

(Please fill Annexure A-2 for each related persons & also refer instruction **E** at the end)

6. Remarks (If any)

[illegible]

## 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. In case 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)

[illegible]

## 8. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC documents verification carried out by

Identity Verification ☐ Done    Date   -   -

[illegible][illegible][illegible][illegible]

[Employee Signature]

## Institution details

[illegible][illegible]

[Institution Stamp]