

Address Type (For KYC Address) ☐ Residential ☐ Registered Office ☐ Business

B. Current address of applicant, if different from above / Overseas Address (Mandatory for NRI Applicant and Foreign Nationals)

☐ **Same as above mentioned address** (Please tick if same as above, else provide details below with supporting documents)

Address 1*					
Address 2					
Address 3					
City/Town/Village*		District		Pincode*	
State*		Country*			
Address Type (For KYC Address)	☐ Residential	☐ Registered Office	☐ Business		

Proof of Current / Overseas Address* (attested copy(ies) of any one POA for current / overseas address [if applicable] to be submitted)

☐ A — Aadhaar		Please mention the last 4 digits of your Aadhar Card	Expiry Date:	
☐ B — Passport				- -
☐ C — Voter ID			Expiry Date:	
☐ D —Driving License				- -
☐ E —NREGA Job Card				
☐ F — NPR				
☐ Z —Deemed POA				

(Please enter Document code and Document Reference No.)

08- Sale Agreement; 09- Latest Telephone / Postpaid Mobile Bill; 10- Latest Electricity Bill; 11- Latest Gas Connection Bill

Allotment Letter Issued By: 23- Central / State Govt. Depts.; 20- Statutory / Regulatory Body; 25- PSUs; 26- Scheduled Commercial Banks; 27- Public Financial Institutions

Contact Details (IN CAPITAL LETTERS)

Email ID*			
Mobile Number*			
Telephone (Office)		Telephone (Residence)	

Applicant Declaration

I hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I under-take to inform you of any changes there in, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.
I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/ Digilocker XML file, along with passcode and as applicable, with Monarch mutual fund and Intermediaries with whom I have a business relationship for KYC purposes only.

Place:		
Date:	- -	

Signatures

For Intermediary Use Only

IPV carried out by*

IPV Date:	- -
Employee Code	
Employee Name	
Employee Designation	

Intermediary Details*

☐ Self certified document copies received (Originals Verified)	
☐ True Copies of documents received (Attested)	
Intermediary Name & Code:	

Additional KYC Information & FATCA Details (IN CAPITAL LETTERS)

Gross Annual Income (in INR)

☐ Below 1 Lakh

☐ 1-5 Lacs

☐ 5-10 Lacs

☐ 10-25 Lacs

☐ 25 Lacs -1 Cr

☐ > 1 Crore

Net Worth (In INR) and Date - -

Occupation Details (Tick any one)

☐ Business

☐ Professional

☐ Public Sector

☐ Private Sector

☐ Government Service

☐ Agriculturist

☐ Housewife

☐ Student

☐ Retired

☐ Forex Dealer

☐ Others (Please specify)

Politically Exposed Person (PEP)

☐ Yes

☐ Related to PEP

☐ Not Applicable

Place of BirthCountry of Birth

Any other Information (If applicable)

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? ☐ Yes ☐ No

If “Yes”, please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card Holder/ Tax Resident in the respective countries

SI No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A,B or C (as defined below)
1				Reason ☐ A ☐ B ☐ C
2				Reason ☐ A ☐ B ☐ C
3				Reason ☐ A ☐ B ☐ C

Reason A- The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
Reason B- No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)
Reason C- Others- Please specify the reasons

Applicant Declaration

- I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. I am aware that I am liable if any of the above specified information is found to be false or untrue or misleading or misrepresenting
- I hereby authorize **Monarch Network Asset Management Pvt. Ltd.** 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 any of the **SEBI Registered Intermediaries with whom I transact / invest / deal with, in accordance with SEBI KRA Regulations, 2011** 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 **Monarch Mutual Fund** to share the given information with other SEBI Registered Intermediaries / or any other regulated intermediaries registered with SEBI / RBI / IRD A/ PFRDA to facilitate single submission/ update & for other relevant purposes as specified by the SEBI or the Central Government from time to time.
- I also undertake to keep **Monarch Mutual Fund** informed in writing about any changes / modification to the above information in future within 30 days from such change and also undertake to provide any other additional information as may be required from time to time.
- /We authorize **Monarch Mutual Fund** to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my accounts) without any obligation of advising me of the same.
- I also confirm that I have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

Place:

Date: - -

Signatures