

# KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR NON-INDIVIDUALS ONLY)

(Please fill the form in English and in BLOCK Letters)



Place for  
Intermediary Logo



ARN-64917 EUIN - E434563

Application No.

## 01. Identity Details (Please see guidelines overleaf)

Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

FIRST	MIDDLE	LAST
Date of Incorporation <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Place of Incorporation: _____		
Registration No. (e.g. CIN) <input type="text"/>	Date of commencement of business <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Status Please tick (✓) <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / Charities / NGOs <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF		
<input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organisation <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Society		
<input type="checkbox"/> LLP <input type="checkbox"/> Others _____ (Please specify)		
Permanent Account Number (PAN) (MANDATORY) <input type="text"/>		Please enclose a duly attested copy of your PAN Card

## 02. Address Details (Please see guidelines overleaf)

Address for Correspondence:

\_\_\_\_\_

City / Town / Village \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Post Code

Contact Details: Tel. (Off.) (ISD/STD)  Tel. (Res.) (ISD/STD)

Mobile  Fax  E-Mail Id. \_\_\_\_\_

Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

\*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Bank Account Statement  Registered Lease / Sale Agreement of Office Premises

Any other proof of address document (as listed overleaf) \_\_\_\_\_ (Please specify)

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

Registered Address (If different from above):

\_\_\_\_\_

City / Town / Village \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Post Code

Contact Details: Tel. (Off.) (ISD/STD)  Tel. (Res.) (ISD/STD)

Mobile  Fax  E-Mail Id. \_\_\_\_\_

Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

\*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Bank Account Statement  Registered Lease / Sale Agreement of Office Premises

Any other proof of address document (as listed overleaf) \_\_\_\_\_ (Please specify)

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

## 03. Other Details (Please see guidelines overleaf)

Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors

(Please use the Annexure to fill in the details)

Any other information: \_\_\_\_\_

## 04. Applicant Declaration

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.

Date  Place \_\_\_\_\_

SIGN HERE  
Signature / Thumb Impression of Applicant

## 05. FOR OFFICE USE ONLY

AMC/Intermediary name OR code \_\_\_\_\_

(Originals Verified) Self Certified Document copies received Date

(Attested) True copies of documents received Place \_\_\_\_\_

SIGN HERE  
Seal/Stamp of the intermediary should contain/Staff Name/  
Designation/Name of the Organization/Signature

# Instructions/Guidelines for filling Non-Individual CKYC & KRA KYC Form

## A. Important Points

- Self attested copy of PAN card is mandatory for all clients.
- Copies of all the documents submitted by the applicant should be self-attested 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 below mentioned list.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for a minor or, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- Politically Exposed Persons (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.

## B. Proof of Identity (POI): List of documents admissible as Proof of Identity

- PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
- Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by banks.

## C. Proof of Address (POA): List of documents admissible as Proof of Address:

- (\*Documents having an expiry date should be valid on the date of submission.)
- Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat Maintenance bill/Insurance Copy.

- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
- Bank Account Statement/Passbook - Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks / Scheduled Co-Operative Bank / Multinational Foreign Banks / Gazetted Officer / Notary public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
- For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
- The proof of address in the name of the spouse may be accepted.

## D. Exemptions/clarifications to PAN

- (\*Sufficient documentary evidence in support of such claims to be collected.)
- In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
  - Investors residing in the state of Sikkim.
  - UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
  - SIP of Mutual Funds upto ₹ 50,000/- p.a.
  - In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

## E. List of people authorized to attest the documents:

- 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).
- 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.

## F. In case of Non-Individuals, additional documents to be obtained from Non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
<b>Corporate</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year)</li> <li>Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations</li> <li>Photograph, POI, POA, PAN of individual promoters holding control – either directly or indirectly</li> <li>Copies of the Memorandum and Articles of Association and certificate of incorporation</li> <li>Copy of the Board Resolution for investment in securities market</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Partnership firm</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Certificate of registration (for registered partnership firms only)</li> <li>Copy of partnership deed</li> <li>Authorized signatories list with specimen signatures</li> <li>Photograph, POI, POA, PAN of Partners</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Certificate of registration (for registered trust only). Copy of Trust deed</li> <li>List of trustees certified by managing trustees/CA</li> <li>Photograph, POI, POA, PAN of Trustees</li> </ul>
<b>HUF</b>	<ul style="list-style-type: none"> <li>PAN of HUF</li> <li>Deed of declaration of HUF/List of coparceners</li> <li>Bank pass-book/bank statement in the name of HUF</li> <li>Photograph, POI, POA, PAN of Karta</li> </ul>
<b>Unincorporated Association or a body of individuals</b>	<ul style="list-style-type: none"> <li>Proof of Existence/Constitution document</li> <li>Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Banks/Institutional Investors</b>	<ul style="list-style-type: none"> <li>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Foreign Institutional Investors (FII)</b>	<ul style="list-style-type: none"> <li>Copy of SEBI registration certificate</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Army/Government Bodies</b>	<ul style="list-style-type: none"> <li>Self-certification on letterhead</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Registered Society</b>	<ul style="list-style-type: none"> <li>Copy of Registration Certificate under Societies Registration Act</li> <li>List of Managing Committee members</li> <li>Committee resolution for persons authorised to act as authorised signatories with specimen signatures</li> <li>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary</li> </ul>

Please Submit the KYC Documents on A4 Size Paper Only.

**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals**

ARN-64917 EUIN-E434563

Name of Applicant \_\_\_\_\_ PAN of the Applicant \_\_\_\_\_

Sr. No.	PAN	Name	DIN (For Directors)/ Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Place for  
Intermediary Logo



Date [d][d] / [m][m] / [y][y][y][y]

Name & Signature of the Authorised Signatory(ies)



# Details of ultimate beneficial owner including additional FATCA & CRS information

ARN-64917 EUIN - E434563

Name of the entity

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

Customer ID / Folio Number

PAN Date of incorporation DD / MM / YYYY

City of incorporation

Country of incorporation

Entity Constitution Type a Partnership Firm b HUF c Private Limited Company d Public Limited Company e Society f AOP/BOI g Trust H Liquidator h Limited Liability Partnership i Artificial Juridical Person z Others specify

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Table with 3 columns: Country, Tax Identification Number, Identification Type (TIN or Other, please specify)

\*In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

## FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

### PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution or Direct reporting NFE. GIIN. Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below. Name of sponsoring entity. GIIN not available. Applied for. Not required to apply for - please specify 2 digits sub-category. Not obtained - Non-participating FI

### PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

Table with 4 rows: 1. Is the Entity a publicly traded company? 2. Is the Entity a related entity of a publicly traded company? 3. Is the Entity an active NFE? 4. Is the Entity a passive NFE?

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>4</sup>Refer 3(ii) of Part D | <sup>6</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>10</sup>Refer 1A of Part D

## UBO Declaration

**Category** (Please tick applicable category):  
 Unincorporated association / body of individuals  
 Unlisted Company  
 Partnership Firm  
 Limited Liability Partnership Company  
 Public Charitable Trust  
 Religious Trust  
 Private Trust  
 Others (please specify \_\_\_\_\_)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's<sup>5</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person	Tax ID Type - TIN or Other, please specify	Address - Include State, Country, PIN / ZIP Code & Contact Details
Country - Tax Residency*	Beneficial Interest - in percentage	Address Type -
Tax ID No. - Or functional equivalent for each country*	Type Code <sup>11</sup> -of Controlling person	
1. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Type Code _____ AddressType _____ <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address _____ ZIP _____ State: _____ Country: _____
2. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Type Code _____ AddressType _____ <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address _____ ZIP _____ State: _____ Country: _____
3. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Type Code _____ AddressType _____ <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address _____ ZIP _____ State: _____ Country: _____

**# If passive NFE, please provide below additional details.**

(Please attach additional sheets if necessary)

PAN / Any other Identification Number <small>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence/NREGA Job Card, Others)</small>	Occupation Type - Service, Business, Others	DOB - Date of Birth
City of Birth - Country of Birth	Nationality	Gender - Male, Female, Other
	Father's Name - Mandatory if PAN is not available	
1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

\* To include US, where controlling person is a US citizen or green card holder

<sup>11</sup>In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>4</sup>Refer 3(iii) of Part D | <sup>5</sup>Refer 3(vi) of Part D | <sup>11</sup>Refer 3(iv) (A) of Part D

### FATCA - CRS Terms and Conditions

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

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

<sup>5</sup>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.

#### Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name	
Designation	
Signature	Signature
Signature	Signature
Signature	Signature

Place \_\_\_\_\_  
Date / / \_\_\_\_\_

# UBO (Declaration of Ultimate Beneficial Ownership)

(Mandatory for Non-individual Applicant / Investor)

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)



ARN-64917 EUIN - E434563

## 01. APPLICANT DETAILS

Applicant's Name FIRST MIDDLE LAST

Applicant PAN

## 02. LISTED COMPANY / ITS SUBSIDIARY COMPANY (Part 3 details not applicable)

(i) I/We hereby declare that -

- Our company is a Listed Company listed on recognized stock exchange in India
- Our company is a subsidiary of the Listed Company
- Our company is a controlled by a Listed Company

(ii) Details of Listed Company^

Stock Exchange on which listed \_\_\_\_\_ Security ISIN \_\_\_\_\_

^The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

## 03. NON-INDIVIDUALS OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY

(i) Category (✓ applicable category):

- Unlisted Company
- Partnership Firm
- Limited Liability Partnership Company
- Unincorporated association / body of individuals
- Public Charitable Trust
- Religious Trust
- Private Trust
- Trust created by a Will
- Others \_\_\_\_\_ (please specify)

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide information by attaching separate declaration forms)

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable# [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instruction 3]	KYC (Yes/No) [Please attach KYC acknowledgement copy] [Refer instruction 2]

#Attached documents should be self-certified by the UBO and certified by the Applicant Authorized Signatory/ies.

## 04. DECLARATION & SIGNATURE

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 the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. 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 : .....	⊗	Date : .....	⊗	Date : .....	⊗
Place : .....	SIGN HERE First/Sole Applicant/Guardian	Place : .....	SIGN HERE Second Applicant	Place : .....	SIGN HERE Third Applicant

# INSTRUCTIONS

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 ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such 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. Ultimate Beneficiary Owner [UBO]:

### A. 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.

### B. For Investors which is a trust:

The identity of the settlor 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.

### C. 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 shareholders/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.

## 2. KYC Requirements

Beneficial Owner(s) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof to be submitted for all the listed Beneficial Owner(s).

## 3. UBO Codes:

UBO Codes	Description
UBO-1	Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person (Investor), where the juridical person is a company
UBO-2	Controlling ownership interest of more than 15% of the capital or profits of the juridical person (Investor), where the juridical person is a partnership
UBO-3	Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person (Investor), where the juridical person is an unincorporated association or body of individuals
UBO-4	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner (In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interest)
UBO-5	Natural person who holds the position of senior managing official (In case no natural person cannot be identified as above)
UBO-6	The settlor(s) of the trust
UBO-7	Trustee(s) of the Trust
UBO-8	The Protector(s) of the Trust (if applicable)
UBO-9	The beneficiaries with 15% or more interest in the trust if they are natural person(s)
UBO-10	Natural person(s) exercising ultimate effective control over the trust through a chain of control or ownership

For any queries / clarifications, Please contact the nearest Investor Service Centers (ISCs) of the AMC at toll free number 1800 258 5678 or e-mail to us: [service@licmf.com](mailto:service@licmf.com) or log on to 'Investor Corner' section on our website [www.licmf.com](http://www.licmf.com)