



MF Utilities India Pvt. Ltd.

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

ARN Code
EUIN Code

OR

RIA Code

CAN Registration Form - Individual

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, irrespective of your Residential Status
Fields marked with(*) are mandatory and if not filled, the form is liable for rejection.

A. * Sole/Primary Applicant Details: (Please note that the address as available with the KYC Registration Agencies will be consumed based on PAN/PEKRN provided by the applicants and considered to be final)

* Mode of Holding please tick (✓) Single Anyone or Survivor Joint * Investor Category Individual Minor Sole-Proprietor
* Residential Status please tick (✓) RES. IND. NRI-NRE NRI-NRO FOREIGN NATIONAL PIO
* Date of Birth DD / MM / YYYY * Proof attached ^ * Proof Type^ (refer instructions) Please specify ^ - Mandatory for Minor Applicants
* PAN (OR) if PAN Exempt (refer instructions) PEKRN (refer instructions) Aadhaar Please specify

KYC Proof/Documents Attached (refer instructions) Y/N
* Name

Guardian Details :

(mandatory if sole/primary applicant is a minor - refer instructions)
Guardian PAN (OR) if PAN Exempt (refer instructions) PEKRN (refer instructions) Aadhaar Please specify
KYC Proof/Documents Attached (refer instructions) Y/N
Guardian NAME
Guardian DOB DD / MM / YYYY Relationship with Minor Father Mother Court Appointed Legal Guardian
Proof of relationship (refer instructions) Proof Type please specify

Second Applicant Details :

Not applicable in case the sole/primary holder is a minor. Date of Birth DD / MM / YYYY
PAN (OR) if PAN Exempt (refer instructions) PEKRN (refer instructions) Aadhaar Please specify
KYC Proof/Documents Attached (refer instructions) Y/N
Name

Third Applicant Details :

Not applicable in case the sole/primary holder is a minor. Date of Birth DD / MM / YYYY
PAN (OR) if PAN Exempt (refer instructions) PEKRN (refer instructions) Aadhaar Please specify
KYC Proof/Documents Attached (refer instructions) Y/N
Name

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

City Pincode State

C * Contact details of the applicant(s)/Guardian (Mandatory for Sole/Primary/Guardian (in case of minor)):

| Applicant(s) | *Residence Telephone No. | | | *Mobile No. | | *Email ID |
|--------------|--------------------------|----------|------------------|-------------|---------------|-----------|
| Sole/Primary | ISD Code | STD Code | Telephone Number | ISD Code | Mobile Number | Email ID |
| Second | ISD Code | STD Code | Telephone Number | ISD Code | Mobile Number | Email ID |
| Third | ISD Code | STD Code | Telephone Number | ISD Code | Mobile Number | Email ID |
| Guardian | ISD Code | STD Code | Telephone Number | ISD Code | Mobile Number | Email ID |

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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 Mr./Ms. _____
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 all the holders/guardian being KYC registered.

POINT OF SERVICE STAMP & SIGNATURE

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 | |
| *Attach latest copy of the Consent Letter or Statement of Account from Depository | DP ID | Bene. A/c. |
| | I | N |
| | DP ID | Bene. A/c. |
| | I | N |

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. *A/c Type: Savings Current Cash Credit O/D Others

*MICR *IFSC Please (✓) NRE NRO FCNR NRSR Please Specify

Bank Name Branch Name City

*Proof of Account (refer Instructions) Cancelled Cheque or Copy[§] Bank Passbook Bank Statement Letter from Bank confirming the Account

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.
 § - Please ensure that the cancelled cheque or any other proof of account submitted contains the Sole/First/Primary holder's name.

b. Additional Bank Mandate for Payout (2)

*A/c No. *A/c Type: Savings Current Cash Credit O/D Others

*MICR *IFSC Please (✓) NRE NRO FCNR NRSR Please Specify

Bank Name Branch Name City

*Proof of Account (refer Instructions) Cancelled Cheque or Copy[§] Bank Passbook Bank Statement Letter from Bank confirming the Account

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.
 § - Please ensure that the cancelled cheque or any other proof of account submitted contains the Sole/First/Primary holder's name.

c. Additional Bank Mandate for Payout (3)

*A/c No. *A/c Type: Savings Current Cash Credit O/D Others

*MICR *IFSC Please (✓) NRE NRO FCNR NRSR Please Specify

Bank Name Branch Name City

*Proof of Account (refer Instructions) Cancelled Cheque or Copy[§] Bank Passbook Bank Statement Letter from Bank confirming the Account

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.
 § - Please ensure that the cancelled cheque or any other proof of account submitted contains the Sole/First/Primary holder's name.

d. Additional Bank Mandate for Payout (4)

*A/c No. *A/c Type: Savings Current Cash Credit O/D Others

*MICR *IFSC Please (✓) NRE NRO FCNR NRSR Please Specify

Bank Name Branch Name City

*Proof of Account (refer Instructions) Cancelled Cheque or Copy[§] Bank Passbook Bank Statement Letter from Bank confirming the Account

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.
 § - Please ensure that the cancelled cheque or any other proof of account submitted contains the Sole/First/Primary holder's name.

e. Additional Bank Mandate for Payout (5)

*A/c No. *A/c Type: Savings Current Cash Credit O/D Others

*MICR *IFSC Please (✓) NRE NRO FCNR NRSR Please Specify

Bank Name Branch Name City

*Proof of Account (refer Instructions) Cancelled Cheque or Copy[§] Bank Passbook Bank Statement Letter from Bank confirming the Account

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.
 § - Please ensure that the cancelled cheque or any other proof of account submitted contains the Sole/First/Primary 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 Nomination Details:

I/We wish to nominate as under, please tick (✓)

I/We DO NOT WISH TO NOMINATE² under the CAN please tick (✓)

| Name(s) and address(es) of Nominee(s) | Nominee Relationship | Proportion % in which the units shall be shared by each nominee (Total 100%) | Nominee Date of Birth | Name and Address of Guardian of Nominee | Signature of Nominee/ Guardian of Nominee |
|---------------------------------------|----------------------|--|-----------------------|---|---|
| Nominee 1 | | <input type="text"/> <input type="text"/> <input type="text"/> % | DD/MM/YYYY | | |
| Nominee 2 | | <input type="text"/> <input type="text"/> <input type="text"/> % | DD/MM/YYYY | | |
| Nominee 3 | | <input type="text"/> <input type="text"/> <input type="text"/> % | DD/MM/YYYY | | |

Existing Nomination(s), if any, under the folios will remain unchanged

G * Additional KYC Details:

a. Sole/Primary Applicant (or) Guardian (if sole/primary applicant is a minor):

| | | Aadhaar | | | | | |
|--|---|--|--|---|--|--------------------------------------|----------------------------------|
| 1. Gross Annual Income (please tick (✓) any one): | <input type="checkbox"/> < 1 Lac | <input type="checkbox"/> 1 - 5 Lacs | <input type="checkbox"/> > 5 - 10 Lacs | <input type="checkbox"/> > 10 - 25 Lacs | <input type="checkbox"/> > 25 Lacs - 1 Crore | <input type="checkbox"/> > 1 Crore | (OR) |
| Net-worth in ₹. | as on (date) DD / MM / YYYY (not older than 1 year) | | | | | | |
| 2. Primary Source of Wealth (please tick (✓) any one): | <input type="checkbox"/> Salary | <input type="checkbox"/> Business Income | <input type="checkbox"/> Gift | <input type="checkbox"/> Ancestral Property | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Prize Money | |
| | <input type="checkbox"/> Royalty | Others (please specify) specify here | | | | | |
| 3. Occupation (please tick (✓) any one): | <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"/> Pvt Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Government Service | Others specify here | | |
| 4. Politically Exposed Person (PEP) Status (please tick (✓) any one): | <input type="checkbox"/> I am a PEP | | <input type="checkbox"/> I am related to PEP | | <input type="checkbox"/> Not Applicable | | |
| 5. Type of address given at KRA (please tick (✓) any one): | <input type="checkbox"/> Residential or Business | | <input type="checkbox"/> Residential | <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office | | |
| 6. Residential Status of Guardian (if sole/ primary applicant is a minor) (please tick (✓) any one): | <input type="checkbox"/> RES. IND. | <input type="checkbox"/> NRI-NRE | <input type="checkbox"/> NRI-NRO | <input type="checkbox"/> FOREIGN NATIONAL | <input type="checkbox"/> PIO | | |

b. Second Applicant:

| | | Aadhaar | | | | | |
|---|---|--|--|---|--|--------------------------------------|----------------------------------|
| 1. Gross Annual Income (please tick (✓) any one): | <input type="checkbox"/> < 1 Lac | <input type="checkbox"/> 1 - 5 Lacs | <input type="checkbox"/> > 5 - 10 Lacs | <input type="checkbox"/> > 10 - 25 Lacs | <input type="checkbox"/> > 25 Lacs - 1 Crore | <input type="checkbox"/> > 1 Crore | (OR) |
| Net-worth in ₹. | as on (date) DD / MM / YYYY (not older than 1 year) | | | | | | |
| 2. Primary Source of Wealth (please tick (✓) any one): | <input type="checkbox"/> Salary | <input type="checkbox"/> Business Income | <input type="checkbox"/> Gift | <input type="checkbox"/> Ancestral Property | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Prize Money | |
| | <input type="checkbox"/> Royalty | Others (please specify) specify here | | | | | |
| 3. Occupation (please tick (✓) any one): | <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"/> Pvt Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Government Service | Others specify here | | |
| 4. Politically Exposed Person (PEP) Status (please tick (✓) any one): | <input type="checkbox"/> I am a PEP | | <input type="checkbox"/> I am related to PEP | | <input type="checkbox"/> Not Applicable | | |
| 5. Type of address given at KRA (please tick (✓) any one): | <input type="checkbox"/> Residential or Business | | <input type="checkbox"/> Residential | <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office | | |
| 6. Residential Status (please tick (✓) any one): | <input type="checkbox"/> RES. IND. | <input type="checkbox"/> NRI-NRE | <input type="checkbox"/> NRI-NRO | <input type="checkbox"/> FOREIGN NATIONAL | <input type="checkbox"/> PIO | | |

c. Third Applicant:

| | | Aadhaar | | | | | |
|---|---|--|--|---|--|--------------------------------------|----------------------------------|
| 1. Gross Annual Income (please tick (✓) any one): | <input type="checkbox"/> < 1 Lac | <input type="checkbox"/> 1 - 5 Lacs | <input type="checkbox"/> > 5 - 10 Lacs | <input type="checkbox"/> > 10 - 25 Lacs | <input type="checkbox"/> > 25 Lacs - 1 Crore | <input type="checkbox"/> > 1 Crore | (OR) |
| Net-worth in ₹. | as on (date) DD / MM / YYYY (not older than 1 year) | | | | | | |
| 2. Primary Source of Wealth (please tick (✓) any one): | <input type="checkbox"/> Salary | <input type="checkbox"/> Business Income | <input type="checkbox"/> Gift | <input type="checkbox"/> Ancestral Property | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Prize Money | |
| | <input type="checkbox"/> Royalty | Others (please specify) specify here | | | | | |
| 3. Occupation (please tick (✓) any one): | <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"/> Pvt Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Government Service | Others specify here | | |
| 4. Politically Exposed Person (PEP) Status (please tick (✓) any one): | <input type="checkbox"/> I am a PEP | | <input type="checkbox"/> I am related to PEP | | <input type="checkbox"/> Not Applicable | | |
| 5. Type of address given at KRA (please tick (✓) any one): | <input type="checkbox"/> Residential or Business | | <input type="checkbox"/> Residential | <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office | | |
| 6. Residential Status (please tick (✓) any one): | <input type="checkbox"/> RES. IND. | <input type="checkbox"/> NRI-NRE | <input type="checkbox"/> NRI-NRO | <input type="checkbox"/> FOREIGN NATIONAL | <input type="checkbox"/> PIO | | |

| | | |
|-------------|--|--|
| O N E | Reference Number for all Mutual Fund Investments | No need to remember / maintain folios at Mutual Fund |
| | Account Opening Process | No need to fill separate Account Opening forms for each Mutual Fund |
| | Place for Investor Information | No need to submit change requests to each Mutual Fund to get changes updated to investor information |
| | View for Investments | Consolidated view of all investments across Mutual Funds. |
| | MIS for the Industry | No need to source & consolidate data from different Mutual Funds / RTA |

H. * Details required under Foreign Tax Laws (Mandatory, please refer Instructions):

| Applicant Details | POB - Place of Birth (City), COB - Country of Birth, COC - Country of Citizenship CON - Country of Natonality | Are you tax resident of any country other than India? | | | |
|---------------------------------------|--|--|---|-----------------------------|--|
| | | If NO, please tick (✓) below | If YES, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below: | | |
| | | | Country of Tax Residency # | Tax Identification Number * | Identification Type (TIN or Other, please specify) |
| Sole / Primary Applicant | POB : | <input type="checkbox"/> I am a tax resident of India and not resident of any other country | 1. | 1. | 1. |
| | COB : | | 2. | 2. | 2. |
| | COC : | | 3. | 3. | 3. |
| | CON : | | 4. | 4. | 4. |
| Guardian (in case of Minor Applicant) | POB : | <input type="checkbox"/> I am a tax resident of India and not resident of any other country | 1. | 1. | 1. |
| | COB : | | 2. | 2. | 2. |
| | COC : | | 3. | 3. | 3. |
| | CON : | | 4. | 4. | 4. |
| Second Applicant | POB : | <input type="checkbox"/> I am a tax resident of India and not resident of any other country | 1. | 1. | 1. |
| | COB : | | 2. | 2. | 2. |
| | COC : | | 3. | 3. | 3. |
| | CON : | | 4. | 4. | 4. |
| Third Applicant | POB : | <input type="checkbox"/> I am a tax resident of India and not resident of any other country | 1. | 1. | 1. |
| | COB : | | 2. | 2. | 2. |
| | COC : | | 3. | 3. | 3. |
| | CON : | | 4. | 4. | 4. |

- To also include USA, where the individual is a citizen / green card holder of The USA.

% - In case Tax Identification Number is not available, kindly provide its functional equivalent⁵

§ - 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.

I. 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:

1. 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.
2. To transmit / transfer the payments to the collection account of the respective Mutual Fund as per the investments made by me / us directly or through Distributor and;
3. To do all such acts, deeds and things as may be necessary or incidental to the above mentioned purpose.

J. Declaration and Signature (s):

Date:

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|

 Place: _____

I/We have read and understood the information, requirements and the Terms and Conditions mentioned in this Form (Including the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this form is true, correct and complete to the best of my / our knowledge and belief and provided after necessary consultation with tax professionals.
 I/We hereby agree and confirm to inform MFUI/AMC/Mutual Fund/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).
 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 agree and authorise MFUI to map our existing and future folios with Mutual Funds to this CAN and update the information provided hereinabove in these folios from time to time.

| | | |
|-------------------------------|------------------|-----------------|
| Sign Here | Sign Here | Sign Here |
| Sole/First Applicant/Guardian | Second Applicant | Third Applicant |

Common Transaction Form (CTF)

| | | |
|----------------------|---|---|
| O N E | Form for multiple transactions | No need to fill and submit separate transaction forms for transactions in different schemes/Mutual Funds, Burden of handling multiple documents reduced. |
| | Time-stamp for multiple transactions | One time-stamp applied uniformly for all transactions in the form. Burden of submitting transactions at different offices / locations reduced. |
| | Payment for multiple investments | No need to issue separate payments for different schemes/Mutual Funds. Burden of handling multiple payment instructions reduced. |