

# APPLICATION FORM FOR TAX STATUS CHANGE

For existing unitholders holding units in physical mode. The relevant section to be filled-in are indicated in the title of respective section. Please fill in the information below in English and in Block Letters.



**Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use**

Date 

D	D	M	M	Y	Y	Y	Y
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**1 UNITHOLDER'S INFORMATION (Mandatory)**

Folio No(s).		PAN							
Sole/1st Applicant									

**2 CHANGE IN TAX STATUS**     RI to NRI     NRI to RI

For existing SIP please attach the following:     OTM Modification Form     USA/Canada Declaration (only applicable to NRI from USA and Canada)

**3 NEW BANK MANDATE/MODE OF PAYMENT**     SB to NRO     NRO to SB     NRE to SB

Proof of bank account is mandatory where the account type changes even though the account number is the same.

**Old Bank details**

Bank Name																	
Bank Account Number																	
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> Other _____											
Bank Address																	
City								PIN Code									
IFSC Code (11 digit)											MICR Code (9 digit)						

**New Bank details**

Bank Name																	
Bank Account Number																	
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> Other _____											
Bank Address																	
City								PIN Code									
IFSC Code (11 digit)											MICR Code (9 digit)						

**Documents to be submitted by investor**

<p><b>Existing bank details (Any one of the following)</b></p> <p><input type="checkbox"/> A cancelled original cheque leaf/Self attested copy of cancelled cheque*</p> <p><input type="checkbox"/> Photocopy of bank passbook or bank account statement (Having entries not older than 3 months)</p> <p><input type="checkbox"/> Letter from the bank should be on the letter head of the bank with employee name, code and designation of the banker (mandatorily).</p>	<p><b>New bank details (Any one of the following)</b></p> <p><input type="checkbox"/> A cancelled original cheque leaf/Self attested copy of cancelled cheque*</p> <p><input type="checkbox"/> Photocopy of bank passbook or bank account statement (Having entries not older than 3 months)</p> <p><input type="checkbox"/> Letter from the bank should be on the letter head of the bank with employee name, code and designation of the banker (mandatorily).</p>
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\*Account number and name of the first unit holder should be printed on the face of the cheque.

**4 NEW CONTACT DETAILS**

Mobile No.		Email ID	
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Email address Mobile No. specified above belongs to self or family, due to investor being (Please (✓) any one option from below)

- Self   
  Spouse   
  Guardian (for Minor investment)   
  Dependent Children   
  Dependent Parents   
  Dependent Siblings   
  POA   
  PMS   
  Custodian

**ACKNOWLEDGEMENT SLIP FOR APPLICATION FORM FOR TAX STATUS CHANGE (To be filled in by the Investor) Updation will be subject to Validations**

Shriram Mutual Fund: Head Office: 511-512, Meadows, Sahar Plaza, J. B. Nagar, Andheri (East), MUMBAI – 400 059

<b>DATE</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<b>FOLIO NO.</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
D	D	M	M	Y	Y	Y	Y														

Received from Mr. / Ms. \_\_\_\_\_

ISC Stamp & Signature

**5 FATCA & CRS DETAILS**

Place of Birth	Country of Birth
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Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India?  Yes  No (Please tick (✓) any) If "NO" proceed for the signature of declaration

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 Function Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick the reason
			<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 Numbers to its residents.

Reason B  No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C  Others, please state the reason thereof: \_\_\_\_\_

**6 KYC DETAILS**

Occupation  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Proprietorship  Forex Dealer  Others (Please specify) \_\_\_\_\_

Gross Annual Income  Below 1 lac  1-5 lac  5-10 lac  10-25 lac  25 lac- 1 cr  > 1 cr

Others  I am Politically Exposed Person (PEP)  I am related to Politically Exposed Person (PEP)  Not Applicable

**7 DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and here by agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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 Alternative Investment fund from amongst which the Scheme is being recommended to me/us.

I/We hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield for this investment.

I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Alternative Investment fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

SIGNATURE (S)	_____	_____	_____
	First/ Sole Unit holder/ Guardian/ POA Holder	Second Unit holder	Third Unit holder

**Please note: Signature(s) should be as it appears in the folio/ on the Application Form and in the same order.  
In case the mode of holding is joint, all Unit holders are required to sign.**