

Application No.	B
UCC	
Reference No.	
Partner	
Partner Center	
First Holder Name	
Second Holder Name	
Third Holder Name	



E-WEALTH MF ACCOUNT OPENING FORM

INDIVIDUAL

This page is intentionally left blank

E-WEALTH MF ACCOUNT OPENING FORM

ARN No.: 0155

Sub-Broker Code & Name: _____

EUIN No.: _____

Application Date: _____

Application No: _____

UCC No.: _____

APPLICANT'S DETAILS

Applicant Name: _____

Date of Birth: _____

Marital Status: _____

Gender: ☐ Male ☐ Female ☐ Other

Father / Spouse Name: _____

Tax Status: _____

PAN No.: _____

KRA KYC Status: ☐ Compliant ☐ Non- Compliant

CKYC Status: ☐ Compliant ☐ Non- Compliant

Address: _____

City: _____

State: _____

Country: _____

Pin Code: _____

Mobile: _____ Email: _____

Income Details: ☐ Below Rs.1 Lac ☐ Rs. 1 - 5 Lacs ☐ Rs. 5 - 10 Lacs ☐ Rs.10 - 25 Lacs ☐ Rs.25 Lacs -1 Crore ☐ More Than Rs.1 Crore

Occupation: ☐ Agriculturist ☐ Business ☐ Professional ☐ Housewife ☐ Not Categorized ☐ Self Employed ☐ Public Sector
☐ Retired ☐ Student ☐ Private Sector Service ☐ Government Service ☐ Others Please Specify

Politically Exposed Person / Related to Politically Exposed person ? ☐ Yes ☐ No

Mode of Holding: ☐ Single ☐ Anyone or Survivor ☐ Joint

SECOND HOLDER'S/GUARDIAN'S DETAILS

Second Holder's/Guardian's Name: _____

Date of Birth: _____

Marital Status: _____

Gender: ☐ Male ☐ Female ☐ Other

Father / Spouse Name: _____

Tax Status: _____

PAN No.: _____

KRA KYC Status: ☐ Compliant ☐ Non- Compliant

CKYC Status: ☐ Compliant ☐ Non- Compliant

Address: _____

City: _____

State: _____

Country: _____

Pin Code: _____

Mobile: _____ Email: _____

Income Details: ☐ Below Rs.1 Lac ☐ Rs. 1 - 5 Lacs ☐ Rs. 5 - 10 Lacs ☐ Rs.10 - 25 Lacs ☐ Rs.25 Lacs -1 Crore ☐ More Than Rs.1 Crore

Occupation: ☐ Agriculturist ☐ Business ☐ Professional ☐ Housewife ☐ Not Categorized ☐ Self Employed ☐ Public Sector
☐ Retired ☐ Student ☐ Private Sector Service ☐ Government Service ☐ Others Please Specify

Politically Exposed Person / Related to Politically Exposed person ? ☐ Yes ☐ No

Relationship with Applicant (if applicant is minor): _____

Name _____

Sole / First Applicant / Guardian

Name _____

Second Applicant

Name _____

Third Applicant

E-WEALTH MF ACCOUNT OPENING FORM

THIRD HOLDER'S DETAILS

Third Holder's Name: _____

Date of Birth: _____ Marital Status: _____ Gender: ☐ Male ☐ Female ☐ Other

Father/Spouse Name: _____

Tax Status: _____ PAN No.: _____

KRA KYC Status: ☐ Compliant ☐ Non- Compliant CKYC Status: ☐ Compliant ☐ Non- Compliant

Address: _____

City: _____ State: _____ Country: _____ Pin Code: _____

Mobile: _____ Email: _____

Income Details: ☐ Below Rs.1 Lac ☐ Rs. 1 - 5 Lacs ☐ Rs. 5 - 10 Lacs ☐ Rs.10 - 25 Lacs ☐ Rs.25 Lacs -1 Crore ☐ More Than Rs.1 Crore

Occupation: ☐ Agriculturist ☐ Business ☐ Professional ☐ Housewife ☐ Not Categorized ☐ Self Employed ☐ Public Sector

☐ Retired ☐ Student ☐ Private Sector Service ☐ Government Service ☐ Others Please Specify

Politically Exposed Person / Related to Politically Exposed person ? ☐ Yes ☐ No

Relationship with Applicant (if applicant is minor): _____

BANK MANDATE DETAILS

Name of Bank: _____

Account Number : _____ IFSC Code: _____ MICR Code: _____

Account Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ CC ☐ OD ☐ Others

Bank Address: _____

Name _____

Sole / First Applicant / Guardian

Name _____

Second Applicant

Name _____

Third Applicant

FORM FOR FRESH NOMINATION

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders

Name of 1st Holder: _____

Name of 2nd Holder: _____

Name of 3rd Holder: _____

I/We, the above-named holders of _____ Mutual Fund Account, do hereby nominate the person(s) more particularly described hereunder to receive the Units held in the folio in the event of my/our death by cancelling the nomination(s) made by me/us previously in respect of the units held by me/ us in the Folio/s.

1ST NOMINEE DETAILS

Name of the 1st Nominee*: _____ % of Allocation*: _____

PAN of the Nominee[§]: _____ Date of Birth of Nominee**: DDMMYYYY

Nominee Relationship*: _____

Name of the Guardian **: _____ PAN of Nominee Guardian[§]: _____

Guardian's Relationship with Nominee** ☐ Mother ☐ Father ☐ Legal Guardian

Proof of relationship[§] ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others

Address: _____

City: _____ State: _____ Country: _____ Pin Code: _____

Nominee Signature[§]: _____

2ND NOMINEE DETAILS

Name of the 2nd Nominee*: _____ % of Allocation*: _____

PAN of the Nominee[§]: _____ Date of Birth of Nominee**: DDMMYYYY

Nominee Relationship*: _____

Name of the Guardian **: _____ PAN of Nominee Guardian[§]: _____

Guardian's Relationship with Nominee** ☐ Mother ☐ Father ☐ Legal Guardian

Proof of relationship[§] ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others

Address: _____

City: _____ State: _____ Country: _____ Pin Code: _____

Nominee Signature[§]: _____

3RD NOMINEE DETAILS

Name of the 3rd Nominee*: _____ % of Allocation*: _____

PAN of the Nominee[§]: _____ Date of Birth of Nominee**: DDMMYYYY

Nominee Relationship*: _____

Name of the Guardian **: _____ PAN of Nominee Guardian[§]: _____

Guardian's Relationship with Nominee** ☐ Mother ☐ Father ☐ Legal Guardian

Proof of relationship[§] ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others

Address: _____

City: _____ State: _____ Country: _____ Pin Code: _____

Nominee Signature[§]: _____

Signature of the 1st Holder

Signature of the 2nd Holder

Signature of the 3rd Holder

* Mandatory, § Optional **Mandatory & Applicable in case the Nominee is a Minor

DECLARATION FORM FOR OPTING OUT OF NOMINATION

Date: DDMMYYYY

To
NJ India Invest Private Limited,

Application Number _____

Sole / First Holder Name: _____

Second Holder Name: _____

Third Holder Name: _____

DECLARATION & SIGNATURE

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Name _____

Signature of the 1st Holder

Name _____

Signature of the 2nd Holder

Name _____

Signature of the 3rd Holder

FATCA-CRS Declaration - *Individuals*

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

SOLE/FIRST HOLDER DETAILS

PAN*: _____

Name: _____

Type of address given at KYC KRA ☐ Residential ☐ Residential or Business ☐ Business ☐ Registered Office

State _____

Phone No (with ISD Code): _____

Place of Birth: _____

Country of Birth: _____

Nationality: _____

Are you a tax resident of any country other than India? ☐ Yes ☐ No

If yes, Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN, GIIN, CIN, EIN, others, etc.

Country #	Tax Identifications Number	Identification Type (TIN or Other, please specify)

SECOND HOLDER DETAILS

PAN*: _____

Name: _____

Type of address given at KYC KRA ☐ Residential ☐ Residential or Business ☐ Business ☐ Registered Office

State _____

Phone No (with ISD Code): _____

Place of Birth: _____

Country of Birth: _____

Nationality: _____

Are you a tax resident of any country other than India? ☐ Yes ☐ No

If yes, Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN, GIIN, CIN, EIN, others, etc.

Country #	Tax Identifications Number	Identification Type (TIN or Other, please specify)

THIRD HOLDER DETAILS

PAN*: _____

Name: _____

Type of address given at KYC KRA ☐ Residential ☐ Residential or Business ☐ Business ☐ Registered Office

State _____

Phone No (with ISD Code): _____

Place of Birth: _____

Country of Birth: _____

Nationality: _____

Are you a tax resident of any country other than India? ☐ Yes ☐ No

If yes, Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and its Identification type eg. TIN, GIIN, CIN, EIN, others, etc.

Country [#]	Tax Identifications Number	Identification Type (TIN or Other, please specify)

DECLARATION & SIGNATURES

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I/We have read and understood the information provided by me/us in this Form is true, correct and complete. I/We hereby authorize you [NJ AMC/NJ Fund/NJ India/Other group entities] to disclose, share, rely, 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 the Mutual Fund, its Sponsor, Asset Management Company, trustees, their group companies, any service provider including RTA 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/us of the same.

x

Sole/First Holder

x

Second Holder

x

Third Holder

Place: _____

Date: _____

FATCA & CRS TERMS & CONDITIONS

Details under FATCA & CRS : The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of Income tax Rules, 1962 which Rules require Indian financial institutions such as the Investment Entity/Custodial Institution to seek additional personal ,tax and beneficial owner information and obtain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any Information provided by you, please ensure you advise us promptly, i.e within 30 days Please note that you may receive more than one request for information if you have multiple relationships with NJ India Invest Private Limited or its group entities. Therefore , it is important that you respond to our request, even if you believe you have already supplied any previously requested information.



Head Office: NJ group, NJ center, Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210, Gujarat.
Phone: 91 261 4025500.

DECLARATION FOR ONLINE E-WEALTH MF ACCOUNT OPENING THROUGH ESIGN

I/We hereby declare that the details provided through the online portal are true and correct to the best of my/our knowledge and belief. I/We also agree and undertake to inform you of any change(s) therein, immediately.

I/We also request you to consider the uploaded Specimen Signature for any physical correspondence from my/our side.

I /We hereby confirm and agree to open E-Wealth MF Account with NJ INDIA INVEST PRIVATE LIMITED. through AADHAAR based E Signature mode.

Date: _____

Place: _____

Name _____

Name _____

Name _____

Sole / First Applicant / Guardian

Second Applicant

Third Applicant