

Please fill this form in ENGLISH and in BLOCK LETTERS.

**A. Identity Details (please see guidelines overleaf)**

**1. 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).

\_\_\_\_\_  
 \_\_\_\_\_

**2a. Date of Incorporation** DD M M YY Y Y

**2b. Place of Incorporation** \_\_\_\_\_

**3. Registration No. (e.g. CIN)** \_\_\_\_\_

**Date of commencement of business** DD M M YY Y Y

**4. Status**  Private Ltd. Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust / Charities / NGOs  
 Please tick (✓)  FI  FII  HUF  AOP  Bank  Government Body  Non-Government Organisation  
 Defence Establishment  Body of Individuals  Society  LLP  Others Please specify

**5. Permanent Account Number (PAN) (MANDATORY)** \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card.

**PHOTOGRAPH**  
  
 Please affix recent Passport size photograph of Authorised Signatory. Signatory to also sign across the Photograph.

**B. Address Details (please see guidelines overleaf)**

**1. Address for Correspondence**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City / Town / Village \_\_\_\_\_ Postal Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

**2. Contact Details**

Tel. (Off.) (ISD) (STD) \_\_\_\_\_ Tel. (Res.) (ISD) (STD) \_\_\_\_\_  
 Mobile (ISD) (STD) \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_

E-Mail Id. \_\_\_\_\_

**3. 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.

**4. Registered Office Address (If different from above)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City / Town / Village \_\_\_\_\_ Postal Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

**5. 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.

**C. Other Details (please see guidelines overleaf)**

**1. Gross Annual Income Details** Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 Crore  >1 Crore

**2. Net-worth in ₹** (\* Net worth should not be older than 1 year) as on (date) DD M M YY Y Y

**3. Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors**  
 (Please use the Annexure for details)

**4. Is the entity involved in/providing any of the following services**  
 - Foreign Exchange / Money Changer Services  YES  NO  
 - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)  YES  NO  
 - Money Lending / Pawning  YES  NO

**5. Any other information:** \_\_\_\_\_

**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. I / We hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies.

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

**NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

(Originals Verified) Self Certified Document copies received  
 (Attested) True copies of documents received

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

Documents Attestation

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

**Name of Applicant** \_\_\_\_\_

**PAN of the Applicant**

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed*	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

\*PEP: Politically Exposed Person

\*RPEP: Related to Politically Exposed Person

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

Systematix ARN: 64917 EUIIN: E-029678

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed*	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

Name & Signature of the Authorised Signatory(ies)

Date    /    /

\***PEP:** Politically Exposed Person  
\***RPEP:** Related to Politically Exposed Person

(Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency, if required)

1 APPLICANT Details

Name of the entity F I R S T ... M I D D L E ... L A S T ...
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 NO
PAN Date of incorporation D D M M Y Y Y Y
City of incorporation Country of incorporation
Entity Constitution Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI Trust H Liquidator Limited Liability Partnership
Artificial Juridical Person Others Specify

Please tick the applicable tax resident declaration
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

2 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 (please tick as appropriate)
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 (please tick as applicable) Applied for
If the entity is a financial institution, 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)

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)
Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)
Name of stock exchange
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)
Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
Name of listed company
Nature of relation Subsidiary of the Listed Company or Controlled by a Listed Company
Name of stock exchange
3. Is the Entity an active NFE
Yes (If yes, please fill UBO declaration in the next section.)
Nature of Business
Please specify the sub-category of Active NFE (Mention code -refer 2c of Part D)
4. Is the Entity a passive NFE
Yes (If yes, please fill UBO declaration in the next section.)
Nature of Business

1Refer 2a, 2Refer 2b, 3Refer 2c, 4Refer 3(ii), 5Refer 1, 6Refer 3(vii), 7Refer 1A of Section 6.

**3 UBO Declaration**

Category (Please tick applicable category):  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association / body of individuals  
 Public Charitable Trust  Religious Trust  Private Trust  Other (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 Country - Tax Residency* Tax ID No. - Or functional equivalent for each country <sup>**</sup>	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code <sup>††</sup> - of Controlling	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. <sup>††</sup> : <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. <sup>††</sup> : <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. <sup>††</sup> : <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>

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

(Please attach additional sheets if necessary)

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

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

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

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

<sup>5</sup>Refer 3(vi), <sup>††</sup>Refer 3(iv) (A) of Section 6.

**4 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 Motilal Oswal Mutual Fund 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>†</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.

**5 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  F I R S T  M I D D L E  L A S T

Designation

Signature  Signature  Signature

Place \_\_\_\_\_

Date \_\_\_\_\_

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

**1 APPLICANT/ INVESTORS DETAILS:**

Investor Name

Pan No.

**2 LISTED COMPANY / ITD SUBSIDIARY COMPANY [Part III Details Not Applicable]**

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 controlled by a Listed Company

(ii) Details of Listed Company^ (^The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.)

Stock Exchange on which listed  Security ISIN

**3 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 the information by attaching separate declaration forms)

Name of UBO & Address [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable / Tax identification number (or functional equivalent) for each country identified in relation to each investor# [Mandatory]	Country of tax residency/ permanent residency	Country of citizenship	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/Investor Authorized Signatory/ies.

**4 DECLARATION**

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.

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

Date:

Place:

**GENERAL INFORMATION & INSTRUCTIONS**

As per SEBI Master Circular No. CIR/MSD/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.

- Ultimate Beneficiary Owner (UBO):
  - For Investors other than individuals or trusts:
    - 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 property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
    - 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.
    - 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.
  - 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 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.
- 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 is to be submitted for all the listed Beneficial Owner(s).
- UBO Code 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 interests] • 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 Centres (ISCs) of the AMC at toll free number 1800 200 6626 or e-mail to us: mfservice@mottlialoswal.com or on our website www.mostshares.com

**Name of the Non-Individual**

(As per Folio Records)

**PAN of the Non-Individual**

**Tax Status:** HUF  Company  Body Corporate  Partnership Firm  LLP  Trust

We, the authorised signatories have consented for in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them for sharing/disclosing of their Aadhaar number(s) including demographic information with all SEBI registered Mutual Funds/AMCs and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the corresponding non-individuals folios.

Details of Aadhaar & PAN of our Authorized Signatories: *(Kindly use another form in case of > 10 signatories)*

S. No.	Name of the Authorized Signatory	Date of Birth (as per Aadhaar Card)	PAN of the Authorized Signatory	Aadhaar of the Authorized Signatory	Signature of the Authorized Signatory
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Certificate from Company Secretary/any other competent authority of the Organisation**

I, \_\_\_\_\_, Company Secretary/ Competent Authority to issue this certification on behalf of the organisation hereby confirm the correctness of the above information. The above specified list of personnel covers all authorised signatories on behalf of our organisation. We will let you know the changes/modifications from time to time, if any, through appropriate means to KARVY/Motilal Oswal Asset Management Limited and other Participating MF/ other RTAs.

Place

Company Secretary / Authorized Signatory (ies)

Company Seal