised to transact	<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	Regn Certificate No.
<input type="checkbox"/> Memorandum and Articles of Association	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Trust Deed	
<input type="checkbox"/> Resolution of Board/Managing Committee	<input type="checkbox"/> Power of Attorney granted to its manager, officers or employees to transact on its behalf		
<input type="checkbox"/> Activity proof - 1 (For Sole Proprietorship Only)	<input type="checkbox"/> 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*	<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> 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 / UT 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)





**Annexure A2 | Legal Entity | Other than Individuals  
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person**

**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.

<b>For office use only</b>	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
(To be filled by financial institution)	KYC Number			(Mandatory for KYC update request)

**1. Details of Related Person\* (Please refer instruction E at the end)**

Addition of Related Person    
  Deletion of Related Person    
  Update Related Person Details

KYC Number of Related Person (if available\*)  (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

**Related Person Type\***  
  Director  
  Promoter  
  Karta  
  Trustee  
  Partner  
  Court Appointment Official  
  Proprietor  
 Beneficiary  
  Authorised Signatory  
  Beneficial Owner  
  Power of Attorney Holder  
  Other

DIN (Director Identification Number)  (Mandatory if Related Person Type is Director) (Please specify)

**1.1 Personal Details (Please refer instruction E at the end)**

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/ Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**1.2 Proof of Identity and Address\* (Please refer instruction E at the end)**

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A- Passport Number

B- Voter ID Card

C-Driving Licence  Driving Licence Expiry Date

D-NREGA Job Card

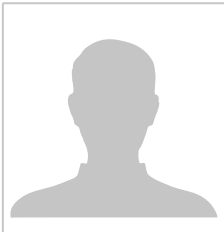
E-National Population Register Letter

F-Proof of Possession of Aadhaar

II.  E-KYC Authentication

III.  Offline verification of Aadhaar

PHOTO\*



**Address**

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  City / Town / Village\*  State / U.T Code\*  ISO 3166 Country Code\*

**1.3 Current Address Details (Please refer instruction E at the end)**

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A- Passport Number

B- Voter ID Card

C-Driving Licence

D-NREGA Job Card

E-National Population Register Letter

F-Proof of Possession of Aadhaar

II.  E-KYC Authentication

III.  Offline verification of Aadhaar

IV.  Deemed PoA

V.  Self-Declaration

**Address**

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  City / Town / Village\*  State / U.T Code\*  ISO 3166 Country Code\*

**1.4 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)  -  Tel. (Res)  -

Mobile  -  Email ID

**2. Applicant Declaration**

- 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. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

[Signature/Thumb Impression]

[Signature/Thumb Impression of Applicant]

Date:  DD -  MM -  YYYY Place:

**6. Attestation / For Office Use only**

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification

Digital KYC Process  Equivalent e-document

**KYC documents verification carried out by**

Date:  DD -  MM -  YYYY

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

**Institution details**

Name

Code

[Institution Stamp]

**A. Clarification / Guidelines on filling 'Entity Details' section**

- |  |  |   |
|--|--|---|
| 1. Entity Constitution Type                                |  |   |
| A – Sole Partnership                                       | H – Trust                                      | O – Artificial Juridical Person   |
| B – Partnership Firm                                       | I – Liquidator                                 | P – International Organisation or Agency/Foreign Embassy or Consular Office, etc. |
| C – HUF  | J – Limited Liability Partnership              | Q – Not Categorized   |
| D – Private Limited Company                                | K – Artificial Liability Partnership           | R – Others  |
| E – Public Limited Company                                 | L – Public Sector Banks                        | S – Foreign Portfolio Investors   |
| F – Society  | M – Central/State Government Department or Age |   |
| G – Association of Persons (AOP)/Body of Individuals (BOI) | N – Section 8 Companies (Companies Act, 2013)  |   |

**B. Clarification / Guidelines on filling 'Proof of Identity [POI]' section**

- A. Activity Proof – 1 and Activity Proof – 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- B. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- C. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- D. 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- E. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- F. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

**C. Clarification/Guidelines for filling Proof of Address [PoA]' section**

- A. State/U.T Code and Pin/Post Code will not be mandatory for overseas addresses.
- B. Certified copy of document or equivalent e-document to be submitted.

**D. Clarification/Guidelines for filling 'Related Person Details' section**

- A. Please mention two-digit 'country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- B. Do not add '0' in the beginning of Mobile number.

**E. Clarification/Guidelines for filling 'Related Person Details' section**

1. Personal Details
  - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Proof of Address [PoA]
  - PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
  - State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

**F. Provision for capturing signature of multiple authorised persons is to be made by the RE.**

**G. List of people authorized to attest the documents after verification with the originals:**

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

**General instructions:**

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.

## List of Two-Digit state/ U.T Codes as per Indian Motor Vehicle Act, 1988

State/ U.T	Code	State/ U.T	Code	State/ U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	TamilNadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TP
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UK
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

## List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AF	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dulch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Monlenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Moniserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
CaboVerde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion IReunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy I Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		