

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

Systematic 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

Name & Signature of the Authorised Signatory(ies) _____ Date [d][d] / [m][m] / [y][y][y][y]



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TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021

FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM

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



1. Entity Details

Name of the Entity			
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business <input type="checkbox"/> 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			
Application No.		Folio No.	
PAN Number		Date of Incorporation	DD / MM / YYYY
City of Incorporation		Country of Incorporation	
Entity Constitution Type	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify		
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other than India: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)		

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 _____
 Please refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions

2. FATCA & CRS Declaration

PART A (to be Filled by Financial Institutions or Direct Reporting NFEs)	
1	We are a, <input type="checkbox"/> Financial institution ³ or <input type="checkbox"/> Direct reporting NFE ⁴ (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) <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 listed company (that is, a company whose shares are regularly traded on an established stock exchanges) <input type="checkbox"/> 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 listed company (a company whose shares are regularly traded on an established stock exchanges) <input type="checkbox"/> Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where this stock is regularly traded) <input type="checkbox"/> No Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3	Is the Entity an active ¹ NFE <input type="checkbox"/> Yes <input type="checkbox"/> No Nature of Business _____ Please specify the sub-category of Active NFE ____
4	Is the Entity a passive ² NFE <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹ Refer 2 of Part D | ² Refer 3(ii) of Part D | ³ Refer 1(i) of Part D | ⁴ Refer 3(vi) of Part D | ¹⁰ Refer 1A of Part D

3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE

If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary)

Name PAN / Any other Identification Number <i>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)</i> 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. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

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.

4. FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested 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 any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen 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 issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

5. Declaration and Signatures

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

Name _____
Designation _____

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Place: _____

Date: / /



SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM

The Application Form should be completed in English and in BLOCK LETTERS only.

Expertise that's trusted

Systematix ARN: 64917 EUIN: E-029678

Annexure to Application Form No. _____

Date : | D | D | / | M | M | / | Y | Y |

I. UNITHOLDER INFORMATION

a. Name of First / Sole applicant Mr. Ms. M/s.

b. PAN / PEKRN | M | a | n | d | a | t | o | r | y | _____

2. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruction 1)

Individual Non - Individual

Is the company a Listed Company or Subsidiary of Listed Company or or Controlled by a Listed Company: (if No, please attach mandatory UBO declaration): Yes No

a. Status of First/ Sole Applicant [Please tick (✓)]

Resident Indian NRI PIO HUF Minor RI Minor NRI Trust Proprietorship LLP Partnership Public Ltd. Co. Pvt. Ltd. Co. Non Profit Organisation
 Societies FOF Body Corporate Others (please specify).....

b. Occupation Details [Please tick (✓)]

Private Sector Service Public Sector Service Business Retired Government Sector Agriculturist Professional Forex Dealer Housewife Student
 Others (please specify).....

c. Gross Annual Income (Rs.) [Please tick (✓)]

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore **OR**

Networth in (Mandatory for Non-individual) ₹ as on | D | D | / | M | M | / | Y | Y | (not older than 1 year)

d. Politically Exposed Person (PEP) Status:

(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors): I am PEP I am Related to PEP Not Applicable

e. For Non-Individual Investors involved/providing any of the mentioned services:

Foreign Exchange/Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above

3. DETAILS OF SECOND APPLICANT, IF ANY (Refer Instruction 1)

a. Name of Second applicant Mr. Ms. M/s.

b. PAN / PEKRN | M | a | n | d | a | t | o | r | y | _____

c. Occupation Details [Please tick (✓)]

Private Sector Service Public Sector Service Business Retired Government Sector Agriculturist Professional Forex Dealer Housewife Student
 Others (please specify).....

d. Gross Annual Income (Rs.) [Please tick (✓)]

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore **OR**

Networth in (Mandatory for Non-individual) ₹ as on | D | D | / | M | M | / | Y | Y | (not older than 1 year)

e. Politically Exposed Person (PEP) Status : I am PEP I am Related to PEP Not Applicable

4. DETAILS OF THIRD APPLICANT, IF ANY (Refer Instruction 1)

a. Name of Third applicant Mr. Ms. M/s.

b. PAN / PEKRN | M | a | n | d | a | t | o | r | y | _____

c. Occupation Details [Please tick (✓)]

Private Sector Service Public Sector Service Business Retired Government Sector Agriculturist Professional Forex Dealer Housewife Student
 Others (please specify).....

d. Gross Annual Income (Rs.) [Please tick (✓)]

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore **OR**

Networth in (Mandatory for Non-individual) ₹ as on | D | D | / | M | M | / | Y | Y | (not older than 1 year)

e. Politically Exposed Person (PEP) Status : I am PEP I am Related to PEP Not Applicable

5. DECLARATION

I/We declare that the information is to the best of my/our knowledge and belief, and is accurate and complete. I/We agree to notify Tata Mutual Fund/ Tata Asset Management. Ltd. immediately in the event of any change in the information. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.

1st Unitholder Signature / Thumb Impression

2nd Unitholder Signature / Thumb Impression

3rd Unitholder Signature / Thumb Impression

Tata Asset Management Ltd.

Mafatlat Centre, 9th Floor, Nariman Point, Mumbai – 400 021 • Toll Free: 1800-209-0101 • E-mail: kiran@tataamc.com • Website: www.tatamutualfund.com



Systematix ARN: 64917 EUIN: E-029678

TATA MUTUAL FUND

Mafatal Centre 9th Floor Nariman Point Mumbai - 400 021



Form for Aadhaar seeding for Authorized Signatories

Name of the Non-Individual

PAN/PEKRN

Details of Aadhaar & PAN of our Authorized Signatories: (kindly use the Annexure for providing details for more signatories)

S. No.	Name of the Authorized Signatory (AS)	PAN of AS	Aadhaar of AS	Proof enclosed	Photo of AS
				<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	
				<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	
				<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	

* suggest to specify the purpose of providing this copy of the Aadhaar card with date

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 our organization. We will let you know the changes/modifications from time to time, if any through appropriate means. Above signatories have consented 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. They have consented for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the said folios with above mentioned PAN 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
For

(Name of the Non-Individual)

Company Secretary / Authorized Signatory (ies)
Enclosed: As above

Company Seal

Annexure for providing information for additional personnel

PAN/PEKRN

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S. No.	Name of the Authorized Signatory (AS)	PAN of AS	Aadhaar of AS	Proof enclosed	Photo of AS
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Sign & Seal with date