



MF Utilities India Pvt. Ltd.

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi
Thane (West) - 400 610
CIN : U74120MH2013PTC242939

CAN Registration Form -Non Individual

| | |
|-----------|--|
| ARN Code | |
| EUIN Code | |

OR

| | |
|----------|--|
| RIA Code | |
|----------|--|

| | |
|------|--|
| UCRN | Distributor / MFU user to write the system generated reference number here |
|------|--|

Please read all the instructions carefully before filling the form.
Please fill in ENGLISH and in BLOCK LETTERS with black ink.
Please fill the Additional KYC & FATCA sections mandatorily and UBO section, if applicable.
Fields marked with(*) are mandatory and if not filled, the form is liable for rejection.

A. * Applicant Details: (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name)

Please note that the information that is available centrally with the KYC Registration Agencies will be consumed from them based on PAN provided by the applicant

| | |
|-------|----------------------|
| * PAN | <input type="text"/> |
|-------|----------------------|

| | |
|---|-----|
| KYC Proof/Documents Attached (refer instructions) | Y/N |
|---|-----|

| | |
|-------------------------|----------------------|
| * Date of Incorporation | <input type="text"/> |
|-------------------------|----------------------|

| | |
|----------------------------------|----------------------|
| Date of Commencement of Business | <input type="text"/> |
|----------------------------------|----------------------|

| | |
|--------|----------------------|
| * Name | <input type="text"/> |
|--------|----------------------|

* Status please tick (✓)

| | | | |
|---|---|---|--|
| <input type="checkbox"/> Private Ltd. Company | <input type="checkbox"/> Public Ltd. Company | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Partnership Firm |
| <input type="checkbox"/> Charitable Trust | <input type="checkbox"/> PF Trust | <input type="checkbox"/> Foreign Institutional Investor | <input type="checkbox"/> Fund of Fund |
| <input type="checkbox"/> Gratuity Fund | <input type="checkbox"/> NPS Trust | <input type="checkbox"/> Pension & Retirement Fund | <input type="checkbox"/> Super Annuation Fund |
| <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Society | <input type="checkbox"/> Hindu Undivided Family | <input type="checkbox"/> Social Organizations |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Government Body | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Association of Persons | <input type="checkbox"/> Body of Individuals | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Qualified Financial Institution |
| <input type="checkbox"/> Defence Establishment | <input type="checkbox"/> Section 25 Company under Companies Act 1956/ Section 8 Company under Companies Act 2013 | <input type="checkbox"/> Others (please specify) | |

B. * Address for Communication:

(The address details provided here will be used for a temporary period only. Upon KYC verification, the address available with the KYC Registration Agencies will be consumed and considered to be the address for further communications.)

| | |
|---------|----------------------|
| Address | <input type="text"/> |
|---------|----------------------|

| | | | | | |
|------|----------------------|---------|----------------------|-------|----------------------|
| City | <input type="text"/> | Pincode | <input type="text"/> | State | <input type="text"/> |
|------|----------------------|---------|----------------------|-------|----------------------|

C. * Contact person details:

| | | | | | | | |
|----------------------|----------------------|---------------|----------------------|----------|---------------|----------|------------|
| Name | <input type="text"/> | PAN | <input type="text"/> | | | | |
| Designation | <input type="text"/> | | | | | | |
| Office Telephone No. | ISD Code | STD Code | Telephone Number | Fax No. | ISD Code | STD Code | Fax Number |
| Primary Mobile No. | ISD Code | Mobile Number | Alt. Mobile No. | ISD Code | Mobile Number | | |
| Email ID | <input type="text"/> | | | | | | |

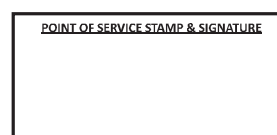
D. Depository Account Details: ("Optional" - To be filled by investors who wish to hold their units in Depository Account - refer instructions)

| | | |
|--|---|--|
| Depository Participant Name ^A | National Securities Depository Limited (NSDL) | Central Depository Services Limited (CDSL) |
| | Depository Participant Name | |
| | DP ID | I N |

ACKNOWLEDGEMENT SLIP (to be filled in by the investor). For any queries please contact the nearest MFU "Point of Service" or call us at 1800-266-1415 (Toll free) or +91 22 3952 6363 MF UTILITIES INDIA PVT. LTD., Address: 103-105, 1st Floor, Orion Business Park, Ghodbunder Road, Kapurbawdi, Thane (West) - 400 610, India.

Received from M/s. _____ an application for creation of Common Account Number (CAN).

Please note: A CAN shall be issued subject to all necessary documents and annexures being available and the holder being KYC registered.



E * Bank Account Details: (Atleast one bank account should be mandatorily registered under CAN. Fields marked mandatory for the default account will be mandatory for additional accounts, if provided)

a. Default and Primary Bank Mandate for Payout (1)

| | | | | | | |
|--|--|--|---|--|-------------------------------|---|
| *A/c No. | <input type="text"/> | *A/c | Current <input type="checkbox"/> | Cash Credit <input type="checkbox"/> | O/D <input type="checkbox"/> | Others <input type="checkbox"/> |
| *MICR | <input type="text"/> | Type | Savings <input type="checkbox"/> | FCNR <input type="checkbox"/> | NRSR <input type="checkbox"/> | Please Specify <input type="checkbox"/> |
| *IFSC | <input type="text"/> | Please (✓) | | | | |
| Bank Name | <input type="text"/> | Branch Name | <input type="text"/> | City | <input type="text"/> | |
| *Proof of Account (refer instructions) | Cancelled Cheque or Copy ⁵ <input type="checkbox"/> | Bank Passbook <input type="checkbox"/> | Bank Statement <input type="checkbox"/> | Letter from Bank confirming the Account <input type="checkbox"/> | | |

If you wish to register for PayEezz[®], please tick (✓) here and attach PayEezz registration form

Payout proceeds will be processed into the bank through ELECTRONIC payment, basis arrangement of the respective Mutual Fund with its banker. If you wish to receive a physical payment please tick (✓)

- PayEezz is a facility to register a debit mandate once and use it for future payments for lump sum or SIP investments. Please refer instructions for more details.

5 - Please ensure that the cancelled cheque or any other proof of account submitted contains the holder's name.

b. Additional Bank Mandate for Payout (2)

| | | | | | | |
|--|--|--|---|--|-------------------------------|---|
| *A/c No. | <input type="text"/> | *A/c | Current <input type="checkbox"/> | Cash Credit <input type="checkbox"/> | O/D <input type="checkbox"/> | Others <input type="checkbox"/> |
| *MICR | <input type="text"/> | Type | Savings <input type="checkbox"/> | FCNR <input type="checkbox"/> | NRSR <input type="checkbox"/> | Please Specify <input type="checkbox"/> |
| *IFSC | <input type="text"/> | Please (✓) | | | | |
| Bank Name | <input type="text"/> | Branch Name | <input type="text"/> | City | <input type="text"/> | |
| *Proof of Account (refer instructions) | Cancelled Cheque or Copy ⁵ <input type="checkbox"/> | Bank Passbook <input type="checkbox"/> | Bank Statement <input type="checkbox"/> | Letter from Bank confirming the Account <input type="checkbox"/> | | |

If you wish to register for PayEezz[®], please tick (✓) here and attach PayEezz registration form

Payout proceeds will be processed into the bank through ELECTRONIC payment, basis arrangement of the respective Mutual Fund with its banker. If you wish to receive a physical payment please tick (✓)

- PayEezz is a facility to register a debit mandate once and use it for future payments for lump sum or SIP investments. Please refer instructions for more details.

5 - Please ensure that the cancelled cheque or any other proof of account submitted contains the holder's name.

c. Additional Bank Mandate for Payout (3)

| | | | | | | |
|--|--|--|---|--|-------------------------------|---|
| *A/c No. | <input type="text"/> | *A/c | Current <input type="checkbox"/> | Cash Credit <input type="checkbox"/> | O/D <input type="checkbox"/> | Others <input type="checkbox"/> |
| *MICR | <input type="text"/> | Type | Savings <input type="checkbox"/> | FCNR <input type="checkbox"/> | NRSR <input type="checkbox"/> | Please Specify <input type="checkbox"/> |
| *IFSC | <input type="text"/> | Please (✓) | | | | |
| Bank Name | <input type="text"/> | Branch Name | <input type="text"/> | City | <input type="text"/> | |
| *Proof of Account (refer instructions) | Cancelled Cheque or Copy ⁵ <input type="checkbox"/> | Bank Passbook <input type="checkbox"/> | Bank Statement <input type="checkbox"/> | Letter from Bank confirming the Account <input type="checkbox"/> | | |

If you wish to register for PayEezz[®], please tick (✓) here and attach PayEezz registration form

Payout proceeds will be processed into the bank through ELECTRONIC payment, basis arrangement of the respective Mutual Fund with its banker. If you wish to receive a physical payment please tick (✓)

- PayEezz is a facility to register a debit mandate once and use it for future payments for lump sum or SIP investments. Please refer instructions for more details.

5 - Please ensure that the cancelled cheque or any other proof of account submitted contains the holder's name.

d. Additional Bank Mandate for Payout (4)

| | | | | | | |
|--|--|--|---|--|-------------------------------|---|
| *A/c No. | <input type="text"/> | *A/c | Current <input type="checkbox"/> | Cash Credit <input type="checkbox"/> | O/D <input type="checkbox"/> | Others <input type="checkbox"/> |
| *MICR | <input type="text"/> | Type | Savings <input type="checkbox"/> | FCNR <input type="checkbox"/> | NRSR <input type="checkbox"/> | Please Specify <input type="checkbox"/> |
| *IFSC | <input type="text"/> | Please (✓) | | | | |
| Bank Name | <input type="text"/> | Branch Name | <input type="text"/> | City | <input type="text"/> | |
| *Proof of Account (refer instructions) | Cancelled Cheque or Copy ⁵ <input type="checkbox"/> | Bank Passbook <input type="checkbox"/> | Bank Statement <input type="checkbox"/> | Letter from Bank confirming the Account <input type="checkbox"/> | | |

If you wish to register for PayEezz[®], please tick (✓) here and attach PayEezz registration form

Payout proceeds will be processed into the bank through ELECTRONIC payment, basis arrangement of the respective Mutual Fund with its banker. If you wish to receive a physical payment please tick (✓)

- PayEezz is a facility to register a debit mandate once and use it for future payments for lump sum or SIP investments. Please refer instructions for more details.

5 - Please ensure that the cancelled cheque or any other proof of account submitted contains the holder's name.

e. Additional Bank Mandate for Payout (5)

| | | | | | | |
|--|--|--|---|--|-------------------------------|---|
| *A/c No. | <input type="text"/> | *A/c | Current <input type="checkbox"/> | Cash Credit <input type="checkbox"/> | O/D <input type="checkbox"/> | Others <input type="checkbox"/> |
| *MICR | <input type="text"/> | Type | Savings <input type="checkbox"/> | FCNR <input type="checkbox"/> | NRSR <input type="checkbox"/> | Please Specify <input type="checkbox"/> |
| *IFSC | <input type="text"/> | Please (✓) | | | | |
| Bank Name | <input type="text"/> | Branch Name | <input type="text"/> | City | <input type="text"/> | |
| *Proof of Account (refer instructions) | Cancelled Cheque or Copy ⁵ <input type="checkbox"/> | Bank Passbook <input type="checkbox"/> | Bank Statement <input type="checkbox"/> | Letter from Bank confirming the Account <input type="checkbox"/> | | |

If you wish to register for PayEezz[®], please tick (✓) here and attach PayEezz registration form

Payout proceeds will be processed into the bank through ELECTRONIC payment, basis arrangement of the respective Mutual Fund with its banker. If you wish to receive a physical payment please tick (✓)

- PayEezz is a facility to register a debit mandate once and use it for future payments for lump sum or SIP investments. Please refer instructions for more details.

5 - Please ensure that the cancelled cheque or any other proof of account submitted contains the holder's name.

Benefits of MF Utility

| | | |
|---|--------------------------------|---|
| C | Account Number (CAN) | Single reference number for all investments in the Mutual Fund Industry. |
| O | Transaction Form (CTF) | Single form for transactions in multiple schemes across Mutual Funds |
| M | Payment | Consolidated payment for investments in multiple schemes across Mutual Funds using a single CTF |
| M | KYC Process | Single KYC verification/registration at the time of CAN creation |
| O | Mandate Registration (PayEezz) | Single Mandate registered for lump sum and SIP payments |
| N | Complaints System | Single place for registering and tracking complaints for the Mutual Industry |

F. FATCA, CRS, ULTIMATE BENEFICIAL OWNERSHIP (UBO) AND ADDITIONAL KYC (Details and Self Certification form for Non-Individuals)

Please read all the instructions carefully before filling the form
 Please fill in ENGLISH and in BLOCK LETTERS with black ink
 Please consult your professional tax advisor for further guidance on FATCA & CRS classification
 Fields marked with (*) are mandatory and if not filled, the form is liable for rejection

I. * **Entity Details:** (please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name)

| | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PAN | | | | | | | | | | | | | | | | | | | | | |
| Entity Name | | | | | | | | | | | | | | | | | | | | | |

II. * **Additional KYC information:**

- Gross Annual Income Details please tick (✓) Below 1 Lac 1 - 5 Lac > 5 - 10 Lac > 10 - 25 Lac > 25 Lacs - 1 Crore > 1 crore
- Net-worth in ₹. _____ as on (date) DD / MM / YYYY (not older than 1 year)
- Source of Wealth (please tick (✓) any one):
 Business Income Gift Ancestral Property Rental Income Prize Money Royalty
 Others (please specify) _____ specify here
- Occupation (please tick (✓) any one):
 Business Service Others (please specify) _____ specify here
- Is the entity involved/providing any of the following services please tick (✓)
 - Foreign Exchange / Money Changer Services : YES NO
 - Money Lending / Pawning : YES NO
 - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) : YES NO
- Politically Exposed Person (PEP) Status* (please tick (✓) anyone): (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)
 *PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.
 I am a PEP I am related to PEP Not Applicable
- Type of address given at KRA (please tick (✓) anyone) : Residential or Business Residential Business Registered Office

III. * **FATCA & CRS declaration: (Please tick (✓) the appropriate tax resident declaration)**

| | | | |
|--|--------------------------------|--|--|
| City of Incorporation _____ | Country of Incorporation _____ | | |
| Entity Constitution Type (please tick (U) as appropriate): <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Pvt. Ltd. Company <input type="checkbox"/> Public Ltd. Company <input type="checkbox"/> Society <input type="checkbox"/> AOP / BOI <input type="checkbox"/> Liquidator <input type="checkbox"/> <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others _____ please specify | | | |
| Is 'Entity' a tax resident of any country other than India? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| <small>(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below:)</small> | | | |
| S.No | Country of Tax Residency | Tax Identification Number (TIN) ⁶ | Identification Type (TIN or Other, please specify) |
| 1. | | | |
| 2. | | | |
| 3. | | | |

% - In case Tax Identification Number (TIN) is not available, kindly provide its functional equivalent⁵
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here mention here (refer 3(viii) of Part C)

Part A: (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a,
 Financial Institution (Refer 1 of Part C) (or)
 Direct reporting NFE (Refer 3(vii) of Part C) please tick (✓) as appropriate

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below:
 Name of the Sponsoring entity:

GIIN not available (please tick (✓) as applicable) Applied For Not obtained - Non participating FI Not required to apply for - please specify 2 digits of sub-category (Refer 1A of Part C)

Part B: (please tick (✓) and fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

| | |
|---|---|
| <input type="radio"/> Is the Entity a publicly traded company? (that is, a company whose shares are regularly traded on an established securities market) (Refer 2A of Part C) | (Please specify any one stock exchange where it is regularly traded) Name of the Stock Exchange _____ |
| <input type="radio"/> Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) (Refer 2B of Part C) | (Please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of the listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the listed company (OR) <input type="checkbox"/> Controlled by a Listed Company Name of the Stock Exchange _____ |
| <input type="radio"/> Is the Entity an Active NFE? (Refer 2C of Part C) | Specify the nature of business and provide UBO form Nature of Business: _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention Code - Refer 2C of Part C) |
| <input type="radio"/> Is the Entity a Passive NFE? (Refer 3(ii) of Part C) | Specify the nature of business and provide UBO form Nature of Business: _____ |

* Declaration for Ultimate Beneficial Ownership (UBO)

(Mandatory for all entities EXCEPT, Publicly Traded Company or a related entity of Publicly Traded Company)

| Category (please tick (✓) applicable category): | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Unlisted Company | <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Unincorporated Association/Body of Individuals | <input type="checkbox"/> Religious Trust |
| <input type="checkbox"/> Public Charitable Trust | <input type="checkbox"/> Private Trust / Trust created by a Will | <input type="checkbox"/> Others | please specify | |

Details of Ultimate Beneficial Owners:- (Please list below each controlling person, confirming ALL countries of Tax Residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person. **(Please attach additional sheets if necessary)**
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

| Details | UBO1 | UBO2 | UBO3 |
|--|--|--|--|
| PAN# | | | |
| Name of UBO | | | |
| UBO Code (Refer 3(iv) A of Part C) | | | |
| Percentage of Holding (%) [§] | | | |
| Address | ZIP/PIN Code : _____ State : _____ Country : _____ | ZIP/PIN Code : _____ State : _____ Country : _____ | ZIP/PIN Code : _____ State : _____ Country : _____ |
| Address Type | <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office | <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office | <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office |
| Telephone | ISD STD NUMBER | ISD STD NUMBER | ISD STD NUMBER |
| Mobile | ISD NUMBER | ISD NUMBER | ISD NUMBER |
| Country of Tax Residency* | | | |
| Tax ID No. [¶] | | | |
| Tax ID Type (TIN or Other, please specify) | | | |

| | | | |
|------------------|---|---|---|
| Date of Birth | DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY |
| City of Birth | | | |
| Country of Birth | | | |
| Nationality | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others |
| Father's Name | | | |
| Occupation | <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Doctor <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government <input type="checkbox"/> Others _____ | <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Doctor <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government <input type="checkbox"/> Others _____ | <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Doctor <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government <input type="checkbox"/> Others _____ |
| Occupation Type | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____ | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____ | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____ |

- If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

* - To include US, where controlling person is a US citizen or green card holder

¶ - In case Tax Identification Number is not available, kindly provide functional equivalent

§ - Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

^ - Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green card in any country other than India.

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with us or our the AMCs. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information if you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform MFUI/ the AMC/ the Mutual Fund/ the Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Declaration

I/We am/are duly authorised by the hereinabove named applicant for executing this Registration form for and on its behalf.
 I/We hereby acknowledge that I/We have read, understood and agree to the terms and conditions annexed to this Registration form.
 I/We hereby declare that the details furnished herein are complete, true and correct.
 I/We undertake to notify MFUI, immediately of any change in the above details and information given by me/us. In case any of the information is found to be false or untrue or misrepresenting, I/We am/are aware that I/We may be liable for it.
 I/We hereby authorise MFUI sharing of the information provided by me/us on this form with its Authorised Representatives/Entities.
 I/We have provided all the necessary documents/annexures, wherever asked for, to substantiate the information provided by me/us in the form and agree to provide any further information if required, for the purpose of this Registration.
 I/We hereby authorize MFUI to map with this CAN, the folios existing with the Mutual Funds or folios, in case created in future, in the name of the above applicant.

Authorization on Single Payment for Multiple Scheme Investments through a Single Transaction Form

I / We understand and agree that MF Utilities India Private Limited ("MFUI") shall facilitate the investments in multiple schemes across Mutual Funds made by me / us through MF Utility by way of a single payment made by me / us. To enable MFUI accept the transaction with payment and transmit the investment amount, I/we authorise MFUI to do the following acts, deeds and things for and on my/ our behalf:

- To accept single payment made by me / us either physically/electronically favouring the account created for this purpose and managed by MFUI, towards the investments made by me / us in multiple schemes across Mutual Funds through MF Utility.
- To transmit / transfer the payments to the collection accounts of the respective Mutual Funds as per the investments made by me / us directly or through Distributor and;
- To do all such acts, deeds and things as may be necessary or incidental to the above mentioned purpose.

| Name(s), Designation and Signature(s) of Authorized Signatory(ies) with Official seal/stamp | | |
|---|-------------------------------------|-------------------------------------|
| Name : _____ Designation : _____ | Name : _____ Designation : _____ | Name : _____ Designation : _____ |
| Signature : _____ | Signature : _____ | Signature : _____ |

Date : ____ / ____ / ____ Place : _____