	Know Your Client (KYC)								
	Application Form (For Non-Individuals Only)	Application No. :							
	Please fill in ENGLISH and in BLOCK LETTERS	ARN-64917 E434563							
	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 ber	tween 2 words. Please do not abbreviate the Name).							
	2. Date of Incorporation d d / m m / y y y y Place of Incorporation								
	3. Registration No. (e.g. CIN) Date of commencement of	<b>business</b> d d <b>/</b> m m <b>/</b> y y y y							
		rities / NGOs 🔄 HUF 🔄 FI 🔄 FII Non-Government Organisation							
	5. Permanent Account Number (PAN) (MANDATORY)	uly attested copy of your PAN Card							
	B. Address Details (please see guidelines overleaf)								
	1. Address for Correspondence								
	City / Town / Village Country	Postal Code							
	2. Contact Details								
	Tel. (Off.)         (ISD)         (STD)         (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 docume	nts $\theta_{i}$ tick ( $\lambda_{i}$ ) against the document attached							
	🗌 *Latest Telephone Bill (only Land Line) 🔲 *Latest Electricity Bill 🔲 *Latest Bank Account Statement 🗌 Rec								
	Any other proof of address document (as listed overleaf).(Please specify) *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y								
	4. Registered Address (If different from above)	<u>y</u> y							
	City / Town / Village Country	Postal Code							
	5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid docume	ents & tick ( $\checkmark$ ) against the document attached.							
	*Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Rec								
	Any other proof of address document (as listed overleaf).(Please specify)  *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y	v V							
		<u> </u>							
	C. Other Details (please see guidelines overleaf)								
	1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time director (Please use the Annexure to fill in the details)								
	2. Any other information:								
	DECLARATION								
	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	S)							
	above information is found to be false or untrue or misleading or <b>OF AUTHORISED</b>								
	misrepresenting, I am/we are aware that I/we may be held liable for it. <b>PERSON(S)</b>								
	Place:								
	Date:								
	FOR OFFICE USE ONLY								
	AMC/Intermediary name <b>OR</b> code	Seal/Stamp of the intermediary should contain							
[	(Originals Verified) Self Certified Document copies received	Staff Name Designation							
	☐ (Attested) True copies of documents received	Name of the Organization							
l		Signature Date							

#### **INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM**

#### A. IMPORTANT POINTS:

- Self attested copy of PAN card is mandatory for all clients.
- 2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
- If any proof of identity or address is in a foreign language, then translation into English 3. is required.
- Name & address of the applicant mentioned on the KYC form, should match with the 4. documentary proof submitted
- If correspondence & permanent address are different, then proofs for both have to be 5. submitted.
- Sole proprietor must make the application in his individual name & capacity. 6.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA 7. guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, 8 their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC 9 (Continuous Discharge Certificate) is to be submitted.
- 10. For opening an account with Depository participant or Mutual Fund, for amin or, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- 11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials. etc.
- Proof of Identity( POI): List of documents admissible as Proof of Identity:
  - 1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D). Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license

  - Identity card/ document with applicant's Photo, issued by any of the following: 3. Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.
- Proof of Address (POA): List of documents admissible as Proof of Address: (\*Documents having an expiry date should be valid on the date of submission.)
  - 1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

Residence/Driving License/Flat Maintenance bill/Insurance Copy.

- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill Not more than 2. 3 months old.
- Bank Account Statement/Passbook Not more than 3 months old. 3
- Self-declaration by High Court and Supreme Court judges, giving the new address in 4. respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreian Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
- 7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
- The proof of address in the name of the spouse may be accepted.

#### D. Exemptions/clarifications to PAN

- (\*Sufficient documentary evidence in support of such claims to be collected.)
- 1. In case of transactions undertaken on behalf of Central Government and/or State Governmentand by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- 2. Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India. 3
- 4. SIP of Mutual Funds upto Rs 50,000/- p.a.
- In case of institutional clients, namely, FIIs, Mfs, VCFs, FVCIs, Scheduled Commercial 5. Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

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

- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- 2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

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

Types of entity	Documentary requirements							
Corporate	<ul> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD(to be submitted every year)</li> <li>Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations</li> <li>Photograph, POI, POA, PAN of individual promoters holding control – either directly or indirectly</li> <li>Copies of the Memorandum and Articles of Association and certificate of incorporation</li> <li>Copy of the Board Resolution for investment in securities market</li> <li>Authorised signatories list with specimen signatures</li> </ul>							
Partnership firm	<ul> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Certificate of registration (for registered partnership firms only)</li> <li>Copy of partnership deed</li> <li>Authorised signatories list with specimen signatures</li> <li>Photograph, POI, POA, PAN of Partners</li> </ul>							
Trust	<ul> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Certificate of registration (for registered trust only).Copy of Trust deed</li> <li>List of trustees certified by managing trustees/CA</li> <li>Photograph, POI, POA, PAN of Trustees</li> </ul>							
HUF	<ul> <li>PAN of HUF</li> <li>Deed of declaration of HUF/List of coparceners</li> <li>Bank pass-book/bank statement in the name of HUF</li> <li>Photograph, POI, POA, PAN of Karta</li> </ul>							
Unincorporated Association or a body of individuals	<ul> <li>Proof of Existence/Constitution document</li> <li>Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf</li> <li>Authorized signatories list with specimen signatures</li> </ul>							
Banks/Institutional Investors	<ul> <li>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years</li> <li>Authorized signatories list with specimen signatures</li> </ul>							
Foreign Institutional Investors (FII)	Copy of SEBI registration certificate     Authorized signatories list with specimen signatures							
Army/Government Bodies	<ul> <li>Self-certification on letterhead</li> <li>Authorized signatories list with specimen signatures</li> </ul>							
Registered Society	<ul> <li>Copy of Registration Certificate under Societies Registration Act</li> <li>List of Managing Committee members</li> <li>Committee resolution for persons authorised to act as authorised signatories with specimen signatures</li> <li>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary</li> </ul>							

### ARN-64917 E434563

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

Name c	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 8	L & Signature of the Authorised Signat	tory(ies) Date  d d / m m / y y		Place for Intermediary Logo		

# Aditya Birla Sun Life Mutual Fund



ARN-64917 E434563

### Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

(Mandatory for Non-individual Investors)

Part I: Investor details																				
Investor Name																				
PAN*				Folic	No.															
* If PAN is not available, specify Folio No	o. (s)																			
Part II : Listed Company / its s	subsidiary	or cont	trolled	l comp	any															
Ve hereby declare that					( <na< td=""><td>me c</td><td>f the</td><td>Invest</td><td>or&gt;</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></na<>	me c	f the	Invest	or>											
Our company is a Listed Comp	bany listed	on reco	gnized	stock e	excha	ange	in Ind	ia	Our	r con	npar	ny is	a su	bsidi	ary o	of th	e Lis	sted	Com	ipa
Our company is controlled by	a Listed Co	ompany																		
any of the above options is selec	ted, please	e provide	e detail	s of th	e List	ted o	ompa	ny. S	Secur	ity I	SIN									
lame of the Listed Company								5	Stock	exc	han	ge o	n wh	ich li	isteo	: k				
f none of the above options are	e applicab	le, plea	se pro	vide tl	he m	and	atory	infor	mati	on i	n Pa	art I	ll be	low.						
Part III: Non-individuals other	than Liste	ed Comj	pany /	' its su	bsid	liary	or co	ntrol	ed c	omp	any	/								
Category (tick applicable categ	ory):																			
Unlisted Company Partne	ership Firm	/ LLP	Ur	nincorpo	orate	d as	sociat	ion /	301 /	' AOI	P / 1	Soci	ety		Pub	lic C	harit	able	Tru	st
Private Trust Religio	ous Trust		Tru	ust crea	ated l	by a	Will	C	)ther	s (pl	ease	e spe	ecify)							
UBO / Controlling Person(s) do						5	L						<b>.</b>							
Does your company/entity have hreshold limit? Yes f 'YES' - We hereby declare that t prescribed threshold limit. Details of f 'NO' - declare that no individual p	No he followir such indiv erson (dire	ng indivi idual(s)a ectly / ind	dual po are give directly	erson h en belov r) holds	olds v. cont	dire rollir	etly / ng owr	indire nershij	ctly o o in o	contr ur er	ollir	ng ov	wner	ship	in o	ur ei	ntity	abc	ve t	he
Details of the individual who holds th	-	of Senio 1 / Senio			TICIA	I (SIV	0) are	provi	deab	elow	<i>.</i>									
		Official (		aging				UBO ·	- 2						U	30 -	3			
Name of the UBO/SMO#.																				
UBO / SMO PAN#. (For Foreign National, TIN to be provided)																				
% of beneficial interest#	>10% co	ontrolling	g intere	est.	>	>10%	o cont	rolling	inte	rest.			>109	% coi	ntro	lling	inte	rest		1
	>15% co	ontrolling	g intere	est.	>	>15%	o cont	rolling	inte	rest.			>159	% coi	ntro	lling	inte	rest		1
	>25% co	ontrolling	g intere	est.	>	>25%	o cont	rolling	inte	rest.			>259	% coi	ntro	lling	inte	rest		1
	NA. (for	SMO)			N	VA. (1	or SM	10)				1	NA. (	for S	MO	)				Ī
UBO / SMO Country of Tax Residency#.					_															
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.																				

# Aditya Birla Sun Life Mutual Fund

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ARN-64917

E434563

SUPPLEMENTARY KNOW YOUR CLIEN The Application Form should be completed in	
	DATE : / /
1. UNIT HOLDER INFORMATION	
a. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1 and proc	ceed to section 3)
Folio No.	The details in our records under the folio number mentioned alongside will apply for this application.
b. NAME OF FIRST / SOLE APPLICANT           Mr.         Ms.           M/s.	
Application Form No.	
2. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruction 1)	
Resident Individual       NRI-Repatriation       NRI-Non Repatriation       Partnership       Trust       HUF         Body Corporate       LLP       Society / Club       Foreign National Resident in India       QFI       FPI	Sole Proprietorship Non Profit Organisation Others (please specify)
b. Occupation Details [Please tick (✓)]       Service       Private Sector       Public Sector         Retired       Agriculture       Proprietorship       Others	Government Service Student Professional Housewife Business
	i - 10 Lacs 10 - 25 Lacs >>25 Lacs - 1 Crore >>1 Crore
d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Truste	DD MM YYYY
	xchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
	Inding / Pawning None of the above
3. DETAILS OF SECOND APPLICANT, If any (Refer instruction 1)	
a. Occupation Details [Please tick (✓)]       Service       Private Sector       Public Sector         Retired       Agriculture       Proprietorship       Others       (please sp	Government Service Student Professional Housewife Business ecify)
<b>b. Gross Annual Income (Rs.)</b> Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >2	5 Lacs - 1 Crore OR Net worth Rs
c. 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
4. DETAILS OF THIRD APPLICANT, If any (Refer instruction 1)	
a. Occupation Details [Please tick (✓)]       Service       Private Sector       Public Sector         Retired       Agriculture       Proprietorship       Others	Government Service Student Professional Housewife Business cify)
b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >2	
c. 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
DECLARATION	
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I und found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.	ertake to inform you of any changes therein, immediately. In case any of the above information is
First / Sole Applicant / Guardian Second Applicant	Third Applicant
INSTRUCTION	IS
<ol> <li>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 mentioned under section 2 &amp; 3 which was forming part of uniform KYC form will now be captured in the application form of the Fund. Also, the detail of 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.</li> <li>*PEP are defined as individuals who are or have been entrusted with prominent</li> </ol>	Ultimate Beneficial Owners(s) Pursuant to SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 on Anti Money Laundering Standards and Guidelines on identification of Beneficial Ownership issued by SEBI vide its Circular No. CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of 'Ultimate Beneficial Owner(s) (UBO(s))'. In case the investor or owner of the controlling interest is a company listed on a stock exchange or is a majority owned subsidiary of such a company, the details of shareholders or beneficial owners are not required to be provided. Non-individual applicants/investors are mandated to provide the details on

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"PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc. Non-individual applicants/investors are mandated to provide the details on 'Ultimate Beneficial Owner(s) (UBO(s))' by filling up the declaration form for 'Ultimate Beneficial Ownership'. Please contact the nearest Investor Service Centre (ISC) of Aditya Birla Sun Life Mutual Fund or log on to 'Investor Corner' section on our website www.adityabirlasunlifemf.com for the Declaration Form.