



**05 FATCA and CRS details of 1<sup>st</sup> Holder**

Country of Birth		Place of Birth	
Nationality		Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below			
Country	Tax-Payer Identification Number		Identification Type

**05 FATCA and CRS details of 2<sup>nd</sup> Holder**

Country of Birth		Place of Birth	
Nationality		Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below			
Country	Tax-Payer Identification Number		Identification Type

**06 Nomination<sup>@</sup> (Please ✓ one of the options below)**

<input type="checkbox"/>	I DO NOT wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/>	I wish to make a nomination and hereby nominate the person/s more particularly described in the <b>attached Nomination Form</b> to receive the Units held my/our folio in the event of my / our death.

**07 Declaration and Signature of Claimant/s**

- I / We confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I /we undertake to keep the Mutual Fund/ its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.
- I / We hereby authorize LIC Mutual Fund & its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide any of the information provided by me/us including my unit holdings to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Date : .....	⊗	⊗
Place : .....	SIGN HERE Signature of Claimant 1 (new Holder no.1)	SIGN HERE Signature of Claimant 2 (new Holder no.2)

**08 Attachments:**

1.  Copy of Death Certificate of the deceased unitholder
2.  Copy of PAN Card of Claimant
3.  Cancelled cheque of the new first unit holder with name pre-printed OR  
 Statement/Passbook of the new first unit holder OR
4.  Nomination Form duly completed
5.  KYC of the surviving unit holder(s), **if not already complied earlier** .