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8 BANK DETAILS (M	/landatory	Redemp	tion / Div	vidend /	Refun	d payout	s will b	e credite	d into th	iis ban	k accou	int in	case it	is in the	curren	t list	of bank	s with	h who	m Mot	tilal 0	swal N	<i>A</i> utua	l Fund	has Di	rect Cr	edit fac	ility.	
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9 NOMINATION DET	TAILS (Refer Inst	ruction §	3)																									
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10 FATCA- CRS Decla 10A Declaration for Ind		nd Sup	pleme	ntary I	nfori	mation																							
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¹⁶ In case Tax Identification Number In case TIN or its functional equivale In case the Entity's Country of Inco Please refer to para 3(vii) Exemption	ent is not av rporation /	ailable, ple Tax reside	ase provi nce is U.	ide Compa S. but Ent	any Ide tity is r	entificatior 10t a Speci	ified U.S	S. Person	, mentio																				
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# If passive NFE, please provide below additional details for each contro	lling person. (Please attach additional sheets if necessary.)	
Name/ PAN/ Any other Identification Number (PAN, Aadhar, Passport Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type: Service, Business, Others Nationality: Father's Name: Mandatory if PAN is not available	DOB: Date of Birth Gender: Male, Female, Other
1.Name:	Occupation Type:	Date Of Birth: D M M Y Y Y Gender Male Female Other
2.Name:	Occupation Type: Nationality: Father's Name:	Date Of Birth: D D M M Y Y Y Gender Male Female Other
3.Name:	Occupation Type:	Date Of Birth: D D M M Y Y Y Gender Male Female Other

[#]Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

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

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m \%}$ In case Tax Identification Number is not available, kindly provide functional equivalent

DETAILS OF ULTIMATE BENEFICIAL OWNERS / ULTIMATE BENEFICIAL OWNERSHIP [UB0] DECLARATION [Mandatory] 11 (If the given space below is not adequate, please attach multiple declaration forms)

*This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E.

Name of UBO	Address (Include State, Country, PIN/ZIP Code & Contact Details)	Address Type	PAN/Tax Payer Identification No./ Equivalent ID No. [%]	Country of tax Residency*	Controlling Person Type ¹ (Mandatory)	% of beneficial interest
		Residential Business Registered Office	No.: Type:			
		Residential Business Registered Office	No.: Type:			
		Residential Business Registered Office	No.: Type:			

Attached documents should be self certified by the UBO and certified by the applicant or Authorised Signatory.

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Trustee/Mutual Fund shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We 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 end.

12 DECLARATION AND SIGNATURE

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I/We hereby apply for the units of the scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate Sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the income tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of biteschere (s) & I/We have not received nor have been induced by any rebate or gifts, directly in making this investment. I/We confirm that the funds invested in the Scheme (s), legally belong to me/us. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/We hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in Favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs only : I/We confirm that I am/we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR Account. I/We confirm that the details provided by me/us are true and correct. I declare that the information is to the best of my Knowledge, belief, accurate and complete. I agree to notify MOMF/AMC immediately in the event of information changes.

FATCA / CRS Certification:

Declaration for Individual: I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities

Declaration for Non-Individual: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I /We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
Date:	Place:			

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