



R Wadiwala

Smart SIP

Date	D	D	M	M	Y	Y	Application No.	
Client Code	R						RM Code	

INVESTOR DETAILS											
Name of Investor											
PAN							Mobile				
Email ID											

INVESTMENT DETAILS																
Monthly Amt	Rs						Mode	Bank Mandate (ACH)								
Start Date	D	D	M	M	Y	Y	End Date	D	D	M	M	Y	Y	<input type="checkbox"/> Till Cancelled	Tenure	Months

BANK DETAILS														
Bank Name							Type	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> Other			
MICR							IFSC							
Account No.														

DEMAT DETAILS																
DP ID	DP Name	BO ID										Depository				
12043100	R Wadiwala Securities Pvt Ltd	1	2	0	4	3	1	0	0							CDSL

INVESTMENT PHILOSOPHY											
<ul style="list-style-type: none"> Smart SIP works on the principle of asset allocation. Based on market valuation (PE of the market), money will be invested either in debt or equity oriented mutual fund schemes. If market is trading below 20x PE, funds would be invested into equity oriented mutual fund scheme. When market is trading above 20x PE, funds would be invested into debt scheme. When market moves from higher valuation zone to PE below 20x, entire fund would be switched from debt to equity funds. And when market trades into expensive zone above 25x PE, entire fund will be switched from equity to debt schemes. In normal course of investment, above principle would be followed. But, we may reasonably deviate from the above principle of investing depending upon the market scenario and the future outlook. 											

DECLARATION											
<ul style="list-style-type: none"> I/We have received, read and understood the Risk Disclosure Documents for investment in mutual funds. I/We have read and understood the terms and conditions relating to investment philosophy of Smart SIP. I/We hereby authorize R. Wadiwala Securities Pvt. Ltd. to apply for allotment/purchase/redemption/switch of units in the above mentioned mutual fund schemes and agree to abide by the terms and conditions applicable thereto. I/We understand that I/we will be intimated either by the way of SMS / email or phone call before any transaction related to the above mentioned investment. I/We also understand that I have full rights to deny the said transaction before execution. I/We authorize R. Wadiwala Securities Pvt. Ltd. to make this investment in mutual fund schemes and that the amount invested in the scheme is through legitimate sources only and is not designed for the purpose of any contravention or evasion of any act, rules, regulations, notifications or directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by Government of India from time to time. I/We have neither received nor been induced by any rebate or gift, directly, in making this investment. I/We hereby declare that the ARN Holder has disclosed all commission (in the form of trail commissions or any other mode) payable to him for the different competing schemes of various Mutual Funds from amongst which the scheme is being recommended to me/us. I/We understand that this is not a product and only an investment plan. I/We understand that RWSPL is acting in the capacity of distributor. 											

Signature of 1st Holder	Signature of 2nd Holder	Signature of 3rd Holder

R Wadiwala Securities Pvt. Ltd.
NSE | BSE | DP: CDSL | PMS

Regd. Office: 9/2003-4 "Vishnu Priya", Limda Chowk, Main Road, Surat - 395 003.

Phone. 0261-6673500 Mail. info@rwadiwala.com Web. www.rwsec.com

RWS CIN: U67120GJ2004PTC044324

For Investor Grievance Redressal, mail on support@rwadiwala.com



UMRN

Grid for UMRN number

Date

Grid for Date (DDMMYY)

Tick (✓)

Sponsor bank code

HDFC0000060

Utility code

HDFC00187000008075

CREATE

I/We hereby authorize

R. Wadiwala Sec. Pvt. Ltd.

to debit (tick✓)

SB/CA/CC/SB-NRE /SB-NRO /Other

MODIFY

CANCEL

Bank a/c number

Grid for Bank a/c number

with bank

Name of customers bank

IFSC

Grid for IFSC

or MICR

Grid for MICR

an amount of Rupees

Grid for amount of Rupees

FREQUENCY

Mthly Qtly H-Yrly Yrly As & when presented

DEBIT TYPE

Fixed Amount Maximum Amount

Reference 1

Grid for Reference 1

Phone No.

Grid for Phone No.

Reference 2

Grid for Reference 2

Email ID

Grid for Email ID

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

PERIOD

From

Grid for From date (DDMMYY)

To

Grid for To date (DDMMYY)

Or

Until Cancelled

Signature Primary Account Holder

Signature Of Account Holder

Signature Of Account Holder

1. Name as in bank

2. Name as in bank

3. Name as in bank

* This is to confirm that the declaration has been carefully read, understood and made by me/us, I am authorising the user entity / corporate to debit my account.

* I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my / our name(s) and/or is the number that I / we use in the ordinary course. I / We hereby declare that, irrespective of my / our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me / us about the transactions carried out in my / our aforesaid account(s).

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUALS

Mandatory for all Applicant(s) including Joint-holder(s), Guardian (if applicable) and Power of Attorney (if any).

[Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]

**A. FATCA & CRS INFORMATION (SELF CERTIFICATION)**

PAN		Folio No.	
Name			
Type of Address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> Registered Office		
Nationality	Indian	Gender	Date of birth
Mobile		Place of Birth	Country of Birth INDIA
Father's name			
Spouse's name			
Documents required (if PAN not provided)	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others		
Identification number of the document provided			
Is the applicant/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.			
S No	Country of Tax Residency#	Tax Payer Identification Number^	Identification Type [TIN or other, please specify]
1			
2			
3			

#To also include USA, where the individual is a citizen/ green card holder of USA.

^In case Tax Identification Number is not available, kindly provide its functional equivalent.

B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick (v)]	<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (Please Specify)		
Gross Annual Income (Rs.) [Please tick (v)]	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >1 Crore		
Net-worth (Mandatory for Non-Individuals)	Rs. _____ as on ___/___/____ (Not older than 1 year) DD MM YYYY		
Politically Exposed Person (PEP) Status*	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable		

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

C. DECLARATION:

I have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [RTA/Fund/AMC] 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 Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') 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 to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payers to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

Date: Place:

First Applicant / Guardian

Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit 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 folio(s) 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 us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case investor has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, investor to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: <ol style="list-style-type: none"> a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> 1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India (other than depository accounts)	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* **Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**