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** __ __/__ __/__ __ __ __

Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals

CAMSKRA KYC Services

Important Instructions:

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

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

Application Type* ☐ New ☐ Update
KYC Number (Mandatory for KYC update request)

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

☐ Name*

Entity Constitution Type* ☐ Others (Specify) (Please refer instruction B at the end)

Date of Incorporation/Formation* D D - M M - Y Y Y Y Date of Commencement of Business D D - M M - Y Y Y Y

Place of Incorporation/Formation* Country of Incorporation/Formation* TIN or Equivalent Issuing Country

PAN*

TIN/GST Registration Number

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

☐ Officially valid document(s) in respect of person authorised to transact

☐ Certificate of Incorporation/Formation ☐ Registration Certificate Regn Certificate No.

☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed

☐ Resolution of Board/Managing Committee ☐ Power of Attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity proof – 1 (For Sole Proprietorship Only) ☐ Activity proof – 2 (For Sole Proprietorship Only)

☐ 3. ADDRESS (Please see instruction **C** at the end)

☐ 3.1 Registered Office Address/Place of Business*

Proof of Address* ☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Other Document

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

☐ 3.2 Local Address in India (If different from above)*

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 may be used) (Please refer instruction **D** at the end)

Tel. (Off) - Fax -
Mobile - Email ID
Mobile - Email ID

☐ 5. Number of Related Persons (Please fill Annexure A-2 for each related persons & also refer instruction **E** at the end)

6. Remarks (If any)

7. Applicant Declaration (Please refer instruction **G** at the end)

- 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. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

[Signature/Thumb Impression]

Signature/Thumb Impression of Authorised Person(s)

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

8. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC documents verification carried out by

Identity Verification ☐ Done 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]

Annexure A2 I Legal Entity I Other than Individuals

Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person

CAMSKRA KYC Services

Important Instructions:

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

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

Application Type* ☐ New ☐ Update ☐ Delete

KYC Number _____ *(Mandatory for KYC update and delete request)*

1. Details of Related Person* (Please refer instruction **E** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available*) _____ *(If KYC number is available, only 'Related Person Type' & 'Name' is mandatory*

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify) _____

DIN (Director Identification Number) _____ *(Mandatory if Related Person Type is Director)*

1.1 Personal Details (Please refer instruction **E** 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

Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)

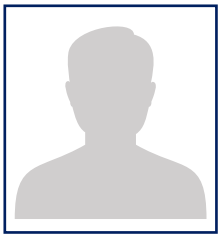
PAN*

1.2 Proof of Identity and Address* (Please refer instruction **E** at the end)

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 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
II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar

☐ PHOTO*



Address

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

1.3 Current Address Details (Please refer instruction **E** 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
II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar
IV ☐ Deemed PoA
V ☐ Self-Declaration

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction **D** at the end)

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

Email ID

2. 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. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines

[Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

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

6. 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

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]

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 _____

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

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ARN-115979

Signature: _____ _____ _____
First Holder Second Holder Third Holder

Mutual Fund Transaction Slip ARN-115979 EUIN-E172792

Folio: _____ PAN: _____ _____

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

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ARN-115979

Signature: _____ _____ _____
First Holder Second Holder Third Holder

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

Folio: _____ Mutual Fund: __ ___ _____

Scheme : _____ _____ Plan_____ Option _____

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

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Signature: _____ _____ _____
First Holder Second Holder Third Holder

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

Folio: _____ Mutual Fund: __ ___ _____

Scheme : _____ _____ Plan_____ Option _____

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

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ARN-115979

Signature: _____ _____ _____
First Holder Second Holder Third Holder

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

Folio: _____ **Mutual Fund**: _____

Scheme : _____ _____ Plan_____ Option _____

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

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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 _____

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

Redemption: Amount _____ or Units _____ or All Units

Switch To: Amount _____ or Units _____ or All Units
Scheme : _____ _____ Plan_____ Option _____

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Signature: _____ _____ _____
First Holder Second Holder Third Holder

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

Folio: _____ Mutual Fund: __ ___ _____

Scheme : _____ _____ Plan_____ Option _____

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

Redemption: Amount _____ or Units _____ or All Units

Switch To: Amount _____ or Units _____ or All Units
Scheme : _____ _____ Plan_____ Option _____

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. I hereby confirm that I/We have not been offered / communicated any indicative Portfolio and / or any indicative yield by the Fund/ AMC/ Its Distributor for this Investment.

Signature: _____ _____ _____
First Holder Second Holder Third Holder

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

Folio: _____ **Mutual Fund**: _____

Scheme : _____ _____ Plan_____ Option _____

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

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Switch To: Amount _____ or Units _____ or All Units
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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.