

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

Systematix ARN: 64917 EUIN: E-029678

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)



FATCA-CRS Declaration & Supplementary Information

Declaration Form for Non-Individuals/Legal Entity

(Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance)

All details are mandatory. (Please ✓ wherever applicable)

Name of the Entity		
Date of Incorporation		
PAN		
City of Incorporation		
Country of Incorporation		
Type of Address given at KRA <small>(Address of tax residence would be taken as available in KRA database. In case of any change. Please approach KRA & notify the changes.)</small>	<input type="checkbox"/> Residential	<input type="checkbox"/> Business <input type="checkbox"/> Registered Office

Status		Income Slab	
Company Body	✓	Below 1 Lac	✓
Corporate		1 Lac - 5 Lac	
Partnership	✓	5 Lac - 10 Lac	✓
Trust		10 Lac - 25 Lac	
Society		25 Lac - 1 Crore	
HUF	✓	Above 1 Crore	✓
Bank			
AOP	✓		
FI/FII/FPI	✓		
Others (please specify)		Net worth in ₹ (Not older than 1 year)	_____ as on _____

Please tick the applicable tax resident declaration -

Is "Entity" a tax resident of any other country other than India?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If 'YES', Please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)		
Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or Other, please specify)

- *In case Tax Identification Number is not available, kindly provide its functional equivalent⁵.
- 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 County of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here. _____
Please refer to para 3(vii) Exemption code for U.S. persons & under Para D of FATCA Instructions & Definitions.

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 ³ Or Direct reporting NFE ⁴	Global Intermediary Identification Number (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 ✓ as applicable) <input type="checkbox"/> Applied for If the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ _____ <input type="checkbox"/> 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 ¹ (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (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 ² of a publicly traded company (a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (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 : <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active ¹ Non-Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section) Name of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> (Mention code – refer 2c of Part D)
4.	Is the Entity a passive ² NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section) Name of Business _____

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D

# If passive NFE, please provide below additional details for each of Controlling person (Please attach additional sheets if necessary)			
Name			
PAN/Any Other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License, NREGA Job Card, Others)			
Father's Name - Mandatory if PAN is not available			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth			
City of Birth			
Country of Birth			
Occupation Type : Service Business, Others			
# 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 %In case Tax Identification Number is not available, kindly provide functional equivalent.			

Details under FATCA & CRS: 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 purposes 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.

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.

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.

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.

PART C : 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.

Date	/ /	Place	
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Name	
Designation	

Signature

Signature

Signature

PART D : FATCA Instructions & Definitions

(Note: The Guidance Note/Notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

1.

1(i) Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

1(ii) Depository institution is an entity that accepts deposits in the ordinary course of banking or similar business.

1(iii) Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-

- (i) The three financial years preceding the year in which determination is made; or
- (ii) The period during which the entity has been in existence, whichever is less.

1(iv) Investment entity is any entity:

- (a) That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or Individual and collective portfolio management; or
 - (ii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

- (b) 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 described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

- (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- (ii) The period during which the entity has been in existence

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07 - refer point 2c.)

1(v) Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.



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 Systematix ARN: 64917 EUIN: E-029678

Declaration for Ultimate Beneficial Ownership [UBO] (Mandatory for Non-individual Applicant/Investor)

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

A: APPLICANT DETAILS:

Applicant Name:

PAN:

Application No.:

B: CATEGORY [applicable category]:

Unlisted Company Partnership Firm LLP Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust / Trust created by a Will

Others _____ (please specify)

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

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

Sr. No.	Name of UBO	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type (Refer Instruction 4)	% of beneficial interest	Controlling person type Code (Refer Instruction 5)	Place & Country of Birth	Date of Birth [dd-mm-yy]	Address & Contact details [include City, Pincode, State, Country]	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
1.													<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
2.													<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
3.													<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
4.													<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
5.													<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others

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 necessary consultation with tax professionals.
 I/We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form are true, correct, and complete.

Date: ___/___/___

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

Principal Pnb Asset Management Company Pvt. Ltd.

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (East), Mumbai-400 051.

Toll Free - 1800 425 5600 | Fax: 91-22-6772 0512 | Website: www.principalindia.com

Systematix ARN: 64917 EUJN: E-029678



COMMON AADHAAR LINKING FORM

Name of the Non-Individual

PAN of the Non-Individual Folio No.

Details of Authorized Signatories as available in Aadhaar (Kindly use another form in case of > 7 signatories)

Sr. No.	Name of the Authorized Signatory	PAN of the Authorized Signatory	Aadhaar of the Authorized Signatory	Date of Birth of the Authorized Signatory (DD/MM/YYYY)	Mobile Number of the Authorized Signatory	Pin code of the Authorized Signatory	Gender of the Authorized Signatory (M/F/Others)	Signature of the Authorized Signatory
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Certificate from company Secretary / any other competent authority of the Organization

I, _____ Company Secretary / Competent authority to issue this certification on behalf of the organization hereby confirm the correctness of the above information. The above specified list of personnel covers all authorized signatories on behalf of our organization and this list will supersede all our earlier ASL. We will let you know the changes / modifications from time to time, if any, through appropriate means to KARYV / participating MFs. Above signatories have consented for sharing the above information with KARYV / participating MFs in corporate & individual capacity and also for validating the same with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is required under any law / regulatory purpose.

Regards

Company Secretary / Authorized Signatory (ies)

Company Seal