

Date//20	C Code		Group			
To be filled by Customer	for KYC		Self Attested Documents for KYC			KYC
Name			Pan		Yes / No	
Mobile No			Aadhar		Yes / No	
Email ID				Colour Photo Yes		
Mother's Name	Mother's Name			B,G,P,	H/W, R	
	For Inve	estments				
Nominee Name			Mandate		Yes / No	
Nominee Relation			Cheque		Yes / No	
Nominee DOB			Bank Passk		Yes / No	
			Income	0-1, 1-5, 5	5-10, 10-25,	25-100
I/ We hereby authorise SGPL, to open my (T .	1	1	Lum / CID	Ch / E B4
Fund	Gr/DIV	Start Month	Sip Date	Amount	Lum./ SIP	
	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 thro	ough the Online Portal www.mye	funds.com. Not Off	ered any Indicative	yield & Incentiv	e.	
Other		_ Custo	omer Sign	*		<u> </u>
		FOR OFFICE	USE			
Particulars						
Docs Complete						
кус						
Myefunds Reg						
Mandate						
Transaction						
Remarks						
Checker Sign	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.
- $\ensuremath{\mathsf{D}}.$ 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 (\checkmark) 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			
(To be filled by financial institution	n) KYC Number				(Mandatory for KYC	C update request)
☐ 1. Entity Details* (Ple	ease refer instruction A a	at the end)				
Name*						
Entity Constitution Type*	Others (Specify)		(Please refer in	struction B at the en	ıd)	
Date of Incorporation/Formation*	D D - M M - Y Y	YY	Date	e of Commencement	t of Business	D - M M - Y Y Y
Place of Incorporation/Formation*		Countr	y of Incorporation/Fo	rmation*	TIN or Equivalent Is	suing Country
PAN*						
TIN/GST Registration Number						
☐ 2. PROOF OF IDENT	TITY (POI)* (Please refer	instruction B	at the end)			
Officially valid document(s) in	respect of person authorised to	o transact				
Certificate of Incorporation/Fo	rmation		Regist	tration Certificate	Regn Certificate No).
Memorandum and Articles of	Association Pa	artnership Deed	Trust [Deed		
Resolution of Board/Managing	g Committee P	ower of Attorney	granted to its manage	er, officers or emplo	yees to transact or	its behalf
Activity proof – 1 (For Sole Pr	oprietorship Only) A	ctivity proof – 2 (I	For Sole Proprietorsh	ip Only)		
3. ADDRESS (Please	e see instruction C at the	end)				
_	e Address/Place of Bus					
Proof of Address* Certi	ificate of Incorporation/Formation	on R	egistration Certificate	e Other	Document	
Line 1*						
Line 2						
Line 3				City/	Town/Village*	
District*	Pin/Po	ost Code*		State/U.T Code*	IS	O 3166 Country Code*
☐ 3.2 Local Address in	India (If different from	above)*				
Line 1*						
Line 2						
Line 3				City/	Town/Village*	
District*	Pin/Po	ost Code*		State/U.T Code*	IS	O 3166 Country Code*
☐ 4. Contact Details (A	all communications will be s	ent to Mobile n	umber/Email-ID pr	ovided may be us	sed) (Please refe	er instruction D at the end)
Tel. (Off)		Fax	-			
Mobile	E	mail ID				
Mobile -	E	mail ID				
☐ 5. Number of Relate	d Persons (Plea	ase fill Annexi	ure A-2 for each	related persons	& also refer in	struction E at the end)

6. Remarks (If any)	
7. Applicant Declaration (Please refer instruction G at the end)	
inform you of any changes therein, immediately. Incase any of the above information 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 or statute of legislation or any notifications/directions issued by any governmental or statute. I hereby consent to receiving information from Central KYC Registry through SMS/Email address. I also providing consent to MF/AMC/KRA to share this KYC data with CK CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI gu Date: DD - MM - Y Y Y Y P Place: Place:	of any Act, Rules, Regulations or any surface and the state of time on the above registered number/email YCR, download the information from
Documents Received Certified Copies Equivalent e-documen	t
Documents Received Certified Copies Equivalent e-document KYC documents verification carried out by	t Institution details

Annexure A2 I Legal Entity I 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-YY format.
- $\ensuremath{\mathsf{D}}.$ 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 (\checkmark) in the box available before the section number and strike off the sections not required to be updated.

	Application Type* New KYC Number	Update Delete		/C update and delete request)
1. Details of Related Person* (Please refer instruction E at t	he end)		
Addition of Related Person	Deletion of Relate	ed Person	Update Related Pe	erson Details
KYC Number of Related Person (if availab	ole*)	(If KYC n	umber is available, only 'Related Per	son Type' & 'Name' is mandatory
Related Person Type* Director	Promoter Karta	Trustee Partner	Court Appointment Officia	I Proprietor
Beneficiary	Authorised Signatory	Beneficial Owner	Power of Attorney Holder	Other (Please specify)
DIN (Director Identification Number)		(Mandatory if	f Related Person Type is Directo	or)
1.1 Personal Details (Please ref	er instruction E at the end)			
Prefix	First Name	Middle	Name	Last Name
Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name*				
Mother Name	MM - YYYY			
Date of Birth		T- Transgender		
		166 Country Code ()		
reductioning	others (100 3	roo country code		
PAN*				
1.2 Proof of Identity and Addre	•	•		
I Certified copy of OVD or equivalent e-doc	cument of OVD or OVD obtained thro	ough digital KYC process need	ds to be submitted (anyone of the	ne following OVDs)
A-Passport Number				☐ PHOTO*
B-Voter ID Card				VV
C-Driving Licence		Driving Licence Expiry Date	te D D - M M - Y Y	YYY
D-NREGA Job Card				
E-National Population Register Lette	er			
F-Proof of Possession of Aadhaar				
II E-KYC Authentication				7
Offline verification of Aadhaar Address				
Line 1*				
Line 2				
Line 3			City/Town/Village*	
District*	Pin/Post Code*	State	e/U.T Code*	SO 3166 Country Code*
1.3 Current Address Details (Pl	ease refer instruction E at the	e end)		
Same as above mentioned address (Ir	n such cases address details as below	w need not be provided)		
I. Certified copy of OVD or equivalent e-doo	cument of OVD or OVD obtained thro	ugh digital KYC process need	ds to be submitted (anyone of the	ne following OVDs)
A-Passport Number				
B-Voter ID Card				
C-Driving Licence			_	
D-NREGA Job Card				
E-National Population Register Lette	er			
F-Proof of Possession of Aadhaar				
II E-KYC Authentication				
III Offline verification of Aadhaar				
IV Deemed PoA				
V Self-Declaration				

Line 1*				
Line 2				
Line 3				City/Town/Village*
District*		Pin/Post Code*	State/U.	.T Code* ISO 3166 Country Code*
1.4 Contact De	etails (All communications will b	be sent on provided Mo	obile no. / Email-ID provided	d) (Please refer instruction D at the end)
Tel. (Off)		el. (Res)		Mobile -
Email ID				
2. Applicant De	eclaration			
 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 				
			Il guidelines	
CKYCR, and other			Bl guidelines	Signature/Thumb Impression of Applicant
CKYCR, and other Date: D D M	r participating intermediaries as manda	ted by PMLA Act/Rules/SEB	d guidelines	<i>→</i>
CKYCR, and other Date: D D M	r participating intermediaries as manda	ted by PMLA Act/Rules/SEB		<i>→</i>
CKYCR, and other Date: D D M 6. Attestation /	r participating intermediaries as manda	eted by PMLA Act/Rules/SEB	ed from UIDAI Data rece	Signature/Thumb Impression of Applicant
CKYCR, and other Date: D D M 6. Attestation / Documents Receive	r participating intermediaries as manda M - Y Y Y Y For Office Use only Certified Copies	Place: E-KYC data receive	ed from UIDAI Data rece	Signature/Thumb Impression of Applicant
CKYCR, and other Date: D D M 6. Attestation / Documents Receive	r participating intermediaries as manda M - Y Y Y Y For Office Use only Certified Copies Digital KYC Process YC documents verification carrie	Place: E-KYC data receive	ed from UIDAI Data rece	Signature/Thumb Impression of Applicant eived from Offline verification
CKYCR, and other Date: D D M 6. Attestation / Documents Receive	r participating intermediaries as manda M - Y Y Y Y For Office Use only Certified Copies Digital KYC Process YC documents verification carrie	Equivalent e-documed out by	ed from UIDAI Data rece	Signature/Thumb Impression of Applicant eived from Offline verification
CKYCR, and other Date: DD DM 6. Attestation / Documents Receive K* Date:	r participating intermediaries as manda M - Y Y Y Y For Office Use only Certified Copies Digital KYC Process YC documents verification carrie	Equivalent e-documed out by	ed from UIDAI Data recennent	Signature/Thumb Impression of Applicant eived from Offline verification
CKYCR, and other Date: DD M 6. Attestation / Documents Receive KY Date: Emp. Name	r participating intermediaries as manda M - Y Y Y Y For Office Use only Certified Copies Digital KYC Process YC documents verification carrie	Equivalent e-documed out by	ed from UIDAI Data recennent	Signature/Thumb Impression of Applicant eived from Offline verification
CKYCR, and other Date: DD M 6. Attestation / Documents Receive K* Date: Emp. Name Emp. Code	r participating intermediaries as manda M - Y Y Y Y For Office Use only Certified Copies Digital KYC Process YC documents verification carrie	Equivalent e-documed out by	ed from UIDAI Data recennent	Signature/Thumb Impression of Applicant eived from Offline verification

To,	
CAN	1S TP,
Dea	r Sir,
Sub	: KYC for the MF Investment Online.
Kind	lly do the KYC as we are going to invest online through our Distributor Mr. Abhishek Saparia.
Tha	nks for the same.
Reg	ards
>	

Mutual Fund Transaction Slip

First Holder

ARN-115979

EUIN-E172792

Folio:	1	Mutual Fund: _			10	
Scheme :		Plan		Option		
Additional Purchase: Bank Name					-	ARN-115979
Cheque / UTR No l			Amount _			E172792
(In words)		Payment Mode	: OTM	1 Chequ	ie/ DD RTGS	
Redemption: Amount		or Units			or All Units	ARN-115979
Switch To: Amount	01				or All Units	ARN-115979
Scheme:		_ Plan				E172792
I/we have read & understood the contents of the Offer Document(s)/KIN scheme as applicable from time to time. I/we have not received nor have the commissions (in the form of trail commission or any other mode), precommended to me/us. Signature:	been induced by any	rebate or gifts, direct	ly or indirectly, i	in making this inve	estment. The ARN Holder has I Funds from amongst which	disclosed to me/ us all
First Holder	Second Holder		This	rd Holder		
Mutual Fund Transaction	•	ARN- 11 :			<u>EUIN-E1727</u>	<u>92</u>
Scheme :		_ Plan		_Option		
Additional Purchase: Bank Name			Branch			ARN-115979
Cheque / UTR No l	Date		Amount _			E172792
(In words)		Payment Mo	de : 🔘 07	Γ M \bigcirc Che	que/ DD RTGS	
Redemption: Amount		or Units			or All Units	ARN-115979
Switch To: Amount	01				or All Units	ARN-115979
Scheme:						E172792
I/we have read & understood the contents of the Offer Document(s)/KIN scheme as applicable from time to time. I/we have not received nor have the commissions (in the form of trail commission or any other mode), precommended to me/us.	been induced by any	rebate or gifts, direct	ly or indirectly, i	in making this inve	estment. The ARN Holder has I Funds from amongst which	disclosed to me/ us all
Signature: First Holder	Second Holder		 Thi	rd Holder		
Mutual Fund Transaction	Slip	<u>ARN</u> -11:	<u>5979</u>		EUIN-E1727	92
Folio:		PAN:				1
Mutual Fund:						
Scheme :		_ Plan		Option		
Additional Purchase: Bank Name			Branch	-		ARN-115979
Cheque / UTR No 1 (In words)	Date		Amount _	TM O Che	que/ DD RTGS	E172792
						A DNI 115070
Redemption: Amount						ARN-115979
Switch To: Amount	O1	Units Plan		Option	or All Units	ARN-115979 E172792
Scheme: I/we have read & understood the contents of the Offer Document(s)/KIN scheme as applicable from time to time. I/we have not received nor have the commissions (in the form of trail commission or any other mode), I	been induced by any	ereto of the respecti rebate or gifts, direct	ly or indirectly, i	d agree to abide in making this inve	estment. The ARN Holder has	es & regulations of the disclosed to me/ us all
recommended to me/us. Signature:	,				_	I-115979

Second Holder

Third Holder

Mutual Fund Transaction Slip

First Holder

<u>ARN</u>-<u>115979</u>

EUIN-

Folio:	Mutual Fund: _		_0	
Scheme :	Plan	Option		
Additional Purchase: Bank Name		Branch		ARN-115979
Cheque / UTR No.	Date	Amount	·	
(In words)	Payment Mode	: OTM Cheque	DD RTGS	
Redemption: Amount				ARN-115979
Switch To: Amount	or Units			ARN-115979
Scheme:	Plan	Option	·	
I/we have read & understood the contents of the Offer Document(s)/KIM as applicable from time to time. I/we have not received nor have bee commissions (in the form of trail commission or any other mode), payabl to me/us. I hereby confirm that I/We have not been offered / communi	n induced by any rebate or gifts, directly or in le to him/them for the different competing scher	directly, in making this investment. nes of various Mutual Funds from am	The ARN Holder has disc longst which the scheme h	osed to me/ us all the as been recommended
Signature:	Second Holder	Third Holder		
Mutual Fund Transa	ction Slip <u>ARN</u>	- <u>115979</u>	EUIN-	
Folio:	Mutual Fund:		10	
Scheme :		Option		
Additional Purchase: Bank Name				ARN-115979
Cheque / UTR No.		Amount		7HC (113) ()
(In words)		le : OTM O Chequ	e/ DD RTGS	
Redemption: Amount	or Units		or All Units	ARN-115979
Switch To: Amount	or Units			ARN-115979
Scheme:	Plan	Option		
I/we have read & understood the contents of the Offer Document(s)/KIN as applicable from time to time. I/we have not received nor have bee commissions (in the form of trail commission or any other mode), payabl to me/us. I hereby confirm that I/We have not been offered / communi Signature:	n induced by any rebate or gifts, directly or in le to him/them for the different competing scher	directly, in making this investment. nes of various Mutual Funds from am	The ARN Holder has disc nongst which the scheme haributor for this Investmen	osed to me/ us all the as been recommended
First Holder	Second Holder	Third Holder		
Mutual Fund Transa	<u> </u>	- <u>115979</u> ıl Fund:	EUIN-)
Scheme :	Plan	Option		
Additional Purchase: Bank Name		Branch		ARN-115979
Cheque / UTR No.		Amount		
(In words)	Payment Mo	de : OTM Chequ	ue/ DD\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3
Redemption: Amount	or Units		or All Units	ARN-115979
Switch To: Amount				ARN-115979
Scheme:	Plan	Option		
I/we have read & understood the contents of the Offer Document(s)/KIM as applicable from time to time. I/we have not received nor have bee commissions (in the form of trail commission or any other mode), payabl to me/us. I hereby confirm that I/We have not been offered / communi Applicable for NRI Investors: I confirm that, I am resident of India. I/We remitted from abroad through Normal Banking Channels or from funds will also be from funds received from abroad through approved Banking Signature:	en induced by any rebate or gifts, directly or in le to him/them for the different competing scher cated any indicative Portfolio and / or any indica confirm that, I am / we Non-Resident of Indian N in my/our Non-resident External/Ordinary Accor g Channels or from Funds in my/our NRE/FCNR a	directly, in making this investment. nes of various Mutual Funds from am itive yield by the Fund/ AMC/ Its Dis lationality / Origin and I/We hereby o int/FCNR Account. I/We undertake t	The ARN Holder has disc nongst which the scheme had been seen the scheme had been seen to some the scheme had the funds for the funds for	osed to me/ us all the las been recommended t. subscription have been

Second Holder

Third Holder

Mutual Fund Transaction Slip Folio: Mutual Fund: ___ ___ Scheme: Plan_____ Option _____ Additional Purchase: Bank Name _ Branch Amount Cheque / UTR No. ______ Date _____ Payment Mode : OTM O Cheque/ DDO RTGS (In words) **Redemption:** Amount or Units or All Units Switch To: Amount or Units or All Units _____ Plan____ Option ___ Scheme: 1/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. I hereby confirm that I/We have not been offered / communicated any indicative Portfolio and / or any indicative yield by the Fund/ AMC/ Its Distributor for this Investment. Signature: First Holder Second Holder Third Holder **Mutual Fund Transaction Slip** ARN-**EUIN-**Mutual Fund: __ ___ Folio: Option _____ Scheme: Additional Purchase: Bank Name Branch Cheque / UTR No. _____ Date ____ Amount _ Payment Mode: OTM Cheque/DD RTGS (In words) Redemption: Amount or Units _____ or All Units or Units Switch To: Amount or All Units Scheme: Plan Option 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. I hereby confirm that I/We have not been offered / communicated any indicative Portfolio and / or any indicative yield by the Fund/AMC/ Its Distributor for this Investment. Signature: Second Holder Third Holder **Mutual Fund Transaction Slip** ARN-EUIN-Folio: Mutual Fund: Option Additional Purchase: Bank Name ____ Branch Cheque / UTR No. _____ Date ____ _____ Amount _ Payment Mode: OTM Cheque/DD RTGS Redemption: Amount _____ or Units ____ or All Units Switch To: Amount ______ or Units _____ or All Units __ Option _ Plan Scheme: 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. I hereby confirm that I/We have not been offered / communicated any indicative Portfolio and / or any indicative yield by the Fund/ AMC/ its Distributor for this investment.

Applicable for NRI Investors: I confirm that, I am resident of India. I/We confirm that, I am / we Non-Resident of Indian Nationality / Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through Normal Banking Channels or from funds in my/our Non-resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved Banking Channels or from Funds in my/our NRE/FCNR account.

Signature:			
Fi	rst Holder	Second Holder	Third Holder

NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM Tick (\(\sigma \)) Sponsor Bank Code HDFC0000070	Date D M M Y Y Y Y
CREATE MODIFY I/We hereby authorize ICCL	to debit (tick 🗸) SB/CA/CC/SB-NRE/SB-NRO/Other
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 V Maximum Amount
Reference 1 (Mandate Reference No.)	Phone No.
Reference 2 (Unique Client Code-UCC)	mail ID
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accou	nt as per latest schedule of charges of the bank.
PERIOD From D D M M Y Y Y Y To D D M M Y Y Y Y Y Y Y Y	
Or Until Cancelled 12	3
- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity, - I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment re	