



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.

<b>For office use only</b>	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\*  DD -  MM -  YYYY Date of Commencement of Business  DD -  MM -  YYYY

Place of Incorporation/Formation\*  Country of Incorporation/Formation\*  TIN or Equivalent Issuing Country

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\*  City/Town/Village\*

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

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

Line 1\*

Line 2\*

Line 3\*  City/Town/Village\*

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 may be used) (Please refer instruction D at the end)

Tel. (Off)  -  Fax  -

Mobile  -  Email ID

Mobile  -  Email ID

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



**Important Instructions:**

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- 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)**

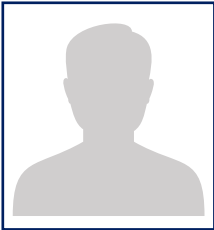
Addition of Related Person  Deletion of Related Person  Update Related Person Details  
 KYC Number of Related Person (if available\*)  (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)  
**Related Person Type\***  Director  Promoter  Karta  Trustee  Partner  Court Appointment 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**

Date:    -    -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

**Institution details**

Name

Code

[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	

**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.

→ ✓ ARN-115979  
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
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First Holder Second Holder Third Holder

**Mutual Fund Transaction Slip**

**ARN-115979**

**EUIN-E172792**

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

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

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

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

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Cheque / UTR No. _____	Date _____	Amount _____ E172792
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Mutual Fund: \_\_\_\_\_

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Signature: \_\_\_\_\_

First Holder

Second Holder

Third Holder

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

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

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

**Additional Purchase:** Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ ARN-115979

Cheque / UTR No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

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ARN-115979

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

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

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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/FCNR 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: \_\_\_\_\_

First Holder

Second Holder

Third Holder



### Mutual Fund Transaction Slip

ARN-

EUIN-

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

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

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

**Additional Purchase:** Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Cheque / UTR No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

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Signature: \_\_\_\_\_

First Holder

Second Holder

Third Holder

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

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE  
MODIFY  
CANCEL

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

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.