



**8 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)**

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality			
First Applicant / Guardian			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others	Please specify _____
Second Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others	Please specify _____
Third Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others	Please specify _____

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India?  YES  NO (please tick ✓)

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected)  Reason C → Others please state the reasons thereof :

Address Type of Sole /1st Holder			Address Type of 2nd Holder			Address Type of 3rd Holder		
<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

**9 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)**

Scheme **Bandhan** Plan \_\_\_\_\_ Option \_\_\_\_\_

Mode of payment  Self  Third Party Payment (Please fill the Third Party Payment Declaration Form) Payment mode  Cheque  DD  Bandhan OTM  Fund Transfer  RTGS/NEFT

Amount (figures) \_\_\_\_\_ Cheque/DD/UTR/UMR No. \_\_\_\_\_ Cheque Date 

D	D	M	M	Y	Y
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Account No. \_\_\_\_\_ Account Type  Saving  Current  NRO  NRE  FCNR  Others Please specify \_\_\_\_\_

Bank & Branch Name \_\_\_\_\_

**10 NOMINATION DETAILS** Mandatory section for Individuals (Single or Joint)  I/We wish to nominate  I/We do not wish to nominate<sup>SS</sup>

Nominee Name & Address	Relationship with Investor	In case of Minor (Birth proof to be attached)			Allocation %
		Guardian Name	Relationship with the minor	Date of birth	
Nominee 1					
Nominee 2					
Nominee 3					

Other Details (Guardian details to be furnished in case nominee is a minor)

Nominee 1	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 2	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 3	PAN	Mobile	Email ID	Nominee/ Guardian sign

<sup>SS</sup>OPT-OUT: I/ We hereby confirm that I/ We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in my / our folio.

Sign Here → 

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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**11 KYC DETAILS (Mandatory)**

**OCCUPATION** [Please tick (✓)]

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify

**GROSS ANNUAL INCOME** [Please tick (✓)]

First Applicant / Guardian	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore								
Second Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth ₹ _____ as on <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> as on (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Third Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth ₹ _____								

**OTHERS** [Please tick (✓)]

First Applicant / Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP) <sup>A</sup> <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)); (i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) <sup>A</sup> <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) <sup>A</sup> <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

**12 DECLARATION & SIGNATURES** (Please refer to the Instruction No. K)

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs/PIOs/FPIs only: I/We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

Sign Here → 

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Instrument No.	Dated	Amount (Rs.)	Scheme						
	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y		
D	D	M	M	Y	Y				

# SIP & SIP-TOP UP REGISTRATION / RENEWAL



ARN- 29181 / Hitesh Oza	ARN- Sub-Distributor Code	E E045829 No.	Internal Code for Sub-broker/Employee
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#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First / Sole Applicant / Guardian / Authorised Signatory

**TRANSACTION CHARGES** (Please tick any one of the below) (Refer Instruction No. S)

I am a first time investor in mutual funds (₹ 150 will be deducted) OR  I am an existing investor in mutual funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

Please Tick (✓)  SIP Registration  SIP Renewal  SIP with Top-up Registration  SIP - Change in Bank Details

Please mention relevant SIP details below and also in the Bandhan Common Mandate (Bandhan OTM).

### UNIT HOLDER INFORMATION

Existing Folio Number  PAN

Name of the First Holder

Scheme **Bandhan** Plan  Option

### SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL) Debit date except 29<sup>th</sup>, 30<sup>th</sup> & 31<sup>st</sup>

Frequency Please (✓)  Weekly - Date will be 7<sup>th</sup> / 14<sup>th</sup> / 21<sup>st</sup> / 28<sup>th</sup> (Default date 7<sup>th</sup>)  Monthly (Default date 10<sup>th</sup>)  Quarterly (Default date 10<sup>th</sup>)

SIP Day  SIP Period From  To  OR  30 Years Installment Amount (₹)  in figures

SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration. Frequency  Half Yearly  Yearly<sup>A</sup> (Default) Amount ₹  in figures  (The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter)

For SIP applications received during NFO, the SIP will start only after 30 days from the NFO allotment date.

### INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP installments.)

My existing OTM registered to be used for initial & subsequent SIP instalments  (OR)

Cheque No.  Cheque Date  Cheque Amount  Bank & Branch Name

### DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

CDSL: Depository Participant (DP) ID (CDSL only)

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory

Second Applicant

Third Applicant



### Bandhan One Time Mandate (OTM)

UMRN  Date

Sponsor Bank Code  Utility Code

Tick (✓)  CREATE  MODIFY  CANCEL

I/We hereby authorize  Bandhan Mutual Fund 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  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

PAN / Application No.  Mobile No.

Reference  Email ID

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

### PERIOD

From  To

Signature of Primary Account Holder  Signature of Account Holder  Signature of Account Holder

Or  Until Cancelled 1.  Name as in bank records 2.  Name as in bank records 3.  Name as in bank records

- This is to confirm 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 & 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 authorised the debit.