myefunds.com

Saparia Global Pvt. Ltd.

New Client

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 1st and last page (Max2 months old)	Yes / No
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** __ __/__ __/__ __ __ __

Know Your Customer (KYC) Application Form | Individual

CAMSKRA KYC Services

Important Instructions:

A. Fields marked with '*' are mandatory fields.
B. Tick '' wherever applicable.
C. Please fill the form in English and BLOCK letters.
D. Please fill the date in DD-MM-YY format.
E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
F. Please read section wise detailed guide
G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H. List of two character ISO 3166 country codes is available at the end.
I. KYC number of applicant is mandatory for update application.
J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only
(To be filled by financial institution)

Application Type* ☐ New ☐ Update
KYC Number (Mandatory for KYC update request)
Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name*				
Mother Name				

Date of Birth* D D - M M - Y Y Y Y

Gender* ☐ M- Male ☐ F- Female ☐ T- Transgender

PAN* ☐ FORM 60 furnished

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others – Country _____ Country Code

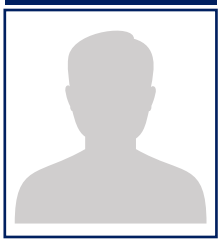
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction **B** at the end)

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 — Passport Expiry Date D D - M M - Y Y Y Y
☐ B-Voter ID Card
☐ C-Driving Licence — Driving Licence Expiry Date D D - M M - Y Y Y Y
☐ D-NREGA Job Card
☐ E-National Population Register Letter
☐ F-Proof of Possession of Aadhaar — *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
II ☐ E-KYC Authentication — *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
III ☐ Offline verification of Aadhaar — *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

PHOTO*



Signature /Thumb Impression across photo without covering the face

Address *[For other than resident Individual, please mention Overseas Address]*

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction **B** 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 — *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
II ☐ E-KYC Authentication — *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
III ☐ Offline verification of Aadhaar — *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
IV ☐ Deemed Proof of Address – Document Type code

Address

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) (Please refer instruction **C** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

5. Remarks (If any)

6. 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. Incase 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.

[Signature/Thumb Impression]

Date: D D - M M - Y Y Y Y Place:

Signature/Thumb Impression of Applicant

7. 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 ☐ Video Based KYC

KYC documents verification carried out by

Date: D D - M M - Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date: D D - M M - Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

[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 _____

Additional Purchase: Bank Name _____ Branch _____ ARN-115979
Cheque / UTR No. _____ Date _____ Amount _____ E172792
(In words)_____ Payment Mode : ◯ OTM ◯ Cheque/ DD ◯ 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 _____

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ARN-115979

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First Holder Second Holder Third Holder

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Folio: _____ PAN: _____ _____

Mutual Fund: _____

Scheme : _____ _____ Plan_____ Option _____

Additional Purchase: Bank Name _____ Branch _____ ARN-115979
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First Holder Second Holder Third Holder

Mutual Fund Transaction Slip **ARN-115979** **EUIN-**

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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 _____

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Scheme : _____ _____ Plan_____ Option _____

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Signature: _____ _____ _____
First Holder Second Holder Third Holder

NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM

UMRN | Date D D M M Y Y Y Y

Tick (✓)

CREATE
MODIFY
CANCEL

Sponsor Bank Code: HDFC0000070

Utility Code: YESB00709000028661

I/We hereby authorize: **ICCL**

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 ☐ 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 D D M M Y Y Y Y

To D D M M Y Y Y Y

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.