



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 & Incentive.

Other _____

Customer Sign _____

FOR OFFICE USE

Particulars

Docs Complete

KYC

Myefunds Reg

Mandate

Transaction

Remarks

Checker Sign _____ Date ____/____/____

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 style="width: 100%;" type="text"/>
		(Mandatory for KYC update request)

1. Entity Details* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation/Formation* D D - M M - Y Y Y Y Date of Commencement of Business D D - M M - Y Y Y Y

Place of Incorporation/Formation* D D - M M - Y Y Y Y Country of Incorporation/Formation* D D TIN or Equivalent Issuing Country D D

PAN*

TIN/GST Registration Number

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

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation/Formation Registration Certificate Regn Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board/Managing Committee Power of Attorney granted to its manager, officers or employees to transact on its behalf

Activity proof – 1 (For Sole Proprietorship Only) 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* Certificate of Incorporation/Formation Registration Certificate Other Document

Line 1*

Line 2*

Line 3* D D - M M - Y Y Y Y City/Town/Village*

District* D D - M M - Y Y Y Y Pin/Post Code* D D - M M - Y Y Y Y State/U.T Code* D D ISO 3166 Country Code* D D

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

Line 1*

Line 2*

Line 3* D D - M M - Y Y Y Y City/Town/Village*

District* D D - M M - Y Y Y Y Pin/Post Code* D D - M M - Y Y Y Y State/U.T Code* D D ISO 3166 Country Code* D D

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) D D - M M - Y Y Y Y Fax D D - M M - Y Y Y Y

Mobile D D - M M - Y Y Y Y Email ID

Mobile D D - M M - Y Y Y Y Email ID

5. Number of Related Persons D D (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)

6. Remarks (If any)

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7. Applicant Declaration (Please refer instruction G at the end)

- 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. Incase 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]

Date: - - Place:

→

8. Attestation / For Office Use only

Documents Received Certified Copies Equivalent e-document

KYC documents verification carried out by

Identity Verification Done Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Institution details

Name

Code

[Employee Signature]

[Institution Stamp]

Important Instructions:

- A. Fields marked with "*" are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY 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* New Update Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

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

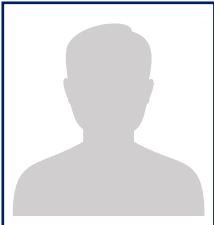
Addition of Related Person Deletion of Related Person Update Related Person Details
 KYC Number of Related Person (if available*) (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)
Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)
 DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

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

Name* (Same as ID proof) Prefix First Name Middle Name Last Name
 Maiden Name
 Father / Spouse Name*
 Mother Name
 Date of Birth* DD - MM - YYYY
 Gender* M- Male F- Female T- Transgender
 Nationality* IN- Indian Others (ISO 3166 Country Code)
 PAN*

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 DD - MM - YYYY
 D-NREGA Job Card
 E-National Population Register Letter
 F-Proof of Possession of Aadhaar
 II E-KYC Authentication
 III Offline verification of Aadhaar
Address
 Line 1*
 Line 2
 Line 3 City/Town/Village*
 District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

PHOTO*


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 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (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: - - 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	Institution details
Date: <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"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<input type="text"/> [Institution Stamp]
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/> [Employee Signature]	

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 _____

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

Redemption: Amount _____ or Units _____ or All Units ARN-115979

Switch To: 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:   _____ ARN-115979
First Holder Second Holder Third Holder

Mutual Fund Transaction Slip

ARN-115979

EUIN-E172792

Folio: _____

Mutual Fund: _____



Scheme : _____ Plan _____ Option _____

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

Redemption: Amount _____ or Units _____ or All Units ARN-115979

Switch To: 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:   _____ ARN-115979
First Holder Second Holder Third Holder

Mutual Fund Transaction Slip

ARN-115979

EUIN-E172792

Folio: _____

PAN: _____

Mutual Fund: _____



Scheme : _____ Plan _____ Option _____

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

Redemption: Amount _____ or Units _____ or All Units ARN-115979

Switch To: 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:   _____ ARN-115979
First Holder Second Holder Third Holder

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

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE

I/We hereby authorize

to debit (tick ✓)

MODIFY

CANCEL

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.
- 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 (✓)

Sponsor Bank Code

Utility Code

CREATE

I/We hereby authorize

BSE Limited

to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

MODIFY

CANCEL

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.
- 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.