## Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

## **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.



**Date** | D | D | M | M | Y | Y | Y | Y |

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

1. UNITHOLDER'S INFORMATION (Mandatory)	
Folio No.	PAN
Sole/1st Applicant	
2. CHANGE IN TAX STATUS RI to NRO NRI to RI	
For existing SIP please attach the following:   OTM Modification Form USA/C	anada Declaration (only applicable to NRI from USA and Canada)
3. NEW BANK MANDATE/MODE OF PAYMENT SB to NRO NRO NRO SB	■ NRE to SB
Not required if the bank accounts details are same	
OLD BANK DETAILS	
Bank Name	
Core bank account number	
Account Type Savings Current NRE NRO FCNR Other	
Bank Address	
City	PIN Code
IFSC Code (11 digit) MICR Code	9 digit)
NEW BANK DETAILS	
Bank Name	1
Core bank account number	
Account Type Savings Current NRE NRO FCNR Other	
Bank Address	PIN Code
City	
IFSC Code (11 digit) MICR Code (	9 digit)
Documents to be submitted by investor	
Existing bank details (Any one of the following)	New bank details (Any one of the following)
A cancelled original cheque leaf/Self attested copy of cancelled cheque*	A cancelled original cheque leaf/Self attested copy of cancelled cheque*
Photocopy of bank passbook or bank account statement (Having	Photocopy of bank passbook or bank account statement (Having
entries not older than 3 months)	entries not older than 3 months)
Letter from the bank	Letter from the bank
*Account number and name of the first unit holder should be printed on the fa	ace of the cheque.
4. NEW CONTACT DETAILS	
	estor being (Please (✓) any one option from below)
Mobile No. Email ID	action to a Colored ( ) and an artist from helevi)
Email address Mobile No. specified above belongs to self or family, due to inve The Email ID	istor being (Flease (v.) any one option from below)
belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ De	pendent Siblings 🗌 Dependent Parents 🔲 Guardian 🔲 PMS 🔲 Custodian 🔲 POA
The Mobile No.	
belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ De	pendent Siblings   Dependent Parents   Guardian   PMS   Custodian   POA
·	·
ACKNOWLEDGEMENT SLIP FOR SLIP FOR Change of Tax Status Form instead of ACKNOW	/LEDGEMENT SLIP FOR Email id / Mobile number undation Form
BAJAJ FINSERV ASSET MANAGEMENT LIMITED. 8th floor, E-Core, Solitaire Business Par	
Received from Mr. / Ms.	Collection Centre / Bajaj AMC Stamp & Signature
Application No.	
[For any queries please contact our nearest Investor Service Centre or call us at our TOLL FREE NUI	MBER: 1800 309 3900

EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

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5a. MAILING ADDRESS (A	Address as per KYC)									
Local Address of 1st Applic	ant									
	City									
State	Pin Co	Pin Code				i. Tel. Off.				
5b. OVERSEAS CORRESPO	ONDENCE ADDRESS (Manda	tory for NRI / FII App	licant)							
[Please provide Full Address. P. O. Box address is not sufficient]										
Zip Code:	Tel. Resi.		Tel. Off. Mobile			e No.				
6. FATCA & CRS DETAILS										
Place of Birth Country of Birth										
Are you a tax resident (i.e in any other country outs	are you assessed for Tax) ide India?	Yes No [Plea	ase tick (✓) any I	f "NO" proceed for	the signatu	ire 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 F	unction Equivalent	Identification Typ	e (TIN or other please	e specify)	If TIN is not available p	ease tick the reason			
						_ A [	В С			
Reason A _ The country	where the Account Holder is	liable to pay tax do	es not issue Tax Id	entification Numbe	ers to its res	sidents.				
	red (Select this reason Only		•	,		equire the TIN to be col	lected)			
Reason C Others, pleas	e state the reason thereof:									
7. KYC DETAILS										
Occupation Privat		Sector Service 🔲 ( nt 🔲 (	Government Servic Forex Dealer	e Business  Others (plea	Professions se specify)	nal 🗌 Agriculturis	t 🗌 Retired			
Gross Annual Income	Below 1 Lac 1-	5 Lacs	5-10 Lacs	10-25 Lacs		25 Lacs-1 crore	☐ >1 crore			
Others	Politically Exposed Person (P	EP) 🗌 I am rela	ted to Politically Ex	posed Person (PEF	P)	t Applicable				
8. DECLARATION AND SIG	NATURES									
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) should be as	s it appears in the Folio / on th	ne Application Form a	nd in the same ord	er. In case the mode	of holding	is joint, all Unit holders a	are required to sign.			
First/ Sole Unit h	oolder/ Guardian		Second Unit holder			Third Unit hol	der			
INSTRUCTIONS										
Change of Tax Status ca	n only be for RI To NRO & NF	RI To RI								
IT IS MANDATORY TO 1) Cancelled original 2) Self attested copy 3) Bank passbook wi 4) Bank letter, on the account type, bar	ails: Documents Required (i) 3 SUBMIT ANY ONE DOCUME cheque of the new bank ma of bank account account s th current entries not older eletterhead of the bank duly lik branch, MICR and IFSC co e clearly mentioned on the f	NT OF OLD AND NEW ndate with first unit tatement issued by than 3 months. I signed by branch m de of the bank brand	holder name and I the concerned bar nanager/authorise	oank account num ik. (not older than 3 d personnel stating	ber printed 3 months) g the invest	or's bank account num				

## Note:

- (i) (a) In case of photocopies of the documents as stated above are submitted, investor must produce original for verification, or a copy of the supporting documents duly attested by the concerned bank to any of the AMC branches or official point of acceptance of transactions.
  - (b) The name printed on the cancelled cheque/bank passbook/bank account statement/bank's letterhead should be same as per the folio.
- (ii) In absence of old bank account proof, investor must submit a Declaration for Old bank proof without existing bank account proof form on a Rs.500 Stamp Paper.
- (iii) The AMC reserves the right to accept the request, subject to additional verifications, production of additional documents or In Person Verification of unit holder.

## 2. RI-NRI

- (i) Only NRO bank account detail is allowed.
- (ii) Attested copy of VISA / Green card / Driving licence of country /overseas passport as proof of the change
- 3. In case there is any changes in your KYC information, please update the same by using the prescribed 'KYC Change Request Form' available on our website www.bajajamc.com under download section and submit the same at the point of service of any KYC Registration Agency.
- 4. Alterations in the form, if any should be countersigned.