

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

Date | D | D | M | M | Y | Y | Y | Y

[illegible]

For existing SIP please attach the following: ☐ OTM Modification Form ☐ USA Declaration (only applicable to NRI from USA)

Not required if the bank accounts details are same

Bank Name			
Core bank account number			
Account Type	☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Other		
Bank Address			
City		PIN Code	
IFSC Code (11 digit)		MICR Code (9 digit)	

Bank Name										
Core bank account number										
Account Type	☐ Savings	☐ Current	☐ NRE	☐ NRO	☐ FCNR	☐ Other				
Bank Address										
City							PIN Code			
IFSC Code (11 digit)					MICR Code (9 digit)					

Existing bank details (Any one of the following)

- ☐ A cancelled original cheque leaf/Self attested copy of cancelled cheque*
- ☐ Photocopy of bank passbook or bank account statement (Having entries not older than 3 months)
- ☐ Letter from the bank

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*Account number and name of the first unit holder should be printed on the face of the cheque.

[illegible]

Email address Mobile No. specified above belongs to self or family, due to investor being (Please (✓) any one option from below)

The Email ID

belongs to (Mandatory Please ✓) ☒ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The Mobile No.

belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

BAJAJ FINSERV ASSET MANAGEMENT LIMITED.

1101A and 1101B, 11th Floor, Sky One Corporate Park – Tower 1, Pune, Survey No. 239/2, Sunset Blvd MHADA Colony, Lohegaon, Pune – 411032.

Received from Mr. / Ms. _____ Date: ____/____/____

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[For any queries please contact our nearest Investor Service Centre or call us at our TOLL FREE NUMBER: 1800 309 3900
EMAIL: service@baiaiamc.com | WEBSITE: <https://www.baiaiamc.com>

Collection Centre / Bajaj AMC Stamp & Signature

5a. MAILING ADDRESS (Address as per KYC)

Local Address of 1st Applicant _____

_____ City _____

State _____ Pin Code _____ Tel. Resi. _____ Tel. Off. _____

5b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applicant)

[Please provide Full Address. P. O. Box address is not sufficient] _____

Zip Code: _____ Tel. Resi. _____ Tel. Off. _____ Mobile No. _____

6. FATCA & CRS DETAILS

Place of Birth _____ Country of Birth _____

Are you a tax resident (i.e. are you assessed for Tax) ☐ Yes ☐ No [Please tick (✓) 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 Function Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick the reason
			☐ A ☐ B ☐ C

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: _____

7. KYC DETAILS

Occupation ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired
☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify) _____

Gross Annual Income ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 crore ☐ >1 crore

Others ☐ I am Politically Exposed Person (PEP) ☐ I am related to Politically Exposed Person (PEP) ☐ Not Applicable

8. 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 _____

Second Unit holder _____

Third Unit holder _____

INSTRUCTIONS

Change of Tax Status can only be for RI To NRO & NRI To RI

1. Change of Bank Details: Documents Required (any one) :

IT IS MANDATORY TO SUBMIT ANY ONE DOCUMENT OF OLD AND NEW BANK ACCOUNT FROM THE BELOW LIST:

- 1) Cancelled original cheque of the new bank mandate with first unit holder name and bank account number printed on the face of cheque.
- 2) Self attested copy of bank account statement issued by the concerned bank. (not older than 3 months)
- 3) Bank passbook with current entries not older than 3 months.
- 4) Bank letter, on the letterhead of the bank duly signed by branch manager/authorised personnel stating the investor's bank account number, name of investor, account type, bank branch, MICR and IFSC code of the bank branch, (the letter should not be older than 3 months).
- 5) NRO/SB should be clearly mentioned on the face of the cheque.

Note:

- (i) (a) In case of photocopies of the documents as stated above are submitted, investor must produce original for verification, or a copy of the supporting documents duly attested by the concerned bank to any of the AMC branches or official point of acceptance of transactions.
 (b) The name printed on the cancelled cheque/bank passbook/bank account statement/bank's letterhead should be same as per the folio.
- (ii) In absence of old bank account proof, investor must submit a Declaration for Old bank proof without existing bank account proof form.
- (iii) The AMC reserves the right to accept the request, subject to additional verifications, production of additional documents or In Person Verification of unit holder.

2. RI-NRI

Only NRO bank account details is allowed.

3. In case there is any changes in your KYC information, please update the same by using the prescribed 'KYC Change Request Form' available on our website www.bajajamc.com under download section and submit the same at the point of service of any KYC Registration Agency.

4. Alterations in the form, if any should be countersigned.