INVESTMENT SERVICES FORM (ISF)

IndusInd Bank

							* Fields Mandatory
Registration No.:		(Please	e fill in Block le	tter and 🗸 releval	nt boxes)	ARN-063	3 / IBLON
	to open an Investment Services	Account to transact	in Mutual Fur	ds and link the same	to the existing/ ne	w Bank account n	nentioned below
ACCOUN	IT HOLDER DETAILS						
INVESTMENT SEF	RVICES ACCOUNT HOLDERS:						
Primary Holder:							
1 st Joint Holder:							
2 nd Joint Holder:							
Guardian Name:							
	(In case the first applicant is a Minor) PAN No.:			Customer ID:			
Karta Name:							
	(In case the first applicant is a HUF)						
	PAN No.:			Customer ID:			
Tax Status:	Resident NRI-Re	patriable	HUF	Proprietorship	NRI-Non R	epatriable	Minor
Occupation:	Private Sector Service	Public Se	ctor Service	Retired	Hou	sewife	Professional
	Student	Business		Agricult	curist Oth	ers	
	Primary Holder/ Guardia	n/ Karta	1	Joint Holder		2 nd Joint Ho	der
PAN (Mandatory)							
Customer ID							
	CVL KRA Verified		CVL	KRA Verified		CVL KRA Verifie	ed 🗌
IndusInd Bank	A/c No.:		AC	F Application No.:			
(in case of existing	g customer)			case of new account)			
Mode of Operatio		or Survivor	ISF PAN and	CVL KYC compliance details	are mandatory for all Hold	lers that form part of Mu	tual Fund Holding Pattern
	Minor through Guardians						
LINKED A	ACCOUNTS (Mandatory. P	ease provide info	rmation for a	least One Account	t)		
A/c. Number		A/c. Number			A/c. Number		
Customer ID		Customer ID			Customer ID		
Sr. No.	1 st Holder 2 nd Holder	Sr. No.	1 st Holder	2 nd Holder	Sr. No.	1 st Holder	2 nd Holder
Name		Name			Name		
Signature		Signature			Signature		
CONTAC	t details						
Address (1 st Holde	er/ Guardian/ Karta) [:]						
City:				State:			
PIN:				Mobile: + 9 1			
Tel. Residence:	T D -			Tel. Office: S T D			
E-mail*:							
Overseas							
Address (Mandatory in case	of NRIs):						
City:			State:			PIN:	
Country:							_ <u>i i i i i</u>
· _			Mobile:	+ 9 1			
Tel. Residence:			Tel. Office:	S T D	-		
E-mail*:							

*(The product offering covers, product information, research reports / statement (if any) which would be sent regularly to this ID)

Nomination required: Yes No (Choose any one from the below mentioned options)													
I/ We have been explained about the benefits of the nomination facility. However, I/ we would like to inform you that I/ we do not wish to provide nomination for my/ our Mutual Fund units.													
I/We do hereby nominate the person on the DD day of MMYYYY in respect of units held by me/us.													
Name & Address (of Nominee):													
Date of Birth (If nominee is minor): D M M Y Y Y													
Name of Guardian (Mandatory - If nominee is minor): Relationship with minor:													
Address of Guardian: Signature of Guardian (Mandatory - If nominee is minor)													

DECLARATION

I/We hereby declare that all the information and statements provided in the application form and all related documents are true, correct and accurate to the best of my/our knowledge. I/We hereby accept that any misrepresentation contained therein shall lead to my/our application being rejected, and the Bank shall be at liberty to take relevant legal recourse. Further, in the event of any change or modification in any of the information provided in the application form and/ or any related document, I/We hereby undertake to notify the same to the Bank immediately in writing.

Mandate:

I/We authorise IndusInd Bank Ltd. to link the above mentioned IndusInd Bank Account/ New account maintained/being opened by me/us to the Investment Services Account and to transfer funds in any form and manner including but not limited to by way of debit/ credit of my/our account, and issue pay-orders/ demand drafts/banker's cheque, from my/our account for the purchase, redemption, switch, receipt of dividends or any such acts for Mutual Fund units in pursuance of the instructions given by me/us from time to time. I/We hereby state that all the acts, deeds and things done by the Bank based on such instructions shall be binding on me/us. This mandate by me/us is to be adhered to by the Bank in respect of all actions permitted by the RBI and/or relevant regulations as applicable from time to time. I/We, the second and or third holders, irrevocably constitute the first holder as my/ our agent. I/We, the second and third holders agree that the instructions given by the first holder to purchase mutual funds would be funded through the Bank account mentioned herein. I/We, the second and third holders agree that the instructions may be given by the first holder in the name of the first holder only or first holder jointly with any other person to the exclusion of second & third holders. The second and the third holders will not raise any objections to the Bank acting on such instructions.

Signature of the P	Primary Holder (ISL)	Signature of 1 st Holder (ISL)	Signature of 2 nd Holder (ISL)
*Mandatory: All applica	ints need to be KYC compliant f	br opening Investment Service Account	
FOR OFFICE			
CHECK LIST	OJE ONEI		TICK HER
Received & Checked by:			ECN:
Entered by:			
Referrer Name:			ECN:
Sourcer Name:			ECN:
Sourcer EUIN:			
Branch Name:			Branch Code:
Branch City:			Account Type:
Account No.:			
iWorkS No. (ISA):			Introducer & Manager CSOP/
AOF No. (CASA):			Branch Manager
CVL KRA Compliance:	Yes No PAN:	Yes No Address Proof: Yes I	No
FATCA			
FATCA Submitted:	Yes No		
ACKNOWLE	DGEMENT SLIP INVES	STMENT SERVICES FORM (TO BE FI	LLED IN BY BANK STAFF)
Registration No.:		Date: D D N	
Received from:		Branch Name:	B

Annexure I - NOMINATION FORM

For use only by Individual	Unit Holders for reaisterina a Nomi	inee or cancelling an existing Nomination)
i or ase only by marriadar	ernerierer registering a nem	nee of cancening an existing noniniation,

Inv	estment Account No.:																	ils to b e strike							oloure	d ink?	and i	n BLC	ICK CA	PITALS.	
	REGISTRATION	O	= N(DMI	NA	TION	I DE	TAI	LS	(Pl	ease	e str	rike c	out i	fyou	ur re	que	est is	not	for r	egis	tratic	n o	f No	min	iee)					
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do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our Investment Account Number in the event of my												
our death. I/ We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof,												
shall be a valid discharge by the AMC/ Mutual Fund/ Trustees. This instruction supercedes all previous nominations made by me/ us in respect of the												
Investment Account Number indicated above.												

1 st Nominee D	etails	Guardian Details (if Nominee is a Minor, strike out if not applicable)						
Name:		Name:						
Address:		Address:						
City:		City:						
State:	PIN:	State: Signature of						
Allocation %: Date of Birth <i>(in</i>	case of Nominee is Minor): D M Y Y Y	Guardian (Mandatory)						
2 nd Nominee D	Details	Guardian Det	ails (if Nominee is a Minor, strike out if not applicable)					
Name:		Name:						
Address:		Address:						
City:		City:						
State:	PIN: PIN:	State:	PIN:					
Allocation %:		Signature of Guardian						
Date of Birth (in	case of Nominee is Minor):	(Mandatory)						
3 rd Nominee D	etails	Guardian Details (if Nominee is a Minor, strike out if not applicable)						
Name:		Name:						
Address:		Address:						
City:		City:						
State:	PIN:	State:	PIN:					
Allocation %:		Signature of Guardian						
Date of Birth (in	case of Nominee is Minor):	(Mandatory)						
CANCEL	LATION OF NOMINATION (Please strike out	if your request is no	pt for cancellation of Nomination)					
Cancel the nomin	nation made by me/ us in favour of the under mentioned in	respect of Units held	d by me/ us in the above referred Investment A/c No.					
Nominee Nam	e	Guardian Name (in	case of Nominee is Minor)					
Nominee 1:		Guardian of Nominee 1:						
Nominee 2:		Guardian of Nominee 2:						
Nominee 3:		Guardian of Nominee 3:						
		hout any further non	nination, it shall be construed as a deemed consent of that					
	having any nominee in the existing Investment A/c No. DER(c) SIGNATLIRE(c) (All Unit Holdors must							

UNIT HOLDER(S) SIGNATURE(S) (All Unit Holders must sign) - (Mandatory)

an application for Registration of Nominee Cancellation of Nominee in Investment Account No.

1 st Unit H	older	2 nd unit holder	3	rd unit holder	Date: D D M M Y Y Y Y			
ACKNOWL	EDGEMENT							
Received from	1 st unit holde	r2'	nd unit holder		3 rd unit holder			

IndusInd Bank

FATCACRS Declaration & Supplementary KYC Information Declaration Form for Individuals Please seek appropriate advice from your professional tax professional on your tax residency and related													
	Plea	ase seek a	appropriate a	dvice from		ional tax pr CRS guida		nal on	your tax i	residency an	d related		
PAN*													
Name			· · · · · · · · · · · · · · · · · · ·				<u> </u>			-			
	ype Residential Residential / Business KYC Business Registered Office												
Place of Birth	ı					Count Birth	ry of						
	Income Details 5-10 Lacs 10				5 Lacs)-25 Lacs 1 Crore	Occup Details [Pleas tick	5			Sector D	Professional Private Sector vice Housewife		
	Net Worth in INR. In Lacs [Optional]					one (v			Studen Forex E	t 🔲	Retired		
Net Worth Date [Optional] dd-mmm-yyyy													
Politically Exposed Person [PEP]	-		Applicable		to PEP	Any other					specify]		
* If PAN is not ava													
Is your Country	-		-				Yes]		. N.I	0.4	
If 'Yes', please s S No			Tax Resid		Tax Pay	er Identif Inctional	ication	Nun		Iden	tification	Туре	
1													
2													
3													
			than India, w	/here inves	tor is Citizer	n / Residen	t / Greei	n Car	d Holder	/ Tax Reside	ent in thos	e respective	
# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA Declaration: I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to porvide relevant information to advising me of by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to poccur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of													

Date:

Signature:

Place: