

A. UNIT HOLDER INFORMATION

Folio No(s)

Investor Name

B. CHANGE OF TAX STATUS (Select any one ✓) (For change in bank mandate, contact detail, FATCA & CRS, please fill section C, D & E)

Existing Status

☐ Resident Individual ☐ NRI - NRO ☐ NRI - NRE

New Status

☐ NRI - NRO ☐ Resident

Bank Account Type - New

☐ NRO ☐ Savings

(If only the bank account type has changed, please provide bank proof reflecting the account holder's name, account number, and the updated account type.)

C. BANK ACCOUNT DETAILS

(Attach Original Cancelled Cheque of existing bank account and new bank account (with name & account number pre-printed) or copy should be produced for verification.)

Bank Name Please provide Bank Account details proof.

Account No. Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others _____

11 Digit IFSC Branch City

Please ensure the name in this application form and in your bank account are the same.

Attach any one of: ☐ Cancelled Cheque with name & account number pre-printed ☐ Latest Bank statement* ☐ Latest Pass book* ☐ Bank Letter**
*should not be older than 3 months

**Bank Letter should be provided in original for verification or should be attested by the bank. Bank Letter or attestation should have bank manager's signature, name, designation, employee code, bank seal and contact number

Submit originals of any one of the documents mentioned above, or copy should be attested by the Bank or originals should be produced for verification. All supporting documents should clearly evidence the bank name, bank account number and names of all account holders.

D. NEW CONTACT DETAILS

1st Holder Name

Mobile No. Email ID

Mobile No. provided pertains to: Please tick (✓)

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email ID provided pertains to: Please tick (✓)

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents
☐ Guardian ☐ PMS ☐ Custodian ☐ POA

2nd Holder Name

Mobile No. Email ID

Mobile No. provided pertains to: Please tick (✓)

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email ID provided pertains to: Please tick (✓)

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents
☐ Guardian ☐ PMS ☐ Custodian ☐ POA

3rd Holder Name

Mobile No. Email ID

Mobile No. provided pertains to: Please tick (✓)

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email ID provided pertains to: Please tick (✓)

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents
☐ Guardian ☐ PMS ☐ Custodian ☐ POA

On providing email-id investors shall receive the scheme-wise annual report or an abridged summary account statements / statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof (Please tick (✓) Opt-in ☐)

Folio No.

Name of the Investor

☐ Change of Tax Status ☐ Bank Account Details ☐ New Contact Details ☐ FATCA & CRS Details ☐ Change of Mode Of Operation
☐ Consolidation of Folios ☐ Power of Attorney (POA)

E. FATCA & CRS DETAILS:

| | |
|--|--|
| Place / City of Birth | |
| Country of Birth | |
| Nationality | |
| Are you a tax resident in any other country outside India? | <input type="checkbox"/> Yes <input type="checkbox"/> 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

| Country of Tax Residency | Tax Identification Number 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) |
|--------------------------|--|---|--|
| | | | Reason: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |

Reason A ☐ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers 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 state the reason thereof: _____

F. Change of Mode Of Operation (Applicable only if there are more than one applicant in the Folio. **All Holders to sign**)

☐ Joint ☐ Any One or Survivor(s)

G. CONSOLIDATION OF FOLIOS

I / We wish to consolidate all my / our investments under specified folios into one folio. Folios to be consolidated (i.e. source folios):

| | |
|-------------------------|-------------------------|
| 1. <input type="text"/> | 5. <input type="text"/> |
| 2. <input type="text"/> | 6. <input type="text"/> |
| 3. <input type="text"/> | 7. <input type="text"/> |
| 4. <input type="text"/> | 8. <input type="text"/> |

Target folio~[MANDATORY]

Consolidation of various folios can take place only if - **a.** Names of unit holders, **b.** Order of unit holders and **c.** Tax status is identical in all the mentioned folios. By requesting for consolidation of folios, the unit holder/s agree that the mode of holding, bank mandate, address and nomination details in the Target Folio will be applicable and will prevail after consolidation even if they were different details in source folios.

NOTE: For additional folios, if any, use a separate form.

H. Power of Attorney (POA) ☐ **Registration** (Please submit Notarised POA copy alongwith KYC acknowledgement) ☐ **Cancellation**

Name of POA Holder

PAN of POA

I. UNITHOLDER(S) SIGNATURE(S)**Declaration:**

☐ I/We have read and understood and agree to abide with the terms and conditions of the Scheme Information Document (SID), Key Information Memorandum (KIM) of the respective schemes and Statement of Additional Information (SAI) of JioBlackRock Mutual Fund and the addendums issued thereto till date. Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email.

☐ I/ We give my consent to the AMC to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility. I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed along with the form. I/We further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/Mutual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/We may incur if the Form is rejected.

Sign below as per mode of holding

| | | | |
|--|---------------------------------|---------------------------------|------------|
| 1st Holder/Guardian/ Authorised Signatory | 2nd Holder/Authorised Signatory | 3rd Holder/Authorised Signatory | POA Holder |
|--|---------------------------------|---------------------------------|------------|

Investors should retain the acknowledgement evidencing submission of the transaction till they receive a confirmation of acceptance or rejection of transaction. In case of difference of details in acknowledgement vis-à-vis actual transaction document, the details as mentioned on transaction document will prevail.