

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	<input type="text"/>	(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 Regn Certificate No.

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)

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.

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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"/>			(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)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY			
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="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 DD - MM - YY YY
 D-NREGA Job Card
 E-National Population Register Letter
 F-Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

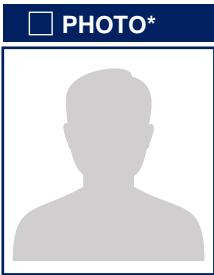
Address

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	H – Trust	O – Artificial Juridical Person
B – Partnership Firm	I – Liquidator	P – International Organisation or Agency/Foreign Embassy or Consular Office, etc.
C – HUF	J – Limited Liability Partnership	Q – Not Categorized
D – Private Limited Company	K – Artificial Liability Partnership	R – Others
E – Public Limited Company	L – Public Sector Banks	S – Foreign Portfolio Investors
F – Society	M – Central/State Government Department or Agency	
G – Association of Persons (AOP)/Body of Individuals (BOI)	N – Section 8 Companies (Companies Act, 2013)	

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 PoI does not have an address or address as per PoI 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 Rico	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		

SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM



(Complete the relevant section legibly in black/ dark coloured ink and in BLOCK LETTERS.) ARN-64917 EUIN-E434563

1.	EXISTING UNIT HOLDER INFORMATION *Mandatory
Unitholder's Name	Folio No.

2.	FIRST APPLICANT'S INFORMATION* <i>[Please shade (●)]</i>								
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;">N</td> <td style="width:10%; text-align:center;">A</td> <td style="width:10%; text-align:center;">M</td> <td style="width:10%; text-align:center;">E</td> </tr> </table>	N	A	M	E	PAN <input type="radio"/> KYC				
N	A	M	E						
Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Sole Proprietorship <input type="radio"/> HUF <input type="radio"/> Partnership Firm <input type="radio"/> Limited Partnership (LLP) <input type="radio"/> Listed Company <input type="radio"/> Unlisted Company <input type="radio"/> Body Corporate <input type="radio"/> Bank/FI <input type="radio"/> Insurance Company <input type="radio"/> Government Body <input type="radio"/> AOP/BOI <input type="radio"/> Trust <input type="radio"/> Society <input type="radio"/> Provident Fund <input type="radio"/> Superannuation/Pension Fund <input type="radio"/> Gratuity Fund <input type="radio"/> FII <input type="radio"/> Others <i>(Please Specify)</i>									
Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others <i>(Please Specify)</i>									
Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore									
Net-worth in ₹ _____ as on <table style="display:inline-table; border-collapse: collapse;"> <tr> <td style="border:1px solid black; width:20px; text-align:center;">D</td> <td style="border:1px solid black; width:20px; text-align:center;">D</td> <td style="border:1px solid black; width:20px; text-align:center;">M</td> <td style="border:1px solid black; width:20px; text-align:center;">M</td> <td style="border:1px solid black; width:20px; text-align:center;">Y</td> <td style="border:1px solid black; width:20px; text-align:center;">Y</td> <td style="border:1px solid black; width:20px; text-align:center;">Y</td> <td style="border:1px solid black; width:20px; text-align:center;">Y</td> </tr> </table> (Not older than 1 year)		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Please shade (●)* <input type="radio"/> Politically Exposed Person <input type="radio"/> Related to Politically Exposed Person <input type="radio"/> Not Applicable	For Non - Individual Investors* (Is the entity involved in / providing any of the following services) Foreign Exchange / Money Changer Services <input type="radio"/> Yes <input type="radio"/> No Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] <input type="radio"/> Yes <input type="radio"/> No Money Lending / Pawning <input type="radio"/> Yes <input type="radio"/> No Any other information [Please specify]: _____								

3.	SECOND APPLICANT'S INFORMATION* <i>[Please shade (●)]</i>
<input type="radio"/> Mr. <input type="radio"/> Ms.	PAN <input type="radio"/> KYC
Status* <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others <i>(Please Specify)</i>	
Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others <i>(Please Specify)</i>	
Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore	
Net-worth in ₹ _____	
Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable	

4.	THIRD APPLICANT'S/ GUARDIAN/ POWER OF ATTORNEY INFORMATION* <i>[Please shade (●)]</i>
<input type="radio"/> Mr. <input type="radio"/> Ms.	PAN <input type="radio"/> KYC
Status* <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others <i>(Please Specify)</i>	
Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others <i>(Please Specify)</i>	
Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore	
Net-worth in ₹ _____	
Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable	

5.	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 have read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund (formerly Union KBC Mutual Fund) and the terms and conditions and policies on the website.		
Signature Sole/ First Applicant/ Guardian	Signature Second Applicant	Signature Third Applicant

NOTE

In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP) status which were forming a part of uniform KYC form is now captured in the application form of the Fund. Also, the detail regarding nature of services viz. Foreign Exchange/ Gaming/ Money Lending, etc., (applicable for first/sole applicant) is required to be provided as part of Client Due Diligence (CDD) Process of the Fund.

The said details are mandatory for both Individual and Non Individual applicants.

ADDITIONAL KNOW YOUR CLIENT (KYC) INFORMATION, FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

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

ARN-64917 EUIN-E434563



To be filled in **BLOCK LETTERS** [Please refer instructions overleaf. Please strike off sections that are not applicable].
Please seek advice from a tax professional on FATCA/ Foreign Tax Laws/ UBO related information

Name <input type="radio"/> M/s.																			
PAN	Address Type <input type="radio"/> Business <input type="radio"/> Residential / Business <input type="radio"/> Registered Office																		
Country of Incorporation										Place/ City of Incorporation									

Additional KYC Information

Gross Annual Income* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore
Net-worth in ₹ _____ as on DDMMYYYY (Not older than 1 year)

Please shade (●)*
 Politically Exposed Person
 Related to Politically Exposed Person
 Not Applicable

For Non - Individual Investors* (Is the entity involved in / providing any of the following services)
 Foreign Exchange / Money Changer Services Yes No
 Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] Yes No
 Money Lending / Pawning Yes No
 Any other information [Please specify]: _____

FATCA & CRS Declaration

Part A

Is your [Entity] Country of Tax Residency other than India – Yes No

If 'Yes', please specify the details of all countries where you [Entity] hold tax residency and its Tax Identification Number & type

Sr. No.	Country of Tax Residency	Tax Payer Identification Number*	Identification Type [TIN or other, please specify]
1			
2			
3			

* In case Tax Payer Identification Number is not available, please provide its functional equivalent or Company Identification Number or Global Entity Identification Number

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code here _____
 (Refer Instructions m and p)

Part B [to be filled by Financial Institutions or Direct Reporting NFFEs]

Sr. No.	Information	Additional Information to be provided
1	We are a <input type="radio"/> Financial Institution/ FFI [refer instructions b.] <input type="radio"/> Direct Reporting NFFE [refer instructions c.] (Please shade as appropriate)	GIIN (Global Intermediary Identification Number): _____ 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 the sponsoring entity _____ GIIN not available [shade any one]: <input type="radio"/> Applied for on DDMMYYYY <input type="radio"/> Not required to apply for - specify sub-category code ____ [refer instructions d.] <input type="radio"/> Not obtained - Non-participating FFI

Part C [to be filled by NFEs other than Direct Reporting NFFEs]

1	We are a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.]	Yes <input type="radio"/> No <input type="radio"/> (If Yes, please specify the name of the Stock Exchange(s) where it is traded regularly) 1. _____ 2. _____
2	We are a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions f.]	Yes <input type="radio"/> No <input type="radio"/> (If Yes, please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly) Name of the listed company: _____ Name of the Stock Exchange: _____
3	We are an Active NFE	Yes <input type="radio"/> No <input type="radio"/> If Yes, specify nature of business _____ Please specify sub-category of Active NFE ____ [refer instructions h.]
4	We are a Passive NFE [refer instructions i.]	Yes <input type="radio"/> No <input type="radio"/> If Yes, specify nature of business _____

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO) (Refer instructions on UBO)

Category [Please shade (●)]

We hereby declare that:

- Our company is a Listed Company listed on a recognised stock exchange/ Subsidiary or Controlled by a Listed Company [If this category is selected, no need to provide UBO details]
 Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals Public Charitable Trust Private Trust
 Religious Trust Trust created by a Will Others [please specify] _____

Details of Ultimate Beneficiary Owners ^ :

Name of UBO#				
Country of Tax Residency#				
Taxpayer Identification Number / PAN / Equivalent ID Number#				
Identification Type#				
% of beneficial interest#				
Controlling Person type/ UBO Code#				
Place & Country of Birth#				
Date of Birth [dd-mmm-yyyy]\$				
Address & Contact details [include City, Pincode, State, Country]				
Address Type	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office
Gender [Male, Female, others]\$				
Father's Name\$				
Nationality\$				
Occupation [Service, Business, etc.]				

Mandatory fields

\$ Mandatory if PAN of UBO/Controlling persons is not provided

Note: 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.

Note that we may call for additional information/documentation wherever required or if the given information is not clear / incomplete / incorrect and you may have provide the same as and when solicited.

Declaration

I/ We have read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund (formerly Union KBC Mutual Fund) and the terms and conditions and policies on the website and FATCA/ CRS terms and conditions before investing. I/ We acknowledge and confirm that the information provided above is/ are true and correct to the best of my/ our knowledge and belief and provided after consulting necessary tax professionals, read & understood the FATCA terms and conditions. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ we am/ are aware that I/ we may be liable for it. I/ We hereby authorize you to disclose, share, remit in any form, mode or manner, all/ any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Union Mutual Fund, its Sponsor, Union Asset Management Company Pvt. Ltd. (formerly Union KBC Asset Management Company Private Limited), trustees, their employees/ associated parties/ Registrar and Transfer Agents (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 and other investigation agencies without any obligation of advising me/ us of the same. Further, I/ we, authorize you to share the given information to other SEBI Registered Intermediaries to facilitate single submission/ update & for other relevant purposes. 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/ documentary proof as may be required at your end. As may be required by domestic or overseas regulators/ tax authorities, I/ we authorize Union Mutual Fund/ AMC/ RTA to withhold and pay out any sums from my/ our account(s) or close or suspend my/ our account(s) without any obligation of advising me/ us of the same.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal)

Signature	Signature	Signature
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Instructions for FATCA & CRS Declaration

- a. **Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standards (CRS) Details and Terms & 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 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 FIs 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 you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are a tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach it to this form.
- b. Financial Institution / Foreign Financial Institution [FFI] - Means any non-US financial institutions that is a - (1) Depository institution - accepts deposits in the ordinary course of banking or similar business; (2) Custodian institution - as a substantial portion of its business, hold financial assets for the accounts of others; (3) Investment entity - conducts a business or operates for or on behalf of a customer for any of the activities like trading in money market instruments, foreign exchange, foreign currency, etc. or individual or collective portfolio management or investing, administering or managing funds, money or financial assets on behalf of other persons; or an entity managed by this type of entity; or (4) Insurance company - entity issuing insurance products i.e. life insurance; (5) Holding or Treasury company - entity that is part of an expanded affiliate group that includes a depository, custodian, specified insurance company or investment entity.
- c. Direct Reporting NFFE - a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.
- d. GIIN not required category:

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors and Investment Managers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

- e. Listed Company - A company is publicly traded if its stock are regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange).
- f. Related Entity - an entity is a "Related Entity" of another entity if one controls the other, or the two entities are under common control (where control means direct or indirect ownership of more than 50% of the vote or value in an entity).
- g. Non-financial foreign entity [NFFE] - Non-US entity that is not a financial institution [including a territory NFFE]. Following NFFEs are excluded from FATCA reporting - (a) Publicly traded corporation / listed companies; (b) Related Entity of a listed company; and (c) Active NFFE.
- h. Active NFFE - Any one of the following -

Code	Sub-Category
01	Less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and < 50% of the assets held by NFE are assets that produce or are held for the production of passive income
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE is a 'non for profit' organization which meets all of the following requirements: <ul style="list-style-type: none"> • It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; • It is exempt from income tax in India; • It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; • The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and • The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

- i. Passive NFE - means any NFE that is not (i) an Active NFFE or listed / publicly traded entity or entity related to the listed / publicly traded entity, or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations or (iii) the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity - (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes).

- j. Passive Income – portion of gross income that consists of dividends, interest, rents and royalties (other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFFE), income equivalent to interest / amount received from pool of insurance contracts, annuities, excess of gains over losses from the sale or exchange of property / from transactions (including futures, forwards or similar transactions) in any commodities but not including (i) any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation or (ii) active business gains or losses from the sale of commodities but only if substantially all the foreign entity's commodities are property, excess of foreign currency gains over losses, net income from notional principal contracts, amounts received under cash value insurance contracts, amounts earned by insurance company in connection with its reserves for insurance and annuity contracts.
- k. Controlling Persons means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.
- l. Non-Participating FFIs [NPFIs] - an FFI other than participating FFI, a deemed-complaint FFI, or an exempt beneficial owner.
- m. Specified US Persons - Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker.
- n. Expanded affiliated group - One or more chains of members connected through ownership (50% or more, by vote or value) by a common parent entity if the common parent entity owns stock or other equity interests meeting the requirements in atleast one of the other members.
- o. Owner documented FFI – AN FFI meeting the following requirements – (a) FFI is an FFI solely because it is an investment entity; (b) FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company; (c) FFI does not maintain a financial account for any non-participating FFI; (d) FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in the circumstances, and (e) The designated withholding agent agrees to report to the IRS (or, in case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any US specified persons and (2) Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a US person, an exempt beneficial owner, or an exempted NFE.
- p. Exemption Code for US persons:

Code	Sub-category
A	An organization exempt from tax under section 501 (a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan
N	Not applicable

- q. The identification of US person will be based on one or more of the following US indicia:

- Identification of the Account Holder as a US citizen or resident;
- Unambiguous indication of a US place of birth;
- Current US mailing or residence address (including a US post office box);
- Current US telephone number;
- Standing instructions to transfer funds to an account maintained in USA;
- Current effective power of attorney or signing authority granted to a person with a US address; or
- An "in-care of" or "hold mail" address that is the sole address that the Indian Financial Institution has on the file for the Account Holder.

Once an account is identified based on the above indicia, further documentation may be called for to finally determine whether the account would be a U.S. reportable account.

- r. U.S. reportable account:

The term "U.S. Reportable Account" means a Financial Account maintained by a financial institution and held by:

- one or more Specified U.S. Persons or
- by a Non-U.S. Entity with one or more Controlling Persons that is a Specified U.S. Person.

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.

The Ultimate Beneficial Owner means:

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 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.

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 shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts with 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

D. KYC requirements

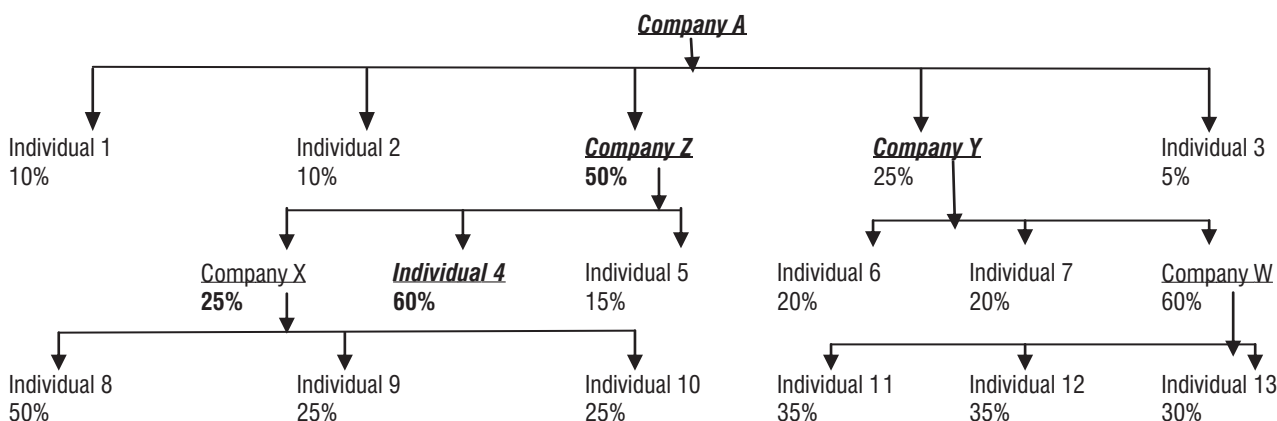
Beneficial Owner(s) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRAs & submit the same to the AMC. KYC proof is to be submitted for all the listed Beneficial Owner(s).

E. Controlling Person Type [CP/UBO] Codes:

CP/UBO Code	Description	CP/UBO Code	Description
C01	CP of legal person-ownership [Refer A (i) above]	C08	CP of legal arrangement-trust-other [Refer B above]
C02	CP of legal person-other means [Refer A (ii) above]	C09	CP of legal arrangement-trust-other-settlor equivalent [Refer B above]
C03	CP of legal person-senior managing official [Refer A (iii) above]	C10	CP of legal arrangement-trust-other-trustee-equivalent [Refer B above]
C04	CP of legal arrangement-trust-settlor [Refer B above]	C11	CP of legal arrangement-trust-other-protector equivalent [Refer B above]
C05	CP of legal arrangement-trust-trustee [Refer B above]	C12	CP of legal arrangement-trust-other-beneficiary-equivalent [Refer B above]
C06	CP of legal arrangement-trust-protector [Refer B above]	C13	CP of legal arrangement-trust-other-other-equivalent [Refer B above]
C07	CP of legal arrangement-trust-beneficiary [Refer B above]	C14	Unknown

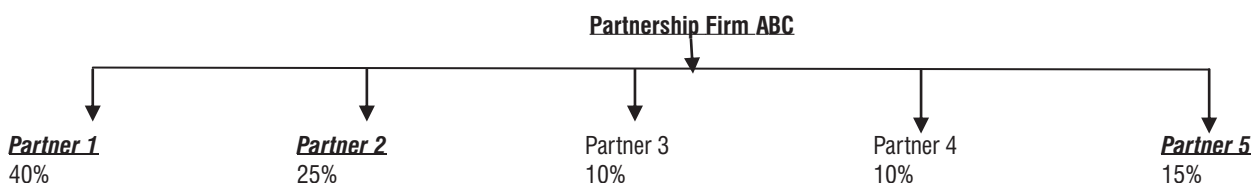
Sample Illustrations for ascertaining beneficial ownership:

Illustration No. 1 - Company A



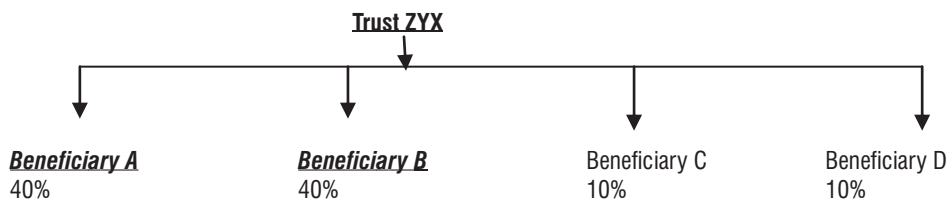
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 30% in Company A. Hence details of Individual 4 has to be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

Illustration No. 2 - Partner ABC



For Partnership Firm ABC, Partners 1, 2 & 5 are considered as UBO as each of them holds >= 15% of capital. KYC proof for these partners needs to be submitted including shareholding

Illustration No. 3 - Trustee ZYX



For Trust ZYX, Beneficiaries A & B are considered as UBO as they are entitled to get benefitted for > 15% of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.