

Supplementary KYC Details Form



PERSONAL DETAILS

Name of Sole/First Unit Holder _____ First Name _____ Middle Name _____ Last Name _____ Folio No. _____

PAN _____ First Unit Holder _____ Second Unit Holder _____ Third Unit Holder _____

KYC DETAILS

Gross Annual Income (For Individuals and Non Individuals)	For First Applicant/ Guardian	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore
		Net-worth (₹) _____ as on DD/MM/YYYY (Not older than 1 year) (Mandatory for Non-Individuals)
	For Second Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore
		Net-worth (₹) _____ as on DD/MM/YYYY (Not older than 1 year)
	For Third Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore
		Net-worth (₹) _____ as on DD/MM/YYYY (Not older than 1 year)

Occupation Details (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others Please specify _____
	For Second Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others Please specify _____
	For Third Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others Please specify _____

Others (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Second Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Third Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable

Others (For Non-Individuals only)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company <input type="checkbox"/> YES <input type="checkbox"/> NO (If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)
	If the Entity involved/providing any of the following services: → Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> YES <input type="checkbox"/> NO → Foreign Exchange/ Money Changer Services <input type="checkbox"/> YES <input type="checkbox"/> NO → Money Lending/Pawning <input type="checkbox"/> YES <input type="checkbox"/> NO

DECLARATIONS & SIGNATURES

I/We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I/We undertake to inform the Fund House of any changes therein immediately.

Sole/First Applicant/Guardian

Second Applicant

Third Applicant

call 1800 2000 400 or 1800 4190 200

email investor.line@Intmf.co.in

www.Intmf.com

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday.