

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)	For Transmission value upto ₹500,000:						
	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)	Where Transmission value is more than ₹ 500,000 but upto ₹10,00,000**:						
	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.						
	Where transmission value at the PAN-level is more than ₹10 lakhs, any one of the documents mentioned below : 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.
	For change of Karta of HUF or Dissolution of HUF						
(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

Change of Karta upon death of the Karta of Hindu Undivided Family (HUF):

If the case of a HUF, the property of the HUF is managed by the Karta and the HUF does not come to an end in the event of death of the Karta. In such a case, the members of the HUF will need to appoint a new Karta, who needs to submit following documents for transmission:

- i. Request Form (Form T4) for change of Karta upon demise of the registered Karta.
- ii. Death Certificate of the deceased Karta in original OR photocopy of the death certificate self-attested and attested by a notary public/gazette officer in original.
- iii. Bank's letter certifying that the signature and details of the new Karta have been updated in the bank account of the HUF & attesting the signature of the new Karta as per Annexure-1(b).
- iv. KYC acknowledgment OR KYC form of the new Karta and the HUF, if not KYC-compliant. Transmission will be completed only after the KYC status is updated as "KYC complied".
- v. Indemnity Bond as per Annexure V signed by all surviving coparceners (including the new Karta).
- vi. Any appropriate document evidencing relationship of the new Karta and the other coparceners with the deceased Karta. Additional documentation required:
 - a. ID proof [PAN/Redacted Aadhaar/Voter ID / Passport or any other valid OVD as per PMLA guidelines] of the deceased Karta attested by the new Karta, duly notarized or originals to be shown at the AMC branches.
 - b. If the transmission amount is for more than ₹ 5 lakh, the signature of the new Karta 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.

Transmission Request Form for Change of Karta upon demise of the registered Karta

To:
The Trustees,

Date : _____

Mutual Fund

Name of the HUF:

Name of the new Karta: Mr./Ms.

PAN of the new Karta

KYC Acknowledgment attached KYC form attached

I, the surviving co-parcener of abovenamed HUF, hereby inform you that, Mr.

_____, the Karta of the above HUF who was managing the affairs of the HUF, expired on _____ and I have taken over the affairs of the above HUF as its new Karta, being the senior most coparcener. I therefore, request you to replace the name of the deceased Karta with my name as the new Karta of the HUF in your records in respect of the investments of the HUF in the following schemes / folios:

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

Contact Details of the new Karta

Mobile No.+91

Land Line No. with STD code

Email Address

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

Address Line 1

Address Line 2

City:

State

PIN

Bank Account Details of the HUF

Bank Name

Account No.

11-digit IFSC

A/c. Type (✓) SB Current

9-digit MICR No.

Name of bank branch

City

PIN

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

- I also request you to pay the UNCLAIMED amounts, *if any*, in respect of the HUF by direct credit to the bank account mentioned above.
- 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.
- I hereby state that whatever is stated herein above are true to the best of my/our knowledge & belief.

Name the new Karta

Signature

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Documents Attached

- Copy of Death Certificate of the deceased Karta
- Cancelled cheque with HUF name pre-printed OR Bank Statement/Passbook of the HUF
- Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1
- KYC Acknowledgment OR KYC Form of the new Karta
- KYC Acknowledgment OR KYC Form of the HUF (*if the HUF is not KYC compliant*)
- Bond of Indemnity signed by all surviving coparceners (including the new Karta) as per Annexure IV.
- Document evidencing relationship of the new Karta and the other coparceners with the deceased Karta

Bank Attestation of Account Details & signature of the New Karta of the HUF

{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 , _____ *Name of the HUF* _____ HUF
has the below-mentioned the Bank Account with our bank, namely, _____ *Name of the bank & branch* _____ branch

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

As per our Bank records, Mr./Ms. , _____ *Name of the Karta* _____ ,
is the registered Karta of the abovenamed HUF and the address of the said HUF is as follows:

City	PIN	State

Signature Verification by Bankers

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

*Mandatory

ANNEXURE V**Indemnity Bond for Change of Karta in respect of MF Units upon demise of the Karta**

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

(To be signed by all the co-parceners, including the new Karta)

I/We, the below mentioned surviving co-parcener(s) of Name of the Hindu Undivided Family HUF, (hereinafter referred to as "the HUF") hereby solemnly affirm and state on oath as follows –

(i) The HUF has investments in the following Schemes / folios of Mutual Fund:

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

(ii) The Karta of the above HUF, Mr. _____, who was managing the affairs of the HUF, expired on _____ and the persons mentioned below are the only living member(s) of the HUF:

Name of the coparcener(s)	Address	Date of Birth	Relation with the deceased Karta
1.			
2.			
3.			
4.			

(iii) I/We further affirm jointly and singly that Mr./Ms. _____ is the senior most coparcener of the HUF / is the new Karta duly appointed by all the surviving members of the HUF.

(iv) I/We have, therefore, approached you with a request to replace the name of the deceased Karta with the name of Mr./Ms. _____ as the new Karta of the HUF in your records for which I/We execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

(v) In consideration therefore of _____ Mutual Fund acceding to my/our request to replace the name of the Karta in the aforesaid Mutual Fund folios in the place of deceased Karta, I/We hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless _____ Mutual Fund 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

Name the Coparcener/s	Signature
1.	
2.	
3.	
4.	

SURETY

I/we, the undersigned Surety, certify that the above facts are true to the best of my/our knowledge and bind myself/ourselves as Surety to make good all claims, charges, costs, damages, demands, expenses and losses which the _____ Mutual Fund, its successors and assigns may sustain, incur or be liable for in consequence of complying with the request contained above of the coparceners hereinabove and the said Mutual Fund and its successors, assigns will be entitled to claim and realise all claims, charges, costs, damages, demands, expenses and losses from me or from my properties, as the case may be.

Sr. No.	Sureties Name & Address (Mandatory)	PAN	Signature of the Surety
1.			/
2.			/

Signed before me	
Place: _____	----- Signature of Notary with Official Seal of Notary
Date : _____	

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.

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

1. ENTITY DETAILS* (Please refer instruction A at the end)

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

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="text"/>	<input type="checkbox"/> Registration Certificate
<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	<input type="text"/>
Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			City / Town / Village*
District*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	State / U.T Code* <input type="text"/> <input type="text"/> ISO 3166 Country Code* <input type="text"/> <input type="text"/>

3.2 Local Address in India (If different from above)*

Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			City / Town / Village*
District*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	State / UT Code* <input type="text"/> <input type="text"/> ISO 3166 Country Code* <input type="text"/> <input type="text"/>

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)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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.

For office use only	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 of Applicant

Date: -- 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: --

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		