IndusInd Bank

Registration No.: _____ ARN 0633

INVESTMENT SERVICES FORM (ISF)

I/ We request you to open an Investment Services Account to transact in Mutual Funds and link the same to the existing / new Bank account mentioned below:
(Please fill in Block letter and ☑ relevant boxes)

ACCOUNT HOLDER DETAILS

Investment Service Account Holders

Primary Holder

1st Joint Holder

2nd 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

Status ☐ Resident ☐ HUF ☐ Non Resident Repatriable ☐ Proprietorship ☐ Non Resident Non Repatriable

Occupation ☐ Private Sector Service ☐ Public Sector Service ☐ Retired ☐ Housewife ☐ Professional ☐ Student ☐ Business ☐ Agriculturist ☐ Others

	Primary Holder /Guardian/ Karta	1st Joint Holder	2nd Joint Holder
PAN (Mandatory)			
Customer ID			
	CVL KRA Verified ☐	CVL KRA Verified ☐	CVL KRA Verified ☐

IndusInd Bank A/c No. (in case of existing customer)

AOF Application Number (in case of new account)

Mode of Operation ☐ Single ☐ Either or Survivor ☐ ISF

PAN and CVL KYC compliance details are mandatory for all Holders that form part of Mutual Fund Holding Pattern

LINKED ACCOUNTS (Mandatory. Please provide information for atleast One Account).

A/c Number			A/c Number			A/c Number		
Customer ID			Customer ID			Customer ID		
Sr. No.	1st Holder	2nd Holder	Sr. No.	1st Holder	2nd Holder	Sr. No.	1st Holder	2nd Holder
Name			Name			Name		
Signature			Signature			Signature		

CONTACT DETAILS

Address (1st Holder / Guardian / Karta)

City State

PIN Mobile + 9 1

Residence S T D - Office S T D -

E-mail*

Overseas Address (Mandatory in case of NRI's)

City State PIN

Country Mobile +

Residence S T D - 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 DETAILS (FOR MUTUAL FUND UNITS HELD) - (MANDATORY)

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 would like to inform you that I do not wish to provide nomination for my Mutual Fund units.

☐ I/We _____ do hereby nominate the person on the D D day of M M M M M Y Y Y Y Y Y Y Y Y in respect of units held by me/us.

Name& Address (of Nominee) _____

Date of Birth (If nominee is minor) D D M M Y Y Y Y Relationship with Applicant: _____

Name of Guardian (Mandatory - If nominee is minor) Relationship with minor

Address of Guardian Signature of Guardian (Mandatory - If nominee is minor)

DECLARATION

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 knowledge. I hereby accept that any misrepresentation contained therein shall lead to my 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 hereby undertake to notify the same to the Bank immediately in writing.'

Mandate:

I/ We authorize 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/ bankers 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 name of the first holder only or first holder jointly with any other persons 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.

Date: _____ **Place:** _____

Signature of the Primary Holder (ISL)	Signature of 1st holder (ISL)	Signature of 2nd holder (ISL)

*Mandatory: All applicants needs to be KYC compliant for opening Investment Service Account

FOR OFFICE USE ONLY

CHECK LIST **TICK HERE**

Received & Checked by _____ ECN _____

Entered by _____ ECN _____

Referrer name _____ ECN _____

Sourcer Name _____ ECN _____

Sourcer EUIN _____

Branch Name _____ Branch Code _____

Branch City _____

Account No. _____ Account Type _____

iWorkS number(ISA) _____

AOF Number (CASA) _____

CVL KRA Compliance ☐ Yes ☐ No

PAN ☐ Yes ☐ No Address proof ☐ Yes ☐ No

Introducer & Manager CSOP / Branch Manager

FATCA

FATCA Submitted ☐ Yes ☐ No

AF/SF/02/04-15/ Version 2

Acknowledgement Slip Investment Services Form (To be filled in by Bank Staff)

Registration No._____ Date D D M M Y Y Y Y

Received from _____ Branch Name: _____

Signature of Introducer & Manager CSOP / Branch Manager _____

Bank Seal

IndusInd Bank

Annexure 1 - NOMINATION FORM

(For use only by Individual Unit Holders for registering a Nominee or cancelling an existing Nomination)

Details to be filled in English, in black / dark-coloured ink and in BLOCK CAPITALS. Please strike out any sections not required.

Investment Account No

1. REGISTRATION OF NOMINATION DETAILS (Please strike out if your request is not for registration of Nominee)

I/We NAME OF 1ST UNIT HOLDER

NAME OF 2ND UNIT HOLDER

NAME OF 3RD UNIT HOLDER

do hereby nominate the undermentioned Nominee to receive the Units allotted to my / our credit in my 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 in respect of the Investment Account Number indicated above.

1st Nominee details				**Guardian details** (if Nominee is a Minor, strike out if not applicable)			
Name				Name			
Address				Address			
City		Pin code		City		Pin code	
State		Country		State		Country	
Allocation %				Signature of Guardian (Mandatory)			
Date of Birth (in case of Nominee is Minor)	DD/MM/YYYY						

2nd Nominee details				**Guardian details** (if Nominee is a Minor, strike out if not applicable)			
Name				Name			
Address				Address			
City		Pin code		City		Pin code	
State		Country		State		Country	
Allocation %				Signature of Guardian (Mandatory)			
Date of Birth (in case of Nominee is Minor)	DD/MM/YYYY						

3rd Nominee details				**Guardian details** (if Nominee is a Minor, strike out if not applicable)			
Name				Name			
Address				Address			
City		Pin code		City		Pin code	
State		Country		State		Country	
Allocation %				Signature of Guardian (Mandatory)			
Date of Birth (in case of Nominee is Minor)	DD/MM/YYYY						

2. CANCELLATION OF NOMINATION (Please strike out if your request is not for cancellation of Nomination)

NAME OF 1ST UNIT HOLDER

NAME OF 2ND UNIT HOLDER

NAME OF 3RD UNIT HOLDER

Cancel the nomination made by me/ us in favour of the under mentioned in respect of Units held by me/ us the above referred Investment A/c No.

Nominee Name	**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

(If the mode of holding is single & the existing nomination(s) is cancelled without any further nomination, it shall be construed as a deemed consent of that investor for not having any nominee in the existing Investment Account Number.)

3. UNIT HOLDER(S) SIGNATURE(S) (MANDATORY) (ALL UNIT HOLDERS must sign)

Date DD/MM/YYYY

1st unit holder	2nd unit holder	3rd unit holder

ACKNOWLEDGMENT

Received from _____1st unit holder_____ _____2nd unit holder_____ _____3rd unit holder_____

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

Nomination/2015/Ver.01

FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency and related FATCA & CRS guidance

PAN*										
Name										
Address Type *[for KYC address]*	☐ Residential ☐ Business				☐ Residential / Business ☐ Registered Office					
Place of Birth					Country of Birth					
Gross Annual Income Details in INR Net Worth in INR. In Lacs *[Optional]* Net Worth Date *[Optional]*	☐ Below 1 Lakh ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 Cr ☐ > 1 Crore _____ *dd-mmm-yyyy*				Occupation Details [Please tick any one (√)]	☐ Business ☐ Professional ☐ Public Sector ☐ Private Sector ☐ Government Service ☐ Agriculturist ☐ Housewife ☐ Student ☐ Retired ☐ Forex Dealer ☐ Others [Please specify] _____				
Politically Exposed Person [PEP]	☐ Yes ☐ Related to PEP ☐ Not Applicable				Any other information *[if applicable]*	*[Please specify]*				

* If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India – ☐ Yes ☐ No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type *[TIN or other, please specify]*
1			
2			
3			

 # 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 keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / 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 occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same

Date: Signature:

Place:

KARVY Computershare

Supplementary KYC Information & FATCA-CRS Declaration - *Individuals* & HUF

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

PAN* | Folio No. *If PAN is not available*

Name | Gender M F O

Type of address given at KYC KRA: Residential | Residential or Business | Business | Registered Office

Place of Birth

Country of Birth

Nationality

Gross Annual Income Details in INR: Below 1 Lakh | 1 - 5 Lacs | 5 - 10 Lacs | 10 - 25 Lacs | 25 Lacs - 1 Crore | > 1 Crore

Net Worth in INR. In Lakhs

₹. _____

Net Worth as on D D M M Y Y Y Y

Occupation Details: Business | Private Sector | Proffessional | Government Service | Public Sector | Agriculturist | Housewife | Student | Retired | Forex Dealer | Others [Please specify]

Politically Exposed Person [PEP]: Yes | Related to PEP | Not Applicable

Are you a tax resident of any country other than India? Yes | No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country#	Tax Identification Number%	Identification Type *(TIN or Other, please specify)*

#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 equivalent $

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.

Signature

Date d d m m y y y y

Place

For investor convenience, Karvy Computershare is collecting this mandatory information for updating across all participating Karvy Serviced Mutual Funds (list in the cover email / letter) where you are already an investor or would become an investor in future.

Please submit the form duly filled, signed, for all the holders, separately, and submit at your nearest Karvy Computershare branch or you can dispatch the hard copy to -

Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B
Unit – FATCA / CRS / UBO
Plot Nos. 31 & 32 | Financial District | Nanakramguda
Serilingampally Mandal | Hyderabad - 500032 | India

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F 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.

It is important that you respond to our request, even if you believe you have already supplied any previously requested information.