

## INVESTMENT SERVICES FORM (ISF)

\* Fields Mandatory

Registration No.:

(Please fill in Block letter and  relevant boxes)

ARN-0633 / IBLON

I/ We request you to open an Investment Services Account to transact in Mutual Funds and link the same to the existing/ new Bank account mentioned below

### ACCOUNT HOLDER DETAILS

#### INVESTMENT SERVICES ACCOUNT HOLDERS:

Primary Holder:

1<sup>st</sup> Joint Holder:

2<sup>nd</sup> Joint Holder:

Guardian Name:

(In case the first applicant is a Minor)

PAN No.:

Customer ID:

Karta Name:

(In case the first applicant is a HUF)

PAN No.:

Customer ID:

Tax Status:  Resident  NRI-Repatriable  HUF  Proprietorship  NRI-Non Repatriable  Minor

Occupation:  Private Sector Service  Public Sector Service  Retired  Housewife  Professional

Student  Business  Agriculturist  Others

	Primary Holder/ Guardian/ Karta	1 <sup>st</sup> Joint Holder	2 <sup>nd</sup> Joint Holder
PAN (Mandatory)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CVL KRA Verified <input type="checkbox"/>	CVL KRA Verified <input type="checkbox"/>	CVL KRA Verified <input type="checkbox"/>
IndusInd Bank A/c No.: (in case of existing customer)	<input type="text"/>	AOF Application No.: (in case of new account)	<input type="text"/>

Mode of Operation:  Single  Either or Survivor  ISF PAN and CVL KYC compliance details are mandatory for all Holders that form part of Mutual Fund Holding Pattern  
 Minor through Guardianship

### LINKED ACCOUNTS (Mandatory. Please provide information for at least One Account)

A/c. Number	A/c. Number		A/c. Number
Customer ID	Customer ID		Customer ID
Sr. No.	1 <sup>st</sup> Holder	2 <sup>nd</sup> Holder	Sr. No.
Name	Name		Name
Signature	Signature		Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### CONTACT DETAILS

Address (1<sup>st</sup> Holder/ Guardian/ Karta):

City:  State:

PIN:  Mobile: + 9 1

Tel. Residence: S T D  -  Tel. Office: S T D  -

E-mail\*:

Overseas Address

(Mandatory in case of NRIs):

City:  State:  PIN:

Country:  Mobile: + 9 1

Tel. Residence: S T D  -  Tel. Office: S T D  -

E-mail\*:

\*(The product offering covers, product information, research reports / statement (if any) which would be sent regularly to this ID)



# Annexure I - NOMINATION FORM

(For use only by Individual Unit Holders for registering a Nominee or cancelling an existing Nomination)

Investment Account No.:

Details to be filled in English, in black/ dark-coloured ink and in BLOCK CAPITALS. Please strike out any section not required.

## REGISTRATION OF NOMINATION DETAILS (Please strike out if your request is not for registration of Nominee)

I/ We

do hereby nominate the undermentioned Nominee to receive the Units allotted to my/ our credit in my/ our Investment Account Number in the event of my/ our death. I/ We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees. This instruction supercedes all previous nominations made by me/ us in respect of the Investment Account Number indicated above.

1 <sup>st</sup> Nominee Details	Guardian Details (if Nominee is a Minor, strike out if not applicable)
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/> PIN: <input type="text"/>	State: <input type="text"/> PIN: <input type="text"/>
Allocation %: <input type="text"/>	Signature of Guardian (Mandatory) <input type="text"/>
Date of Birth (in case of Nominee is Minor): <input type="text"/>	

2 <sup>nd</sup> Nominee Details	Guardian Details (if Nominee is a Minor, strike out if not applicable)
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/> PIN: <input type="text"/>	State: <input type="text"/> PIN: <input type="text"/>
Allocation %: <input type="text"/>	Signature of Guardian (Mandatory) <input type="text"/>
Date of Birth (in case of Nominee is Minor): <input type="text"/>	

3 <sup>rd</sup> Nominee Details	Guardian Details (if Nominee is a Minor, strike out if not applicable)
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/> PIN: <input type="text"/>	State: <input type="text"/> PIN: <input type="text"/>
Allocation %: <input type="text"/>	Signature of Guardian (Mandatory) <input type="text"/>
Date of Birth (in case of Nominee is Minor): <input type="text"/>	

## CANCELLATION OF NOMINATION (Please strike out if your request is not for cancellation of Nomination)

Cancel the nomination made by me/ us in favour of the under mentioned in respect of Units held by me/ us in the above referred Investment A/c No.

Nominee Name	Guardian Name (in case of Nominee is Minor)
Nominee 1: <input type="text"/>	Guardian of Nominee 1: <input type="text"/>
Nominee 2: <input type="text"/>	Guardian of Nominee 2: <input type="text"/>
Nominee 3: <input type="text"/>	Guardian of Nominee 3: <input type="text"/>

If the mode of holding is single & the existing nomination(s) is cancelled without any further nomination, it shall be construed as a deemed consent of that investor for not having any nominee in the existing Investment A/c No.

## UNIT HOLDER(S) SIGNATURE(S) (All Unit Holders must sign) - (Mandatory)

<input type="text"/>	<input type="text"/>	<input type="text"/>	Date: <input type="text"/>
1 <sup>st</sup> Unit Holder	2 <sup>nd</sup> unit holder	3 <sup>rd</sup> unit holder	

## ACKNOWLEDGEMENT

Received from

an application for  Registration of Nominee  Cancellation of Nominee in Investment Account No.

## FATCA/CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

*Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance*

PAN*									
Name									
Address Type [for KYC address]	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Residential / Business					
	<input type="checkbox"/>	Business	<input type="checkbox"/>	Registered Office					
Place of Birth				Country of Birth					
Gross Annual Income Details in INR	<input type="checkbox"/>	Below 1 Lakh	<input type="checkbox"/>	1-5 Lacs	Occupation Details [Please tick any one (√)]	<input type="checkbox"/>	Business	<input type="checkbox"/>	Professional
Net Worth in INR. In Lacs [Optional]	<input type="checkbox"/>	5-10 Lacs	<input type="checkbox"/>	10-25 Lacs		<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	Private Sector
Net Worth Date [Optional]	<input type="checkbox"/>	25 Lacs - 1 Cr	<input type="checkbox"/>	> 1 Crore		<input type="checkbox"/>	Government Service	<input type="checkbox"/>	Housewife
						<input type="checkbox"/>	Agriculturist	<input type="checkbox"/>	Retired
						<input type="checkbox"/>	Student		
						<input type="checkbox"/>	Forex Dealer		
						<input type="checkbox"/>	Others [Please specify] _____		
Politically Exposed Person [PEP]	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Related to PEP	Any other information [if applicable]	[Please specify]			
	<input type="checkbox"/>	Not Applicable							

\* If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India –  Yes  No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>
1			
2			
3			

# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

### Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same

Date:

Signature:

Place: