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Saparia Global Pvt. Ltd.

Date \_\_/\_\_/20\_\_ C Code \_\_\_\_\_ Group \_\_\_\_\_

**To be filled by Customer for KYC****Self Attested Documents for KYC**

Name .....

Pan Yes / No

Mobile No .....

Aadhar Yes / No

Email ID .....

Colour Photo Yes / No

Mother's Name .....

Occupation B , G , P , H/W, R

**For Investments**

Nominee Name .....

Mandate Yes / No

Nominee Relation .....

Cheque Yes / No

Nominee DOB .....

Bank Passbook Yes / No

1st and last page ( Max2 months old)

PAN No .....

Income 0-1, 1-5, 5-10, 10-25, 25-100

I/ We hereby authorise SGPL, to open my Online MF Account, with mandate as per the details provided for the my Investments

Fund	Gr/DIV	Start Month	Sip Date	Amount	Lum./ SIP	Chq/ E-M
	G / D				L / S	C / M
	G / D				L / S	C / M
	G / D				L / S	C / M

I/ We hereby authorise SGPL, to Invest through the Online Portal www.myefunds.com. Not Offered any Indicative yield &amp; Incentive.

Other \_\_\_\_\_

Customer Sign  \_\_\_\_\_**FOR OFFICE USE**

Particulars	
Docs Complete	<input type="checkbox"/>
KYC	<input type="checkbox"/>
Myefunds Reg	<input type="checkbox"/>
Mandate	<input type="checkbox"/>
Transaction	<input type="checkbox"/>
Remarks	.....
Checker Sign	_____ Date ____/____/____

## Know Your Customer (KYC) Application Form | Individual



### Important Instructions:

- Fields marked with "\*" are mandatory fields.
- Tick " " wherever applicable.
- Please fill the form in English and BLOCK letters.
- Please fill the date in DD-MM-YY format.
- For particular section update, please tick ( ) in the box section number and strike off the sections not required to be updated.
- Please read section wise detailed guide
- List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- List of two character ISO 3166 country codes is available at the end.
- KYC number of applicant is mandatory for update application.
- The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

<b>For office use only</b> (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New <input type="checkbox"/> Update
	KYC Number	<input type="text"/> (Mandatory for KYC update request)
	Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

### ☐ 1. Personal Details (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	DD - MM - YYYY		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T- Transgender		
PAN*	<input type="text"/> FORM 60 furnished <input type="checkbox"/>		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others – Country _____ Country Code <input type="text"/>		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		

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

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  Passport Expiry Date DD - MM - YYYY
- ☐ B-Voter ID Card
- ☐ C-Driving Licence  Driving Licence Expiry Date DD - MM - YYYY
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

#### PHOTO\*



Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

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

### ☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B 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 *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ Deemed Proof of Address – Document Type code

Address

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

☐ **4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction **C** at the end)[illegible]

☐ 5. Remarks (If any)

[illegible]

## 6. 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.

Date: 

D	D
---	---

 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

[illegible]

Signature/Thumb Impression of Applicant

## 7. 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 ☐ Video Based KYC

## KYC documents verification carried out by

Date: 

D	D
---	---

 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

[illegible][illegible][illegible][illegible]

[Employee Signature]

## Institution details

Name

[illegible]

[Institution Stamp]

## In-Person Verification (IPV) carried out by

Date: 

D	D
---	---

 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

[illegible][illegible][illegible][illegible]

[Employee Signature]

## Institution details

[illegible]

[Institution Stamp]

To,  
CAMS TP,

\_\_\_\_\_

Dear Sir,

Sub: KYC for the MF Investment Online.

Kindly do the KYC as we are going to invest online through our Distributor Mr. Abhishek Saparia.

Thanks for the same.

Regards



\_\_\_\_\_

**Mutual Fund Transaction Slip****ARN-115979****EUIN-E172792**

Folio: \_\_\_\_\_

Mutual Fund: \_\_\_\_\_

Scheme : \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

<b>Additional Purchase:</b> Bank Name _____ Branch _____	ARN-115979
Cheque / UTR No. _____ Date _____ Amount _____	E172792
(In words) _____ Payment Mode : <input type="radio"/> OTM <input type="radio"/> Cheque/ DD <input type="radio"/> RTGS	

<b>Redemption:</b> Amount _____ or Units _____ or All Units	ARN-115979
-------------------------------------------------------------	------------

<b>Switch To:</b> Amount _____ or Units _____ or All Units	ARN-115979
Scheme : _____ Plan _____ Option _____	E172792

I/we have read & understood the contents of the Offer Document(s)/KIM and addendum(s) thereto of the respective scheme(s) and agree to abide by the terms, conditions, Rules & regulations of the scheme as applicable from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN Holder has disclosed to me/ us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing schemes of various Mutual Funds from amongst which the scheme has been recommended to me/us.

→ ✓ Signature: \_\_\_\_\_  
First Holder Second Holder Third Holder

**Mutual Fund Transaction Slip****ARN-115979****EUIN-E172792**

Folio: \_\_\_\_\_

Mutual Fund: \_\_\_\_\_

Scheme : \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

<b>Additional Purchase:</b> Bank Name _____ Branch _____	ARN-115979
Cheque / UTR No. _____ Date _____ Amount _____	E172792
(In words) _____ Payment Mode : <input type="radio"/> OTM <input type="radio"/> Cheque/ DD <input type="radio"/> RTGS	

<b>Redemption:</b> Amount _____ or Units _____ or All Units	ARN-115979
-------------------------------------------------------------	------------

<b>Switch To:</b> Amount _____ or Units _____ or All Units	ARN-115979
Scheme : _____ Plan _____ Option _____	E172792

I/we have read & understood the contents of the Offer Document(s)/KIM and addendum(s) thereto of the respective scheme(s) and agree to abide by the terms, conditions, Rules & regulations of the scheme as applicable from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN Holder has disclosed to me/ us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing schemes of various Mutual Funds from amongst which the scheme has been recommended to me/us.

→ ✓ Signature: \_\_\_\_\_  
First Holder Second Holder Third Holder

**Mutual Fund Transaction Slip****ARN-115979****EUIN-E172792**

Folio: \_\_\_\_\_

PAN: \_\_\_\_\_

Mutual Fund: \_\_\_\_\_

Scheme : \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

<b>Additional Purchase:</b> Bank Name _____ Branch _____	ARN-115979
Cheque / UTR No. _____ Date _____ Amount _____	E172792
(In words) _____ Payment Mode : <input type="radio"/> OTM <input type="radio"/> Cheque/ DD <input type="radio"/> RTGS	

<b>Redemption:</b> Amount _____ or Units _____ or All Units	ARN-115979
-------------------------------------------------------------	------------

<b>Switch To:</b> Amount _____ or Units _____ or All Units	ARN-115979
Scheme : _____ Plan _____ Option _____	E172792

I/we have read & understood the contents of the Offer Document(s)/KIM and addendum(s) thereto of the respective scheme(s) and agree to abide by the terms, conditions, Rules & regulations of the scheme as applicable from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN Holder has disclosed to me/ us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing schemes of various Mutual Funds from amongst which the scheme has been recommended to me/us.

→ ✓ Signature: \_\_\_\_\_  
First Holder Second Holder Third Holder

**NACH/ECS/AUTO DEBIT  
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

CREATE

MODIFY

CANCEL

Sponsor Bank Code

Utility Code

I/We hereby authorize

to debit (tick ✓)

Bank a/c number

with Bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As & when presented

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1 (Mandate Reference No.)  Phone No.

Reference 2 (Unique Client Code-UCC)  Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Or	<input type="checkbox"/> Until Cancelled						

➔ 1.  2.  3.

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.  
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

**NACH/ECS/AUTO DEBIT  
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

CREATE ✓

MODIFY

CANCEL

I/We hereby authorize

**BSE Limited**

Utility Code

to debit (tick ✓)

SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY

☐ Mthly

☐ Qtly

☐ H-Yrly

☐ Yrly

☒ As & when presented

DEBIT TYPE

☐ Fixed Amount

☒ Maximum Amount

Reference 1 (Mandate Reference No.)

Phone No.

Reference 2 (Unique Client Code-UCC)

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or

☐ Until Cancelled

1.

2.

3.

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.  
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