

1. Distributor / Broker Information

Code/Name : 1000004/ASHIKA STOCK BROKING LIMITED Email : mf@ashikagroup.com Mo. : 033 40102500

2. UCC Details

Tax Status : Holding Nature : Client Code :

Nomination Opted : Yes No Aadhar Update : Yes No Paperless : Yes No

3. First Applicant Details

Name : PAN :

Exempt Category : Exempt Ref. No. :

DOB : Gender : Occupation :

Communication Mode : Physical Mobile Email KYC Type:

Email : Mobile : CKYC No. :

Email Declaration : Mobile Declaration :

4. Second Applicant Details

Name : PAN :

Exempt Category : Exempt Ref. No. :

DOB : KYC Type: CKYC No. :

Email : Mobile :

Email Declaration : Mobile Declaration :

5. Third Applicant Details

Name : PAN :

Exempt Category : Exempt Ref. No. :

DOB : KYC Type: CKYC No. :

Email : Mobile :

Email Declaration : Mobile Declaration :

6. Guardian Applicant Details

Name : PAN :

Exempt Category : Exempt Ref. No. :

DOB : KYC Type: CKYC No. :

7. Nominee Details

Nomination Authorization Mode : Wet Signature (W) eSign (E) OTP Authentication (O)

Nominee SOA : Yes No

Nominee 1 Detail

Name : DOB :

Identity Type : PAN Aadhaar Driving License OCI / Passport Identity No. :

Relation : Percentage(%) : Mobile : Email ID :

Guardian Name : Guardian PAN :

Address 1 : Address 2 : Address 3 :

City : Pincode : Country :

Nominee 2 Detail

Name :			DOB :		
Identity Type : <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Driving License <input type="checkbox"/> OCI / Passport			Identity No :		
Relation :		Percentage(%) :	Mobile :		Email ID :
Guardian Name :			Guardian PAN :		
Address 1 :		Address 2 :		Address 3 :	
City :		Pincode :		Country :	

Nominee 3 Detail

Name :			DOB :		
Identity Type : <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Driving License <input type="checkbox"/> OCI / Passport			Identity No :		
Relation :		Percentage(%) :	Mobile :		Email ID :
Guardian Name :			Guardian PAN :		
Address 1 :		Address 2 :		Address 3 :	
City :		Pincode :		Country :	

8. Bank Details

SR NO	Bank Name	Bank Branch	Account Type	Account No	MICR	IFSC	Is Default Bank? (Yes/No)

Cheque name:			Dividend Payment Mode:				
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* Account Type Should be : SB – Saving Account , CB – Current Account , NE – NRE Account , NO – NRO Account

9 .Address Details (India)

Address 1 :			Address 2 :				
Address 3 :			City :				
State :		Pincode :			Residence Phone :		
Office Phone :		Office Fax :			Residence Fax :		

10. Address Details (Foreign)

Address 1 :			Address 2 :				
Address 3 :		City :			State :		
Pin Code :		Country :			Residence Phone :		
Office Phone :		Office Fax :			Residence Fax :		

11. Other Details

Mapin Id. :		LEI No :		LEI Validity :	
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12. Declaration and Signature

I/We confirm that the information provided by me/us is true and correct. I/We acknowledge that the responsibility of the information provided in the registration form solely rests with me/us and that NSE / NSCCL will not be responsible or liable for any loss, claim, liability that may arise on account of any incorrect and/or erroneous data/information provided by me/us. I/We hereby confirm that I/we will comply with the terms and conditions for Know Your Customer (KYC).

All correspondence/communication in respect of the transactions including the payment link for online fund transfer will be sent to the registered email address and SMS alerts will be sent to the registered mobile number provided at the time of registration on NMF II. I/we also hereby confirm that the email id and the mobile no. provided at the time of registration by the distributor in the NMF II is pertaining to me/us and all communication/correspondence/transactions related alerts shall be sent to same email id/mobile no.

I/We confirm that for existing investments, I/we had gone through, understood the contents of the Scheme Information Document and Key Information Memorandum, addenda issued from time to time regarding each Mutual Fund Scheme, in which I/We had chosen to subscribe / redeem. I/We will also ensure that I/we shall go through,

understand the contents of the Scheme Information Document and Key Information Memorandum, issued from time to time regarding each Mutual Fund Scheme, in which I/We will choose to subscribe to / redeem.

I/We hereby authorize the Distributor, NSE & AMC (including its Registrars) to utilize my/our KYC information, such as identity, address and signature for the purpose of validation and to comply with the legal and regulatory requirements. I/We accept that for any transaction submitted offline i.e. with wet signatures, the signature available in my KYC records would be used for signature verification and in the event of such signature not being available or legible, the AMC would be within its rights to carry out further checks to validate the authenticity of the request or reject any such offline request.

Date :

Place :

Signature 1st Applicant :

Signature 2nd Applicant :

Signature 3rd Applicant :

***Documents Required:**

Trust : Trust Deed and Authorised Signatory List

Partnership Firm : Partnership Deed and Authorised Signatory List.

Societies : Bye-Laws and Authorised Signatory List

FII & LLP : Overseas Auditors Certificate, Authorised Signatory List ,Board Resolution/Authorisation to Invest

Corporate : Board Resolution and Authorised signatory List

Minor : Proof of Date of Birth

For all investors, a Cancelled cheque may be submitted as proof of bank account.

Individual Investor – Additional KYC and FATCA compliance mandatory for UCC activation.

Corporate / HUF Investor – Additional KYC, FATCA and UBO compliance mandatory for UCC activation.

Note: For Corporate and HUF investors all forms have to be submitted in physical post making necessary submissions on NSE Invest platform. Once the submissions are made on the platform printed version of forms will be generated from NSE Invest platform.

This UCC Form was generated through NSE Invest platform.

FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

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

PEKRN*										
Name										
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Unspecified							
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office								
Place of Birth				Country of Birth						
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	Occupation Details [Please tick any one (√)]		<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector
	<input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> > 1 Crore			<input type="checkbox"/> Government Service	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	
Net Worth in INR. In Lacs	_____					<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others [Please specify]			
Net Worth Date	dd-mmm-yyyy									
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> 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 <i>[TIN or other, please specify]</i>

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 [Fund/AMC/RTA/NSE] to disclose, share, 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 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 to facilitate single submission / updation & 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. As may be required by domestic or overseas regulators/ tax authorities, I authorize Fund/AMC/RTA/NSE to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Date :

Signature:

Place :

First Applicant / Guardian

UMRN Date

Tick (✓)

CREATE

MODIFY

CANCEL

Sponsor Bank Code Utility Code I/We hereby authorize to debit (tick ✓) Bank a/c number with Bank IFSC or MICR an amount of Rupees ₹ FREQUENCY Mthly Qtly H-Yrly Yrly As & when presentedDEBIT TYPE Fixed Amount Maximum AmountReference 1 (Mandate Reference No.) Phone No. Reference 2 (Unique Client Code-UCC) Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From To Signature of Primary Account HolderSignature of Account HolderSignature of Account Holder

1. _____ 2. _____ 3. _____

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.

- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.