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4. Contact Details (All co	mmunications v	will be sent on p	rovided Mobile	no. / Ema	ail-ID) (Please refer	r instruction F at the er	nd)
Email ID							
Mobile		Tel. (0	Off)	7-		Tel. (Res)	
5. FATCA/CRS Informat	ion (Tick if Appl	icable)	Residence	for Tax F	Purposes in Jurisdic	ction(s) Outside India (I	Please refer instruction B at the end)
Additional Details Requ	uired* (Mandat						
Country of Jurisdiction				TTT'		f Jurisdiction of Resi	dence as per ISO 3166
Tax Identification Num			v jurisdiction)	*	m í m		do por 100 0100
Place / City of Birth*				ىـــــــا ry of Birt	th*		Country Code as per ISO 3166
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Line 1*				$\perp \perp \perp$			
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Line 3				+		City / Town /	/ Village*
District*		Zip /	Post Code*			State/UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*				Country*			Country Code as per ISO 316
6. Details of Related Per	rson (Optional)	(please refer ins	struction G at t	ne end) (ir	n case of additional	related persons, pleas	se fill 'Annexure B1')
☐ Related Person	Deletion	of Related Pers	son KY	C Numbe	er of Related Persor	n (if available*)	
Related Person Type*	☐ Guardia	n of Minor	☐ Ass	ignee	□Auth	orized Representative	
	Prefix	Fir	st Name		Middle	Name	Last Name
Name*	(If ICVC number		nravidad halavu	dataila af aa	ection 6 are optional)		
Proof of Identity [Pol]	`		•		. ,		
(Certified copy of any one		,	•	,	,		
☐ A- Passport Number					•	sport Expiry Date	
B- Voter ID Card						,	
☐ C- PAN Card			+				
		 			Drivi	ing License Evning D	ata la
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☐ E- Aadhaar Card				\neg			
☐ F- NREGA Job Card							
Z- Others (any docum	nent notified by	y the central go	overnment) [Identification Numb	per
7. Remarks (If any)							
Applicant Declaration I hereby declare that the details therein, immediately. In case a liable for it. I hereby declare t legislation or any notifications/c I hereby consent to receiving in Date:	furnished above are ny of the above informat I am not making lirections issued by a	mation is found to be this application for ny governmental or s	false or untrue or a the purpose of contatutory authority frough SMS/Email on the	misleading or ntravention o om time to tin	r misrepresenting, I am av of any Act, Rules, Regula me.	ware that I may be held ations or any statute of	[Signature / Thumb Impression] Signature / Thumb Impression of Applicant
	a Use Only	Flace					Signature / Thurib impression of Applicant
9. Attestation / For Office	•	nina					
Documents Receive		opies J ut by <i>(Refer Instr</i> u	uction I)			Institution	n Details
Date	DID MIM	Take by (Kerer Insul	ucuon ij		Name	manunoi	i Details
Emp. Name					Code		
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In-Person Verifi	cation (IPV) Carr	ied Out by (Refer	Instruction J)			Institution	n Details
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Version 1.6 Page 2

NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM Tick (~) Sponsor Bank Code	Utility Code Date D D M M Y Y Y Y
CREATE	to debit (tick 🗸) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL Bank a/c number	
with Bank IFSC 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)	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	
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 use - I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amend	r entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. ment request to the User entity/Corporate or the bank where I have authorized the debit.



Broker/Agen	t Code ARN	ARN -						
SUB-BROKER	XXXXXXX	EUIN						

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Name of the First Appli	cant :										
PAN Number :			KYC:			Date Of B	sirth :				
Name of Guardian:						PAN:					
Contact Address:											
City:		Pincode:		State:				Country:			
Tel.(Off):		Tel.(Res):				Email:					
Fax(Off):		Fax(Res):				Mobile:					
Mode of Holding:						Occupation	on:				
Name of the Second Ap	oplicant :										
PAN Number :			KYC:			Date Of B	sirth :				
Name of the Third Appl	licant :										
PAN Number :			KYC:			Date Of Birth :					
Other Details of Sole / 1s	st Applican	nt									
Overseas Address(In cas	se of NRI I	Investor):									
City:		Pincode:				Country:					
Bank Mandate Details	Name of	Bank:			Branch:						
A/C No.:		A/C Type:				IFSC Cod	le:				
Bank Address:											
City:		Pincode:		State:				Country:			
Nomination Details N	ominee Na	ame:					Relatio	nship:			
Guardian Name(If Nomir	nee is Mind	or):									
Nominee Address:						1					
City:		Pincode:				State:					
<u>Declaration and Signature</u> - Itrail commission or any other m	/We confirm inode), payabl	that details provided by le to him for the differe	y me/us are true ar int competing Sche	nd correct. The emes of various	ARN holder Mutual Fun	has disclosed d From amon	d to me/us gst which	all the commission	on (In the f	form of nended to me/us	
1st applicant Signature :		2nd applicant Sig	gnature :	3rd apr	olicant Sig	gnature :		Date :	F	Place :	
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---Place for Cancelled Cheque, for Single Page Scan---