

Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals

Important Instructions:

- A. Fields marked with "*" are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YYYY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update application.
- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

ARN-64917 EUIN - E434563

For office use only	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
(To be filled by financial institution)	KYC Number	(Mandatory for KYC update request)

1. Entity Details* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation/Formation* DD - MM - YY YY Date of Commencement of Business DD - MM - YY YY

Place of Incorporation/Formation* Country of Incorporation/Formation* TIN or Equivalent Issuing Country

PAN* Form 60 furnished

TIN/GST Registration Number

2. PROOF OF IDENTITY (POI)* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation/Formation Registration Certificate

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board/Managing Committee Power of Attorney granted to its manager, officers or employees to transact on its behalf

Activity proof – 1 (For Sole Proprietorship Only) Activity proof – 2 (For Sole Proprietorship Only)

3. ADDRESS (Please see instruction C at the end)

3.1 Registered Office Address/Place of Business*

Proof of Address* Certificate of Incorporation/Formation Registration Certificate Other Document

Line 1*

Line 2*

Line 3* City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from above)*

Line 1*

Line 2*

Line 3* City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) - Fax -

Mobile - Email ID

Mobile - Email ID

5. Number of Related Persons (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)

**Annexure A2 | Legal Entity | Other than Individuals
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person**

Important Instructions:

- A. Fields marked with '*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update application.
- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

ARN-64917 EUIN - E434563

For office use only (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Delete
	KYC Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

(Mandatory for KYC update and delete request)

1. Details of Related Person* (Please refer instruction E at the end)

Addition of Related Person
 Deletion of Related Person
 Update Related Person Details

KYC Number of Related Person (if available*) (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

Related Person Type*
 Director
 Promoter
 Karta
 Trustee
 Partner
 Court Appointment Official
 Proprietor
 Beneficiary
 Authorised Signatory
 Beneficial Owner
 Power of Attorney Holder
 Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 Personal Details (Please refer instruction E at the end)

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name				
Father / Spouse Name*				
Mother Name				
Date of Birth*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T- Transgender			
Nationality*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)			
PAN*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Form 60 furnished			

1.2 Proof of Identity and Address* (Please refer instruction E at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence Driving Licence Expiry Date - -
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

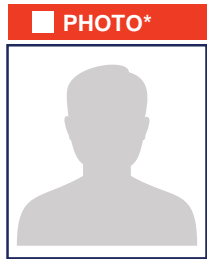
Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*



1.3 Current Address Details (Please refer instruction E at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed PoA

V Self-Declaration

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction D at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, 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 declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines

[Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

Date: - - Place:

6. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC Process Equivalent e-document

KYC documents verification carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

A. Clarification / Guidelines on filling 'Entity Details' section

1. Entity Constitution Type

A – Sole Partnership

B – Partnership Firm

C – HUF

D – Private Limited Company

E – Public Limited Company

F – Society

G – Association of Persons (AOP)/Body of Individuals (BOI) N – Section 8 Companies (Companies Act, 2013)

H – Trust

I – Liquidator

J – Limited Liability Partnership

K – Artificial Liability Partnership

L – Public Sector Banks

M – Central/State Government Department or Agency S – Foreign Portfolio Investors

O – Artificial Juridical Person

P – International Organisation or

Agency/Foreign Embassy or Consular Office, etc.

Q – Not Categorized

R – Others

2. In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, Form 60 may be obtained if PAN is not available.

3. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

B. Clarification / Guidelines on filling 'Proof of Identity [POI]' section

A. Activity Proof – 1 and Activity Proof – 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.

B. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.

C. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.

D. 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.

E. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

F. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C. Clarification/Guidelines for filling Proof of Address [PoA] section

A. State/U.T Code and Pin/Post Code will not be mandatory for overseas addresses.

B. Certified copy of document or equivalent e-document to be submitted.

D. Clarification/Guidelines for filling 'Related Person Details' section

A. Please mention two-digit 'country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).

B. Do not add '0' in the beginning of Mobile number.

E. Clarification/Guidelines for filling 'Related Person Details' section

1. Personal Details

▪ The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.

2. Proof of Address [PoA]

▪ PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.

▪ State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.

▪ In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR

▪ REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

C. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related' are required.

D. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F. Provision for capturing signature of multiple authorised persons is to be made by the RE.**G. List of people authorized to attest the documents after verification with the originals:**

1. Authorised officials of Asset Management Companies (AMC).

2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.

3. KYD compliant mutual fund distributors.

4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).

5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

6. Government authorised officials who are empowered to issue Apostille Certificates.

General instructions:

1. Self-Certification of documents is mandatory.

2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].

3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above

4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.

5. If current & permanent addresses are different, then proofs for both have to be submitted.

6. Sole proprietor must make the application in his individual name & capacity.

7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.

8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.

9. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State/U.T	Code	State/U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarkhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rica	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Code d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

Annexure A - Ultimate Beneficial Ownership (UBO) Declaration form

[MANDATORY for Non-Individual Applicants/Investors]

This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company

ARN-64917 EUIN - E434563



A APPLICANT DETAILS:														
Applicant Name														
PAN	Application No.													
	Folio Nos.													

B CATEGORY [tick (✓) applicable category]:
<input type="checkbox"/> Unlisted Company <input type="checkbox"/> Partnership Firm <input type="checkbox"/> LLP <input type="checkbox"/> Unincorporated association / body of individuals <input type="checkbox"/> Public Charitable Trust <input type="checkbox"/> Religious Trust <input type="checkbox"/> Private Trust/ Trust created by a Will <input type="checkbox"/> Others [Specify] _____

C DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)

Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Type of Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships)

> 25% control of company

> 15% control of Partnership / LLP / Trust / AoP /BoI

If there is no UBO, please declare that there is no holding beneficial interest - striking off the below table and provide signatures under the declaration & signature section.

Sr. No	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type	% of beneficial interest (Enclose appropriate proof)	Place & Country of Birth / Incorporation	Date of Birth / Incorporation [dd-mm-yyyy]	Address, Address Type* & Contact details [include City, Pin code, State, Country]	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
Mandatory, if PAN not provided												
1.												<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
2.												<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
3.												<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
4.												<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
5.												<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others

* Address Type should either Residence or Business or Registered Office

I / We acknowledge and confirm that the information provided above is / are true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I / We aware that I / We may liable for it. I / We hereby authorize you to update your records from the above information received by the Fund or from other SEBI Registered Intermediaries. Further, I authorize you to share the beneficial owner information (in this form) provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or redeem / reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I / We 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 end.

Date _____		
Place _____	Authorised Signatory 1	Authorised Signatory 2
	Authorised Signatory 3	

INSTRUCTIONS ON CONTROLLING PERSONS / ULTIMATE BENEFICIAL OWNER

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs / UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and /or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

1. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:-
- more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

(ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.

(iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official

2. For Investors which is a trust:

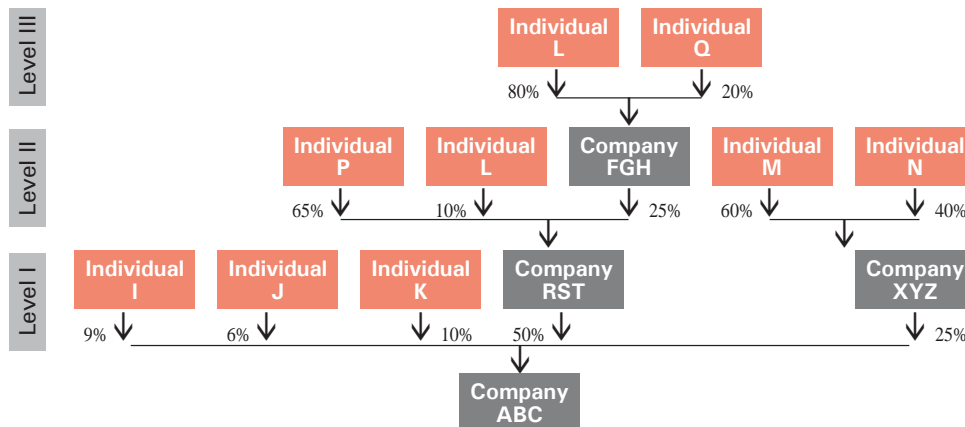
The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

3. Exemption in case of listed companies / foreign investors:

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client

ILLUSTRATION FOR ESTABLISHING BENEFICIAL OWNERSHIP

To assist with this process, an example can be found below on how to determine BOs of a company. Here is the ownership structure of Company ABC:



Here is the corresponding calculation of beneficial ownership:

Calculation of ownership

Individual	Company	Level I	Level II	Level III	Effective ownership
Individual I		9%			9%
Individual J		6%			6%
Individual K		10%			10%
Individual M	Company XYZ	25%	60%		15%
Individual N	Company XYZ	25%	40%		10%
Individual L	Company RST	50%	10%		5%
	Company FGH	50%	25%	80%	10%
Individual P	Company RST	50%	65%		32.50%
Individual Q	Company FGH	50%	25%	20%	2.50%
Total =					100%

In the above example, KYC documents & shareholding pattern of Company RST & XYZ required. Additionally KYC documents of Individual P shall be required who holds 32.50% in ABC.

