



**8 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)**

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality			
First Applicant / Guardian			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others	Please specify _____
Second Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others	Please specify _____
Third Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others	Please specify _____

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India?  YES  NO (please tick ✓)

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected)  Reason C → Others please state the reasons thereof :

Address Type of Sole /1st Holder			Address Type of 2nd Holder			Address Type of 3rd Holder		
<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

**9 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)**

Scheme **Bandhan** Plan \_\_\_\_\_ Option \_\_\_\_\_

Mode of payment  Self  Third Party Payment (Please fill the Third Party Payment Declaration Form) Payment mode  Cheque  DD  Bandhan OTM  Fund Transfer  RTGS/NEFT

Amount (figures) \_\_\_\_\_ Cheque/DD/UTR/UMR No. \_\_\_\_\_ Cheque Date 

D	D	M	M	Y	Y
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Account No. \_\_\_\_\_ Account Type  Saving  Current  NRO  NRE  FCNR  Others Please specify \_\_\_\_\_

Bank & Branch Name \_\_\_\_\_

**10 NOMINATION DETAILS** Mandatory section for Individuals (Single or Joint)  I/We wish to nominate  I/We do not wish to nominate<sup>SS</sup>

Nominee Name & Address	Relationship with Investor	In case of Minor (Birth proof to be attached)			Allocation %
		Guardian Name	Relationship with the minor	Date of birth	
Nominee 1					
Nominee 2					
Nominee 3					

Other Details (Guardian details to be furnished in case nominee is a minor)

Nominee 1	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 2	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 3	PAN	Mobile	Email ID	Nominee/ Guardian sign

<sup>SS</sup> OPT-OUT: I/ We hereby confirm that I/ We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in my / our folio.

Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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**11 KYC DETAILS (Mandatory)**

**OCCUPATION** [Please tick (✓)]

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify _____
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify _____
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify _____

**GROSS ANNUAL INCOME** [Please tick (✓)]

First Applicant / Guardian	<input type="checkbox"/> Below 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 (Mandatory for Non-Individuals) ₹ _____ as on <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> as on (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Second Applicant	<input type="checkbox"/> Below 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 ₹ _____								
Third Applicant	<input type="checkbox"/> Below 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 ₹ _____								

**OTHERS** [Please tick (✓)]

First Applicant / Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP) <sup>A</sup> <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
	For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h));
	(i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) <sup>A</sup> <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) <sup>A</sup> <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

**12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)**

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of IDFC Asset Management Company Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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 Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I/We confirm that I am / we are Non-Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to IDFC Asset Management Company Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/We have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

\* Unitholders are requested to note that the name of IDFC Asset Management Company Limited would be changed to Bandhan AMC Limited or any other name as may be approved by Regulatory Authorities in due course.

Sign Here →	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Instrument No.	Dated	Amount (Rs.)	Scheme						
	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y		
D	D	M	M	Y	Y				

# SIP & SIP-TOP UP REGISTRATION / RENEWAL



ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E	EUN No.	Internal Code for Sub-broker/ Employee
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#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.  
 Declaration for "execution-only" transaction (only where EUN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

✗  
Signature of First / Sole Applicant / Guardian / Authorised Signatory

**TRANSACTION CHARGES** (Please tick ✓ any one of the below) (Refer Instruction No. S)

I am a first time investor in mutual funds (₹ 150 will be deducted) OR  I am an existing investor in mutual funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

Please Tick (✓)  SIP Registration  SIP Renewal  SIP with Top-up Registration  SIP - Change in Bank Details Please mention relevant SIP details below and also in the Bandhan Common Mandate (Bandhan OTM).

**UNIT HOLDER INFORMATION**

Existing Folio Number  PAN

Name of the First Holder

Scheme  Plan  Option

**SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL) Debit date except 29<sup>th</sup>, 30<sup>th</sup> & 31<sup>st</sup>**

Frequency Please (✓)  Weekly - Date will be 7<sup>th</sup> / 14<sup>th</sup> / 21<sup>st</sup> / 28<sup>th</sup> (Default date 7<sup>th</sup>)  Monthly (Default date 10<sup>th</sup>)  Quarterly (Default date 10<sup>th</sup>)

SIP Period From  To  OR  1 2 2 0 9 9 Installment Amount (₹)  in figures

**SIP TOP-UP** (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration. Frequency  Half Yearly  Yearly<sup>A</sup> (Default) Amount ₹  in figures (The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter)

For SIP applications received during NFO, the SIP will start only after 30 days from the NFO allotment date.

**INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP installments.)**

My existing OTM registered to be used for initial & subsequent SIP instalments  (OR)

Cheque No.  Cheque Date  Bank & Branch Name

**DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)**

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of \*IDFC Asset Management Company Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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 Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs/PIOs/FPs only: I/We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to \*IDFC Asset Management Company Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

\* Unitholders are requested to note that the name of 'IDFC Asset Management Company Limited' would be changed to 'Bandhan AMC Limited' or any other name as may be approved by Regulatory Authorities in due course.

✗ First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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**Bandhan One Time Mandate (OTM)**

UMRN  FOR OFFICE USE ONLY Date

Sponsor Bank Code  FOR OFFICE USE ONLY Utility Code  FOR OFFICE USE ONLY

Tick (✓)  CREATE  MODIFY  CANCEL I/We hereby authorize  Bandhan Mutual Fund 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  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

PAN / Application No.  Mobile No.

Reference  Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

**PERIOD**

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Or <input type="checkbox"/> Until Cancelled	1. <input type="text"/> Name as in bank records 2. <input type="text"/> Name as in bank records 3. <input type="text"/> Name as in bank records						

This is to confirm 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 & 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 authorised the debit.

## TERMS AND CONDITIONS :

- 1) Bandhan Mutual Fund can register the attached 'One Time mandate' to facilitate collection of payments towards investments in Mutual Funds as directed by the investors.
- 2) The facility is made available to investors of Bandhan Mutual funds who subscribe to use this one time mandate for their intended investment collections only.
- 3) The Scheme Information Document (SID), Scheme Additional Information (SAI) and Key Information Memorandum, all Instructions, Addenda issued from time to time, as available on the Bandhan Mutual Funds' website, Risk Factors, Loads and all other information related to various requirements of the respective Scheme/Plan shall be understood and referred to before providing the mandate by the investor. It is deemed that the investor agrees to the terms and conditions of the respective chosen scheme as stipulated by AMC from time to time.
- 4) Bandhan MF shall map this mandate, after due acceptance from investor's bank, as one of the authorised payment modes in the RTA folio records for all investments in Bandhan Mutual Fund and the above mapping shall be purely based on automatic matching of PAN mentioned in the attached mandate with the first holder's PAN (Guardian's PAN for Minors) in investor's folios.
- 5) Bandhan MF, directly as or through its appointed aggregator (service provider) shall arrange to lodge only the duly valid Mandate with investor's bank under Automated Clearing House (ACH) Rules.
- 6) Any charges payable by the investor to his/her bank for registering and honoring this mandate will not be borne by Bandhan and for the same to be debited to bank account, the mandate contains necessary authorization.
- 7) Bandhan MF or its aggregator shall also facilitate collection of periodical or adhoc payments due from the Investor, (either for fresh purchase or additional purchase or SIP investments as the case may be) as per duly lodged and accepted mandate terms. This will be as per specific instructions received from Bandhan Mutual Fund for the desired adhoc/ periodical transactions instructions issued/conveyed to them directly by the investor through various permitted modes.
- 8) Bandhan MF shall ensure that under any circumstances, the funds will not be used other than for the intended purpose and Bandhan MF shall not have any title or ownership over the proceeds except for the interim period pending pass through to the Bandhan MF.
- 9) Bandhan MF shall be bound by rules and procedures prescribed by NPCI from time to time for this ACH Debit mandate collection services operated by them.
- 10) The investor cannot hold the Bandhan Mutual Fund or the aggregator responsible for any loss, if mandate is rejected or any of its transaction is delayed or not effected at all for reasons of incomplete or incorrect information or due to any reason at or of the investor bank.
- 11) Bandhan MF will not be responsible or liable for nor be in default for reasons of any failure or delay in ensuring obligations under this facility, where such failure or delay is caused, in whole or in part, by any force majeure event (including network failures) which are beyond the reasonable control of Bandhan MF.
- 12) The investor clearly understands that this common ACH mandate provides for multiple debits on same settlement date to pay various underlying transactions for values, each of which shall be less or equal to the maximum amount specified in the relevant mandate. Accordingly, the investor shall ensure that the intended bank account remains funded well in advance of any given date to meet all his adhoc/periodical commitments for transactions under the relevant mandates. Investor shall note that his bank may charge service fees for any dishonor.
- 13) All the intended transactions will be presented on best efforts basis if received by and within the timelines agreed by the service provider and the decision of the investor's bank will be final in acceptance or rejection of any or all transaction.
- 14) Bandhan MF shall recover any wrongful credits afforded in investor's folios and for which notice/information is hereby waived.
- 15) The investor clearly understands that debit of funds for transactions using Bandhan One Time Mandate form will be subject to normal processing time taken for clearing such transactions through the ACH platform and in accordance with NPCI guidelines.
- 16) **Transaction Charges :** As per the SEBI circular No Cir / IMD / DF / 13/ 2011 dated 22nd August 2011 transaction charges shall be applicable for purchase / Subscription receive from investors through distributor, who have opted to received transaction charges as detailed below :
  1. **For existing investors in a Mutual Fund, the distributor may be paid ₹ 100/- as transaction charge per subscription of ₹ 10,000/- and above.**
  2. **As an incentive to attract new investors, the distributor may be paid ₹ 150/- as transaction charge for a first time investor in Mutual Funds.**
  3. **The transaction charge, if any, shall be deducted by the AMC from the subscription amount and paid to the distributor; and the balance shall be invested.**
  4. **There shall be no transaction charge on subscription below ₹ 10,000/-.**
  5. **In case of SIPs, the transaction charge shall be applicable only if the total commitment through SIPs amounts to ₹ 10,000/- and above. In such cases the transaction charge shall be recovered in 3-4 installments.**

**Toll free 1800 266 6688 / 1800 300 66688**  
Available Between  
9:00 am - 6:00 pm on weekdays

Please note our investor  
service email id  
**investormf@bandhanamc.com**

**www.bandhanmutual.com**

# Details of Ultimate Beneficial Owner including additional FATCA & CRS information (For Non-Individuals / Legal Entity) (Form 1B)

(All fields are mandatory, please consult your professional tax advisor for further guidance on your tax residency)



Name of the entity

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

\*Address of residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes\*

PAN

Date of incorporation

City of incorporation  Country of incorporation

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India  Yes  No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number <sup>®</sup>	Identification Type (TIN or Other, please specify)

<sup>®</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>‡</sup>.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here \_\_\_\_\_ (Refer Instruction No. viii)

## FATCA & CRS DECLARATION

### PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a,  Global Intermediary Identification Number (GIIN)

Financial institution<sup>3</sup>  Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

or  
Direct reporting NFE<sup>4</sup>  Name of sponsoring entity

GIIN not available (please tick as applicable)  Applied for

If the entity is a financial institution  Not required to apply for (please specify 2 digits sub-category)   Not obtained - Non-participating FI

### PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market). No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market). No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active <sup>1</sup> Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive <sup>2</sup> Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>

<sup>1</sup>Refer 2 of Part D | <sup>2</sup>Refer 3(ii) of Part D | <sup>3</sup>Refer 1(i) of Part D | <sup>4</sup>Refer 3(vi) of Part D |

...Continued Overleaf

## BANDHAN MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)



Received, subject to realisation, verification and conditions, form for application KYC Details, FATCA and CRS declarations for Non Individual Accounts.

From

In Folio No.

On Date

Stamp & Signature

# DECLARATION

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately 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. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

## UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

**Category** (Please tick applicable category)  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association / body of individuals  Private Trust  Public Charitable Trust  Religious Trust  Others \_\_\_\_\_

Details	UBO1	UBO2	UBO3
<b>Name</b> (Beneficial Owner/Controlling Person)			
<b>UBO Type code</b> (refer 3 (iv) (A) of Part (D))			
<b>PAN/ Any other identification Number@</b>			
<b>Type of ID Document@</b> (If PAN not Provided)			
<b>City of Birth</b>			
<b>Country of Birth</b>			
<b>Occupation Type</b>	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
<b>Nationality</b>			
<b>Father's Name</b> (Mandatory if PAN is not available)			
<b>Date of Birth</b>	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
<b>Percentage of Holding/ Beneficial Interest</b>			

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

@ PAN, Aadhaar, Passport, Election Id, Government ID, Driving Licence, NREGA Job Card, Others (Please Specify)

\* To include US, where controlling person is a US citizen or green cardholder.

% In case Tax identification number is not available, kindly provide functional equivalent.

The Central Board of Direct Taxes has notified Rules 114 F to 114H as part of the Income-tax Rules 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US tax Identification Number.

# 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.

## PART C CERTIFICATION

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 below and hereby accept the same.

**Name** \_\_\_\_\_

**Designation** \_\_\_\_\_

✗ \_\_\_\_\_  
Signature Signature Signature

Date

Place \_\_\_\_\_



<b>Toll free 1800 266 6688 / 1800 300 66688</b> Available Between 8:00 am - 8:00 pm on weekdays	Please note our investor service email id <b>investormf@bandhanamc.com</b>	<b>www.bandhanmutual.com</b>
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# SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM



DISTRIBUTOR / BROKER INFORMATION				TIME STAMPING
Name & Broker Code / ARN / RIA	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee	
ARN- (ARN stamp here)	ARN-			

\*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First / Sole Applicant / Guardian / Authorised Signatory

**EXISTING UNIT HOLDER INFORMATION** (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

**MANDATORY** Name of the First Holder

Folio No.  PAN/PERN (mandatory)  Enclosed  PAN/PERN Proof  KYC Compliant

SWITCH CUM SYSTEMATIC WITHDRAWAL PLAN  SYSTEMATIC WITHDRAWAL PLAN

**SWITCH OPTION** (To be filled along with SWP section below)

I wish to switch ₹  OR Units

FROM Scheme  Plan  Regular  Direct

Option  Growth  Dividend  Dividend Payout  Dividend Reinvestment  Dividend Frequency

TO Scheme  Plan  Regular  Direct

Option  Growth  Dividend  Dividend Payout  Dividend Reinvestment  Dividend Frequency

**SYSTEMATIC WITHDRAWAL PLAN**

Scheme  Plan  Regular  Direct

Option  Growth  Dividend  Dividend Payout  Dividend Reinvestment  Dividend Frequency

SWP Period Start  End  (If start date is not mentioned default start month will be 13th month.) (If End date is not mentioned SWP will be effected till funds are available)

Option#	Frequency	Date	Amount (₹)
<input type="checkbox"/> Fixed Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> Others	₹ <input type="text"/>
<input type="checkbox"/> Percentage Withdrawal of Specified Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> Others	<input type="checkbox"/> 5% p.a. <input type="checkbox"/> 7% p.a. <input type="checkbox"/> 9% p.a. <input type="checkbox"/> Other (Not less than 5%) <input type="text"/>
	Specified Amount (Minimum ₹ 50,000/-) <input type="text"/>		₹ (in words) <input type="text"/>
<input type="checkbox"/> Capital Appreciation**	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> Others	N. A.

#Please tick only one Option. \*Capital Appreciation : Start date for Capital appreciation under SWP is the date from which capital appreciation, if any, will be calculated till the first withdrawal date. \*\*Refer instructions

**YEARLY SWP TOP-UP (OPTIONAL)** (Refer instruction no. E)

Amount  500  1000  Other  in multiples of 500 OR  Percentage  3% (default)  4%  5%  Other  in multiples of 1%, not decimal

\*SWP TOP-UP facility not available for Capital Appreciation Option.

**DECLARATION & SIGNATURES**

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of \*IDFC Asset Management Company Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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 Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I/We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to \*IDFC Asset Management Company Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

\*Unitholders are requested to note that the name of 'IDFC Asset Management Company Limited' would be changed to 'Bandhan AMC Limited' or any other name as may be approved by Regulatory Authorities in due course.

First / Sole Applicant / Guardian / Authorised Signatory  Second Applicant  Third Applicant  POA Holder

## ACKNOWLEDGMENT - SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM



Name of the First Holder  Folio No.

SWP Scheme  Plan  Option

Frequency  Date  Amount (₹) / Percentage

STAMP & SIGNATURE

# Registration Form for Systematic Transfer Plan and IDCW Sweep Plan



DISTRIBUTOR / BROKER INFORMATION			TIME STAMPING
Name & Broker Code / ARN / RIA / PMRN	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee
ARN- (ARN stamp here)	ARN-		

\*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

#By mentioning RIA / PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

**X**

Signature of First / Sole Applicant /  
Guardian / Authorised Signatory

## EXISTING UNIT HOLDER INFORMATION (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

<b>MANDATORY</b>	Name of the First Holder																						
	Folio No.											PAN/PERN (mandatory)									Enclosed	<input type="checkbox"/> PAN/PERN Proof	<input type="checkbox"/> KYC Compliant
	KIN											KYC Identification Number											

## SYSTEMATIC TRANSFER PLAN (STP) (Please read overleaf instructions carefully)

FROM Scheme	Bandhan	Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____			
TO Scheme	Bandhan	Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____			

## SYSTEMATIC TRANSFER PLAN - FIXED

Transfer Frequency (Please tick (✓) any one of the below frequencies)

Daily

Weekly - Daywise (Transfer on every Monday of the month)

Weekly - Datewise (Transfer date will be 7<sup>th</sup>/14<sup>th</sup>/21<sup>st</sup>/28<sup>th</sup> of the month)

Fortnightly (Transfer date will be 1<sup>st</sup>/16<sup>th</sup> of the month)

Monthly (Any day of the month except 29<sup>th</sup>, 30<sup>th</sup> & 31<sup>st</sup>)

## SYSTEMATIC TRANSFER PLAN - CAPITAL APPRECIATION

Transfer Frequency (Please tick (✓) any one of the below frequencies)

Monthly

Quarterly

Half Yearly

Annual

Any day of the month except 29<sup>th</sup>, 30<sup>th</sup> & 31<sup>st</sup>.

Transfer Instalment ₹  ₹ in words

STP Period Start       End       OR No. of Installments  (Please select either Period or no. of instalments)

## IDCW SWEEP OPTION

FROM Scheme	Bandhan	Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option	<input type="checkbox"/> IDCW (Not available under Growth Option) <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____			
TO Scheme	Bandhan	Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____			

## DECLARATION & SIGNATURES

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of IDFC Asset Management Company Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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 Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to IDFC Asset Management Company Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

\* Unitholders are requested to note that the name of IDFC Asset Management Company Limited would be changed to Bandhan AMC Limited or any other name as may be approved by Regulatory Authorities in due course.

<b>X</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
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# MULTIPLE BANK ACCOUNTS REGISTRATION FORM

(Multiple Banks / Bank Change / Default Bank / Deletion)



**\*\*IMPORTANT INFORMATION:**

(i) This form is applicable only for existing unit holders holding units in physical mode. (ii) Please refer overleaf for instructions to fill the form and on documentation requirement. (iii) Please tick the section applicable and strike-off other unused section to prevent misuse. (iv) Please fill-in information in legible **ENGLISH CAPITAL LETTERS**.

**UNIT HOLDER INFORMATION (Mandatory)**

Folio No	PAN/PEKRN	KYC ID (KIN)
Name (Should match with PAN/PERN Card)		

**A ADDITION OF BANK ACCOUNTS**

If you are changing an existing bank account with a new one for redemption/IDCW proceeds in future, please mention the new bank account in Part A as well as in Part B. If the new bank account is not mentioned in Part B, redemption/IDCW proceeds will be sent to existing default bank account only. For each bank account mentioned in Part A, Investors should submit originals of any one of the documents mentioned below. If copies are submitted, the same should be attested by the Bank or originals should be produced for verification.

Please register my/our following additional bank accounts for all investments in my/our folio. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/we understand that the bank accounts listed below shall be taken up for registration in my/our folio and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of nonindividuals.

<b>1</b> Bank Account no.		<b>Account Type</b>
Bank Name		<input type="checkbox"/> Savings <input type="checkbox"/> Current
MICR Code*	9 digit IFSC Code# 11 digit	<input type="checkbox"/> NRE <input type="checkbox"/> NRO
Branch Name	Branch City	<input type="checkbox"/> FCNR <input type="checkbox"/> Others
Document/s attached: (tick one)	<input type="checkbox"/> Cancelled Cheque with name and account number pre-printed <input type="checkbox"/> Certified Copy of Pass book	<input type="checkbox"/> Bank statement <input type="checkbox"/> Banker Letter (please specify)

<b>2</b> Bank Account no.		<b>Account Type</b>
Bank Name		<input type="checkbox"/> Savings <input type="checkbox"/> Current
MICR Code*	9 digit IFSC Code# 11 digit	<input type="checkbox"/> NRE <input type="checkbox"/> NRO
Branch Name	Branch City	<input type="checkbox"/> FCNR <input type="checkbox"/> Others
Document/s attached: (tick one)	<input type="checkbox"/> Cancelled Cheque with name and account number pre-printed <input type="checkbox"/> Certified Copy of Pass book	<input type="checkbox"/> Bank statement <input type="checkbox"/> Banker Letter (please specify)

<b>3</b> Bank Account no.		<b>Account Type</b>
Bank Name		<input type="checkbox"/> Savings <input type="checkbox"/> Current
MICR Code*	9 digit IFSC Code# 11 digit	<input type="checkbox"/> NRE <input type="checkbox"/> NRO
Branch Name	Branch City	<input type="checkbox"/> FCNR <input type="checkbox"/> Others
Document/s attached: (tick one)	<input type="checkbox"/> Cancelled Cheque with name and account number pre-printed <input type="checkbox"/> Certified Copy of Pass book	<input type="checkbox"/> Bank statement <input type="checkbox"/> Banker Letter (please specify)

<b>4</b> Bank Account no.		<b>Account Type</b>
Bank Name		<input type="checkbox"/> Savings <input type="checkbox"/> Current
MICR Code*	9 digit IFSC Code# 11 digit	<input type="checkbox"/> NRE <input type="checkbox"/> NRO
Branch Name	Branch City	<input type="checkbox"/> FCNR <input type="checkbox"/> Others
Document/s attached: (tick one)	<input type="checkbox"/> Cancelled Cheque with name and account number pre-printed <input type="checkbox"/> Certified Copy of Pass book	<input type="checkbox"/> Bank statement <input type="checkbox"/> Banker Letter (please specify)

**B DEFAULT BANK ACCOUNT**

If you are changing an existing default bank account with new one for redemption/IDCW proceeds in future, please mention the new bank account in Part A as well as in Part B. From among the bank accounts mentioned above or those already registered with you, please register the following bank account as a Default Bank Account for payment of future redemption and/or IDCW proceeds, if any, in the above mentioned folio:

Bank Account No.  Bank Name

**Declaration and Signatures (for Part A and B) (Mandatory)**

I/We have read and understood the terms and conditions of bank accounts registration and agree to abide by the same. I/We understand that my/our request will be executed only if it is filled properly with all details mentioned properly and necessary documents are attached, as applicable, failing which the request will be rejected. I/We will not hold Bandhan Mutual Fund, the AMC and the Registrar liable for any loss due to delayed execution or rejection of the request.

<input checked="" type="checkbox"/> Sole / First Applicant / Unit holder	<input type="checkbox"/> Second Applicant / Unit holder	<input type="checkbox"/> Third Applicant / Unit holder
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**BANDHAN MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)**



Folio No

Received from Name

From  Registration of Multiple Bank  Change in Bank Details  Deletion of Bank Details

Stamp & Signature

**C BANK ACCOUNT DELETION REQUEST**

Bank Account Number	<input type="text"/>	Bank Name	<input type="text"/>
Bank Account Number	<input type="text"/>	Bank Name	<input type="text"/>
Bank Account Number	<input type="text"/>	Bank Name	<input type="text"/>
Bank Account Number	<input type="text"/>	Bank Name	<input type="text"/>

Deletion of an existing default bank account is not permitted unless the investor mentions another registered bank account as a default account in Section B of this Form.

**Declaration and Signatures (for Part C) (Mandatory)**

I/We have read and understood the terms and conditions of bank accounts registration and agree to abide by the same. I/We understand that my/our request will be executed only if it is filled properly with all details mentioned properly and necessary documents are attached, as applicable, failing which the request will be rejected. I/We will not hold Bandhan Mutual Fund, the AMC and the Registrar liable for any loss due to delayed execution or rejection of the request.

	<input type="text"/>	<input type="text"/>
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**Sole / First Applicant / Unit holder****Second Applicant / Unit holder****Third Applicant / Unit holder**

(To be signed by all applicants/unit holders if mode of holding is 'Joint'.)

**DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS FORM**

REQUEST TYPE	SUPPORTING DOCUMENTS TO BE SUBMITTED #
Change in Default bank account only	(1) Proof of any one of the existing bank accounts in the folio, AND (2) Proof of the new default bank account mentioned in this application form.
Bank account addition	(1) Proof of any one of the existing bank accounts in the folio, AND (2) Proof of the new bank account(s) which have to be added to the list of bank account registered in the folio
Delete existing bank accounts	Proof of any one of the existing bank accounts in the folio.

#Any one of the following documents are valid supporting documents for a bank account.

**INSTRUCTIONS AND TERMS AND CONDITIONS**

- Bandhan Mutual Fund offers its unitholders, a facility to register more than one bank account in their folio/s. Individuals, HUFs, Sole proprietor firms can register upto five bank accounts and a non-individual investor can register upto ten bank accounts in a folio. Any more bank accounts, even if mentioned or provided, will not be registered unless accompanied by deletion request to delete any existing bank accounts.
- Unitholder(s) are strongly advised to register their various bank accounts and continuously update the bank account details with the mutual fund, using this facility well in advance and specify any one of registered bank account for payment of redemption proceeds with each redemption request. If any of the registered bank accounts are closed/ altered, please intimate such change with an instruction to delete/alter it from our records using this form.
- Bank registration/deletion request from unitholder/s will be accepted and processed only if all the details and necessary documents are attached. The request is liable to be rejected if it is not filled completely and in case of any ambiguous/incorrect/incomplete information.
- The first/sole unit holder in the folio should be amongst any one of the bank account holders. Unit holder(s) cannot provide the bank account(s) of any other person or where the first/sole unitholder is not an account holder in the bank account provided.
- Unitholder(s) need to attach any one of the following mandatory documents in original, in respect of each bank account for registering the bank accounts, failing which the particular bank account will not be registered. This will help in verification of the account details and register them accurately.  
Cancelled cheque of the new bank mandate with first unit holder name and bank account number printed on the face of the cheque OR a Self attested bank statement OR self-attested copy of the Bank passbook with current entries (not older than 3 months) OR Bank Letter duly signed by branch manager/authorized personnel  
AND Cancelled cheque of the existing (old) bank mandate with first unit holder name and bank account number printed on the face of the cheque OR original bank account statement / Pass book OR original letter issued by the bank on the letterhead confirming the bank account holder with the account details, duly signed and stamped by the Branch Manager OR in case such bank account is already closed, a duly signed and stamped original letter from such bank on the letter head of bank, confirming the closure of said account
  - If photocopy of any documents is submitted, the copy should be certified by the bank or investors must produce original for verification.
  - All documents submitted should clearly evidence the bank name, account number and name of all account holders.
- While registering multiple bank accounts, the unitholder(s) has to specify any one bank account as the 'Default Bank Account'. If the 'Default Bank Account' is not specified, the fund reserves the right to designate any of the bank accounts as 'Default Bank Account'. Default Bank Account will be used for all IDCW payouts and redemption payouts under circumstances mentioned below.
  - No other registered bank account is specified in the specific redemption request for receiving redemption proceeds.
  - A new non-registered bank account is specified in the specific redemption request for receiving redemption proceeds.
  - Maturity proceeds of investments in Fixed Maturity Plans (i.e. FMPs).
- The investors can change the default bank account by submitting this form. In case multiple bank accounts are opted for registration as default bank account, the mutual fund retains the right to register any one of them as the default bank account at its discretion.
- Bank Account Details with Redemption Request: Please note the following important points related to payment of redemption proceeds:
  - Proceeds of any redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing.
  - Investor may choose to mention any of the existing registered bank account with redemption request for receiving redemption proceeds. If no registered bank account is mentioned, default bank account will be used.
  - If unitholder(s) provide a new and unregistered bank mandate with a specific redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds.

AMC will follow the concept of cooling period as enumerated in AMFI circular number 135/BP/17/10-11 dated October 22, 2010, whenever any change of bank mandate request is received / processed few days prior to submission of a redemption request or on the same day as a standalone change request.

The entire activity of verification of cooling period cases and release of redemption payment shall be carried out within the period of 10 working days from the date of redemption. This is in accordance with sub clause (c) of Regulation 53 of the Securities and Exchange Board of India (Mutual Fund) regulations, 1996 and SEBI circular no. SEBI/MFD/CIR/2/266/2000 dated 19th May 2000.

In case a redemption request is received before the change of bank details has been validated and registered, the redemption request would be processed to the currently registered (old) bank account.
- The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.
- This facility of multiple bank registration request or any subsequent addition/ change/ deletion in the registered bank accounts would be effected within 10 business days from the receipt of a duly completed application form and a confirmation letter will be sent within 15 business days. Unitholder(s) should preserve this letter for their reference, as the account statement will reflect default bank mandate only.
- If in an NRI folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be SB/ NRO/ NRE.
- The requests for addition/change/deletion/modification in the registered bank account(s) should be submitted using the designated application form only. Requests received on a plain paper are liable to be rejected.
- Bandhan Mutual Fund, AMC, its registrar and other service providers shall not be held liable for any loss arising to the unit holder(s) due to the credit of the redemption proceeds into any of the bank accounts registered in the folio.

# Third Party Payment Declaration Form



Third Party Payment Declaration Form should be completed in English and in BLOCK LETTERS only.  
(Please read the Third Party Payment Rules and Instructions carefully before completing this Form)

Declaration Form No.

## FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Branch Trans. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1. BENEFICIAL INVESTOR INFORMATION (Refer Instruction No. 2)

Folio No. (For existing investor)  Application No.

NAME OF FIRST/SOLE APPLICANT (Beneficial Investor)  Mr. Ms. M/s.

### 2. THIRD PARTY INFORMATION (Refer Instruction No. 3)

NAME OF THIRD PARTY (Person Making the Payment)  Mr. Ms. M/s.

Nationality  PAN/PERN#  #Mandatory for any amount. Please attach PAN/PERN Proof. Refer instruction No. 6. \*\* Refer instruction No. 8.

KYC\*\* (Please ✓)  Attached (Mandatory for any amount)

NAME OF CONTACT PERSON & DESIGNATION (In case of non-Individual Third Party)

Mr. Ms. M/s.

Designation

MAILING ADDRESS (P.O. Box Address may not be sufficient)

City  State  Pin Code

CONTACT DETAILS

Off.  Res.  STD Code  Tel.  Mobile

Fax  Email

### RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) [Please ✓ ("") as applicable]

Status of the Beneficial Investor	FPI	Employee (s)
	<input type="checkbox"/> Client	
Relationship of Third Party with the Beneficial Investor	Custodian SEBI Registration No. of Custodian Registration Valid Till <input type="text"/>	Employer
Declaration by Third Party	I/We declare that the payment is made on behalf of FPI Client and the source of this payment is from funds provided to us by FPI Client.	I/We declare that the payment is made on behalf of employee(s) under Systematic Investment Plans through Payroll Deductions.

### 3. THIRD PARTY PAYMENT DETAILS (Refer Instruction No. 4)

Mode of Payment [Please ✓ (/)]	Mandatory Enclosure(s)*
Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order <input type="checkbox"/>	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument.
Demand Draft <input type="checkbox"/>	
Banker's Cheque <input type="checkbox"/>	
RTGS <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.
NEFT <input type="checkbox"/>	
Fund Transfer <input type="checkbox"/>	

\* Bandhan Mutual Fund/IDFC Asset Management Company Limited ("IDFCAMC") reserves the right to seek information and/or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

Amount#  in figures  in words

Cheque/DD/PO/UTR No  Cheque/DD/PO/RTGS Date

Pay- in Bank A/c No.

Mr. Ms. M/s.

Name of the Bank  Branch

Bank City  Account Type [Please ✓]  Savings  Current  NRE  NRO  FCNR  Others  (please specify)

# including Demand Draft charges, if any.

\*Unitholders are requested to note that the name of 'IDFC Asset Management Company Limited' would be changed to 'Bandhan AMC Limited' or any other name as may be approved by Regulatory Authorities in due course.

#### 4. DECLARATIONS & SIGNATURE/S (Refer Instruction 5)

##### THIRD PARTY DECLARATION

I/We confirm having read and understood the Third Party Payment rules, as given below and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct, which Bandhan Mutual Fund is entitled to verify directly or indirectly. I agree to furnish such further information as Bandhan Mutual Fund may require from me/us. I/We agree that, if any such declarations made by me/us are found to be incorrect or incomplete, Bandhan Mutual Fund/ \*IDFC Asset Management Company Limited is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/us and shall have absolute discretion to reject / not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies.

I/We hereby declare that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We will assume personal liability for any claim, loss and/or damage of whatsoever nature that Bandhan Mutual Fund/\*IDFC Asset Management Company Limited may suffer as a result of accepting the aforesaid payment from me/us towards processing of the transaction in favour of the beneficial investor(s) as detailed in the Application Form.


##### Applicable to NRIs only :

I/We confirm that I am/We are 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.

Please (✓)  Yes  No

If yes, (✓)  Repatriation basis  Non-repatriation basis

*\*Unitholders are requested to note that the name of 'IDFC Asset Management Company Limited' would be changed to 'Bandhan AMC Limited' or any other name as may be approved by Regulatory Authorities in due course.*

 Signature of the Third Party


##### BENEFICIAL INVESTOR(S) DECLARATION

I/We certify that the information declared herein by the Third Party is true and correct.

I/We acknowledge that Bandhan Mutual Fund reserves the right in its sole discretion to reject/not process the Application Form and refund the payment received from the aforesaid Third Party and the declaration made by the Third Party will apply solely to my/our transaction as the beneficial investor(s) detailed in the Application Form. Bandhan Mutual Fund/ \*IDFC Asset Management Company Limited will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction due to occurrences beyond the control of Bandhan Mutual Fund/\*IDFC Asset Management Company Limited.

*\*Unitholders are requested to note that the name of 'IDFC Asset Management Company Limited' would be changed to 'Bandhan AMC Limited' or any other name as may be approved by Regulatory Authorities in due course.*

##### SIGNATURE/S

		
First / Sole Applicant / Guardian	Second Applicant	Third Applicant

##### THIRD PARTY PAYMENT RULES

1 In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "risk mitigation process against third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions

2a. The following words and expressions shall have the meaning specified herein:

- "Beneficial Investor" is the first named applicant/ investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
- "Third Party" means any person making payment towards subscription of Units in the name of the Beneficial Investor.
- "Third Party payment" is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

##### Illustrations

**Illustration 1:** An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

**Illustration 2:** An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

**Illustration 3:** An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in name of A. This will not be considered as Third Party payment.

- Bandhan Mutual Fund/ IDFC Asset Management Company Limited ('IDFC AMC') will not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:
  - Payment by Employer on behalf of employee(s) under Systematic Investment Plan (SIP) Payroll deductions and Lumpsum.
  - Custodian on behalf of an FPI or a Client.
- Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected / not processed / refunded.
  - Mandatory KYC for all investors (guardian in case of minor) and the person making the payment i.e. third party.
  - Submission of a complete and valid 'Third Party Payment Declaration Form' from the investors and the person making the payment i.e. third party.
- Investor(s) are requested to note that any application for subscription of Units of the Scheme(s) of Bandhan Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in Rule (2b) above is liable for rejection without any recourse to Third Party or the applicant investor(s).

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