

UNIT HOLDER INFORMATION (Mandatory)	TIME STAMPING																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">Folio No.</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="padding: 2px;">Investor Name</td> <td colspan="10"></td> </tr> </table>	Folio No.											Investor Name											
Folio No.																							
Investor Name																							

MANDATORY	Current Tax Status																								
	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Resident Individual</td> <td><input type="checkbox"/> Foreign National</td> <td><input type="checkbox"/> Public Limited Company</td> <td><input type="checkbox"/> Government Body</td> <td><input type="checkbox"/> AOP/BOI</td> <td><input type="checkbox"/> AOP/BOI</td> </tr> <tr> <td><input type="checkbox"/> On behalf of Minor</td> <td><input type="checkbox"/> Defence Establishment</td> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Partnership Firm</td> <td><input type="checkbox"/> HUF</td> <td><input type="checkbox"/> NRI</td> </tr> <tr> <td><input type="checkbox"/> Body Corporate</td> <td><input type="checkbox"/> Private Limited Company</td> <td><input type="checkbox"/> Financial Institution</td> <td><input type="checkbox"/> Bank</td> <td><input type="checkbox"/> Foreign Portfolio Investor</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Trust/Society/NGO</td> <td><input type="checkbox"/> LLP</td> <td><input type="checkbox"/> QFI</td> <td><input type="checkbox"/> FII</td> <td><input type="checkbox"/> Non Profit Organization / Charities</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> HUF	<input type="checkbox"/> NRI	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor		<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> LLP	<input type="checkbox"/> QFI	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization / Charities	<input type="checkbox"/> Other _____
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> AOP/BOI																				
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> HUF	<input type="checkbox"/> NRI																				
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor																					
<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> LLP	<input type="checkbox"/> QFI	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization / Charities	<input type="checkbox"/> Other _____																				

I/We, hereby submit this request for change in tax status and PAN, as registered in the afore mentioned folio, in your records.

NEW TAX DETAILS

PAN/PEKRN	KYC ID (KIN)																												
<table style="width:100%; border: none;"> <tr> <td style="width: 15%;">Tax status to be changed/corrected to</td> <td><input type="checkbox"/> Resident Individual</td> <td><input type="checkbox"/> Foreign National</td> <td><input type="checkbox"/> Public Limited Company</td> <td><input type="checkbox"/> Government Body</td> <td><input type="checkbox"/> AOP/BOI</td> <td><input type="checkbox"/> AOP/BOI</td> </tr> <tr> <td></td> <td><input type="checkbox"/> On behalf of Minor</td> <td><input type="checkbox"/> Defence Establishment</td> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Partnership Firm</td> <td><input type="checkbox"/> HUF</td> <td><input type="checkbox"/> NRI</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Body Corporate</td> <td><input type="checkbox"/> Private Limited Company</td> <td><input type="checkbox"/> Financial Institution</td> <td><input type="checkbox"/> Bank</td> <td><input type="checkbox"/> Foreign Portfolio Investor</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust/Society/NGO</td> <td><input type="checkbox"/> LLP</td> <td><input type="checkbox"/> QFI</td> <td><input type="checkbox"/> FII</td> <td><input type="checkbox"/> Non Profit Organization / Charities</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	Tax status to be changed/corrected to	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> AOP/BOI		<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> HUF	<input type="checkbox"/> NRI		<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor			<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> LLP	<input type="checkbox"/> QFI	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization / Charities	<input type="checkbox"/> Other _____	
Tax status to be changed/corrected to	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> AOP/BOI																							
	<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> HUF	<input type="checkbox"/> NRI																							
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor																								
	<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> LLP	<input type="checkbox"/> QFI	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization / Charities	<input type="checkbox"/> Other _____																							

CONTACT DETAILS						
<table style="width:100%; border: none;"> <tr> <td style="width: 15%;">Telephone No.</td> <td style="width: 35%;">Office No.</td> <td style="width: 50%;">Mobile No.</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Telephone No.	Office No.	Mobile No.			
Telephone No.	Office No.	Mobile No.				
Email ID						

SIGNATURE(S)

SIGN HERE	First / Sole Holder Signature	Second Holder Signature	Third Holder Signature
--------------	-------------------------------	-------------------------	------------------------

NOTE: 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 Tax Status Change application submitted.

DOCUMENTS TO BE SUBMITTED

As per Tax Status, applicable documents from the below mentioned list is to be submitted, along with this form for due processing.

Sr. No.	Documents	Tick (✓)	
1.	From Proprietary Firm to Company	<ul style="list-style-type: none"> Certified true copy of Memorandum & Articles of Association Board Resolution and Authorised Signatory List FATCA and UBO 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	From NRI to Resident	<ul style="list-style-type: none"> Affidavit/Bank's Confirmation Letter/Cancelled Cheque 	<input type="checkbox"/>
	From Resident to NRI	<ul style="list-style-type: none"> Affidavit/Bank's Confirmation Letter 	<input type="checkbox"/>

NOTE: For change of Tax status from Resident Individual to an NRI, submission of 'Change of Bank Mandate' form along with this request is **mandatory**.