

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

Name Mr./Ms.																					
Date of Birth	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	PAN :	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
D	D	M	M	Y	Y	Y	Y														
Tax Status:	<table><tr><td>☐ Resident Individual</td><td>☐ NRI</td><td>☐ PIO</td><td>☐ Others (please specify)</td></tr></table>											☐ Resident Individual	☐ NRI	☐ PIO	☐ Others (please specify)						
☐ Resident Individual	☐ NRI	☐ PIO	☐ Others (please specify)																		
KYC Detail (Please tick ✓ whichever is applicable) : <table><tr><td>☐ KYC Acknowledgment attached</td><td>☐ KYC form attached</td><td>☐ C-KYC Identification No.</td></tr></table>													☐ KYC Acknowledgment attached	☐ KYC form attached	☐ C-KYC Identification No.						
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Name of the Guardian Mr./Ms.																					
Relationship with the applicant (Please tick ✓ whichever is applicable) :		<table><tr><td>☐ Father</td><td>☐ Mother</td><td>☐ Court Appointed Guardian</td></tr></table>											☐ Father	☐ Mother	☐ Court Appointed Guardian						
☐ Father	☐ Mother	☐ Court Appointed Guardian																			

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Mobile No.+91		Tel. No. STD -	
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Mobile No. provided pertains to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor

Email ID: (Email Id in CAPITAL letters only)

Email ID provided pertains to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor

Address Line 1																
Address Line 2																
City					State					PIN Code						

Please attach & tick (✓) ☐ Cancelled cheque with applicant's name printed OR ☐ Applicant's Bank Statement/ Passbook

Name of Bank A/c. Type (✓) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Account No. Bank Branch

Branch City PIN IFSC Code* MICR Code**

(**11 character code) (***9-digit number)

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

The applicant is ☐ A Politically Exposed Person ☐ Related to a Politically Exposed Person ☐ Neither (Not applicable)

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

☐ I wish to make a nomination and hereby nominate the person/ s more particularly described in the Nomination Form attached herewith, to receive the Units held my folio in the event of my death.

☐ I DO NOT wish to opt for nomination as per the attached Annexure - A (Mandatory- to Submit Declaration form for opting out of nomination)

FATCA and CRS information

Country of Birth _____ Place of Birth _____ Nationality _____

Are you a tax resident of any country other than India? ☐ Yes ☐ 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

Declaration and Signature of the Applicant

I have attached herewith all the relevant / required documents as indicated below.

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

I undertake to keep Bajaj Finserv 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 Bajaj Finserv 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.

My signature hereinbelow has been attested by ☐ The Guardian on record ☐ My bankers ☐ Notary / JMFC

Place _____

Date _____ Signature of Applicant _____

Signature Attestation**(To be attested by the Guardian (as registered in the folio of the applicant who has become a major) or a Notary or Judicial Magistrate First Class (JMFC))@**

Name of the Guardian / Stamp of the Notary/JMFC	The above signature of the applicant duly attested by me
	_____ Signature

@ Alternatively, please attach banker's certification / attestation in the prescribed form as per Annexure 1

Documents attached

- ☐ Copy of PAN Card of applicant
- ☐ KYC Acknowledgment **OR** ☐ KYC form of applicant
- ☐ Cancelled cheque with applicant's name pre-printed **OR** ☐ Applicant's Bank Statement/Passbook
- ☐ Annexure-I – Bankers Attestation of Signature of the applicant
- ☐ Nomination Form **OR** ☐ Declaration form for Opting out of Nomination