



OR

RIA Code

Intermediary/MFU user to write the system generated CAN here
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POINT OF SERVICE STAMP & SIGNATURE

c. Third Applicant:

1.	Gross Annual Income (please tick (✓) any one):	<input type="checkbox"/> < 1 lac, <input type="checkbox"/> 1 Lac - 5 lacs, <input type="checkbox"/> > 5 lacs - 10 lacs, <input type="checkbox"/> > 10 lacs - 25 lacs, <input type="checkbox"/> > 25 Lacs - 1 Crore, <input type="checkbox"/> > 1 Crore (OR) Networth (in Rs.) _____ As on (date) _____ (not older than 1 year)
2.	Primary Source of Wealth (please tick (✓) any one):	<input type="checkbox"/> Salary, <input type="checkbox"/> Business Income, <input type="checkbox"/> Gift, <input type="checkbox"/> Ancestral Property, <input type="checkbox"/> Rental Income, <input type="checkbox"/> Prize Money <input type="checkbox"/> Royalty, <input type="checkbox"/> Others _____
3.	Occupation (please tick (✓) any one):	<input type="checkbox"/> Business, <input type="checkbox"/> Professional, <input type="checkbox"/> Agriculturist, <input type="checkbox"/> Housewife, <input type="checkbox"/> Retired, <input type="checkbox"/> Student, <input type="checkbox"/> Doctor. <input type="checkbox"/> Pvt. Sector, <input type="checkbox"/> Public Sector, <input type="checkbox"/> Forex Dealer, <input type="checkbox"/> Government Service, <input type="checkbox"/> Others _____
4.	Politically Exposed Person (PEP) Status (please tick (✓) any one):	<input type="checkbox"/> I am a PEP, <input type="checkbox"/> I am related to a PEP, <input type="checkbox"/> Not Applicable
5.	Type of address given at KRA/CERSAI (please tick (✓) any one):	<input type="checkbox"/> Residential or Business, <input type="checkbox"/> Residential, <input type="checkbox"/> Business, <input type="checkbox"/> Registered Office
6.	Residential Status (please tick (✓) any one):	<input type="checkbox"/> RES. IND, <input type="checkbox"/> NRI-NRE, <input type="checkbox"/> NRI-NRO, <input type="checkbox"/> FOREIGN NATIONAL, <input type="checkbox"/> PERSON OF INDIAN ORIGIN (PIO)

H. * Details required under Foreign Tax Laws (Mandatory, please refer instructions):

Applicant Details	Place of Birth (POB)* Country of Birth (COB)* Country of Citizenship (COC)* Country of Nationality (CON)*	Are you TAX RESIDENT of any country other than India?			
		If NO, please tick (✓) below	If YES, please indicate all countries in which you are resident for tax purpose and the associated TAX ID numbers		
			Country of Tax Residency [#]	Tax Identification Number [%]	Identification Type ^{\$} (TIN or Other)
Sole / Primary Applicant	POB	<input type="checkbox"/>	1.	1.	1.
	COB		2.	2.	2.
	COC		3.	3.	3.
	CON		4.	4.	4.
Second Applicant	POB	<input type="checkbox"/>	1.	1.	1.
	COB		2.	2.	2.
	COC		3.	3.	3.
	CON		4.	4.	4.
Third Applicant	POB	<input type="checkbox"/>	1.	1.	1.
	COB		2.	2.	2.
	COC		3.	3.	3.
	CON		4.	4.	4.
Guardian (in case of Minor Applicant)	POB	<input type="checkbox"/>	1.	1.	1.
	COB		2.	2.	2.
	COC		3.	3.	3.
	CON		4.	4.	4.

& - To be mandatorily provided irrespective of whether you are tax resident in India or in any other country

- To also include USA, where the individual is a citizen / green card holder of The USA.

% - In case Tax Identification Number (TIN) is not available, kindly provide its functional equivalent^{\$}

\$ - 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 in writing and attach the same to this form.

I. Authorization on Single Payment for Multiple Scheme Investments through a Single Order:

I/We understand and agree that MF Utilities India Private Limited ("MFUI") shall facilitate the investments in multiple schemes across Mutual Funds made by me / us through MF Utility by way of a single payment made by me / us. To enable MFUI accept the transaction with payment and transmit the investment amount, I / We authorize MFUI to do the following acts, deeds and things for and on my / our behalf:

1. To accept single payment made by me / us either physically / electronically favouring the account created for this purpose and managed by MFUI, towards the investments made by me / us in multiple schemes across Mutual Funds through MF Utility.
2. To transmit / transfer the payments to the collection account of the respective Mutual Fund as per the investments made by me / us directly or through Distributor and;
3. To do all such acts, deeds and things as may be necessary or incidental to the above mentioned purpose.

J. Declaration and Signature(s):

I / We have read and understood the information, requirements and the instructions mentioned in this Form (including the FATCA & CRS instructions) and hereby confirm that the information provided by me / us on this form is true, correct and complete to the best of my / our knowledge and belief and provided after necessary consultation with tax professionals.

I / We hereby agree and confirm to inform MFUI for any modification to this information promptly.


I / We further agree to abide by the provisions of the Scheme related documents inter-alia provisions on Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI).

In case any of the information is found to be false or untrue or misrepresenting, I / We am / are aware that I / We may be liable for it.

I / We have provided all the necessary documents / annexures, wherever asked for, to substantiate the information provided by me / us in the form and agree to provide any further information if required, for the purpose of this registration.

I / We hereby agree and authorize MFUI to map our existing and future folios with Mutual Funds to this CAN and update the information provided herein above in these folios from time to time.

I / We hereby agree to provide any additional information / documents as may be required by the AMC/s to update the CAN data in the existing folios getting mapped to the CAN.

 Sign Here	Sign Here	Sign Here
Sole / First / Primary Applicant / Guardian (in case of minor)	Second Applicant	Third Applicant

Date : DD/MM/YYYY

Place: Specify



MF Utilities India Pvt. Ltd.

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi

Thane (West) - 400 610

CIN : U74120MH2013PTC242939

PayEezz

PayEezz Mandate Registration Form

ARN Code

EUIN Code

OR

RIA Code

Please read all the instructions carefully before filling the form.

Please fill in ENGLISH and in BLOCK LETTERS with black ink.

Fields marked with (*) are mandatory and if not filled, the form is liable for rejection.

The PayEezz registration form can be submitted for registration at the time of CAN opening (or) independently as a Non-Commercial Transaction (NCT) (or) along with CTF-SIP form.

The PayEezz mandate will be registered through the NACH or Directly with the customer's bank as a standing instruction (SI), at the discretion of MFU or its appointed Payment Aggregator depending upon the customers bank.

A. * UNITHOLDER INFORMATION (If you have a CAN, please fill in the details):

OR

If you are submitting with a CAN Regn Form (CRF), please mention the primary holder PAN/PEKRN or the CRF No Below:

Common Account Number (CAN)

Name of the First/Sole Holder

PAN
PEKRN

please specify

CRF No.

please specify

B. * Group Order Reference Number (GORN) /MFU Mandate Reference Number (MMRN): (Distributor / RIA / MFU POS user to write the system generated GORN/MMRN below):

GORN

please specify GORN here

MMRN

please specify MMRN here

C. DEBIT MANDATE:

MF Utilities		Mandate Registration Form - NACH / SI		DATE DD / MM / YYYY	
<input checked="" type="checkbox"/> Tick	UMRN	UMRN to be specified here			
CREATE <input checked="" type="checkbox"/>	Sponsor Bank Code	for office use only		Utility Code	for office use only
MODIFY <input checked="" type="checkbox"/>	I/We hereby authorize	MF UTILITIES INDIA PVT LTD		to debit (✓)	SB / CA / CC / SB-NRE / SB-NRO / Other
CANCEL <input checked="" type="checkbox"/>	Bank Account Number				
	With Bank	SPECIFY BANK NAME	IFSC	MICR	
	an amount of Rupees	SPECIFY AMOUNT (in words)		₹	SPECIFY AMOUNT (in figures)
Frequency	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half-Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/>	As and when presented		DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
CAN #	SPECIFY CAN		Mobile #	SPECIFY MOBILE NUMBER	
GORN	SPECIFY GROUP ORDER REFERENCE NUMBER GENERATED BY MFU		Email ID	SPECIFY EMAIL ID	
I/We agree for the debit of mandate processing charges by the bank whom I am/We are authorizing to debit my/our account as per latest schedule of charges of the bank.					
PERIOD					
From	DD / MM / YYYY				
To	DD / MM / YYYY				
(OR) <input type="checkbox"/> Until Cancelled (Please ✓)					
Signature of Primary Account Holder		Signature of Second Account Holder		Signature of Third Account Holder	
1. Name as in Bank Records		2. Name as in Bank Records		3. Name as in Bank Records	

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am/We are authorizing the User entity / Corporate to debit my/our account, based on the instructions as agreed and signed by me/us. I/We have understood that I am/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I/We have authorized the debit.

D. * Declaration and Signature(s):-

I / We hereby confirm and declare that the information provided by me / us is accurate. If the transaction or the Mandate registration cannot be processed due to incomplete or incorrect information provided by me / us, I / We would not hold MF Utilities India Pvt Ltd or its authorized service providers responsible.

Date : DD / MM / YYYY

Place : _____

Sign Here	Sign Here	Sign Here
Sole/First Applicant / Guardian / POA Holder	Second Applicant	Third Applicant

ACKNOWLEDGEMENT SLIP (to be filled in by the investor). For any queries please contact the nearest MFU "Point of Service" or call us at 1800-266-1415 (Toll Free) or +91 22 3952 6363.

MF UTILITIES INDIA PVT. LTD., Address: 103-105, 1st Floor, Orion Business Park, Ghodbunder Road, Kapurbawdi, Thane (West) - 400 610, India

Received from Mr. / Ms. M/s. _____ an application for PayEezz registration.

POINT OF SERVICE STAMP & SIGNATURE