### Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals



#### Important Instructions:

- A. Fields marked with '\*' are mandatory fields.
- B. Tick '√' wherever applicable.
- C. Please fill the date in DD-MM-YYYY format.
- $\ensuremath{\mathsf{D}}.$  Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update
- 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.
- 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 F434563

application.		ARN-04917 E434303
For office use only	Application Type*	New Update
(To be filled by financial institution	n) KYC Number	(Mandatory for KYC update request)
1. Entity Details* (Pl	ease refer instruction <b>A</b> a	at the end)
Name*		
Entity Constitution Type*	Others (Specify)	(Please refer instruction B at the end)
Date of Incorporation/Formation*	D D - M M - Y Y	Date of Commencement of Business DD - MM - YYYY
Place of Incorporation/Formation*		Country of Incorporation/Formation* TIN or Equivalent Issuing Country
PAN*		
TIN/GST Registration Number		
2. PROOF OF IDENT	FITY (POI)* (Please refer	r instruction <b>B</b> at the end)
Officially valid document(s) in	respect of person authorised to	to transact
Certificate of Incorporation/Fo	ormation	Registration Certificate Regn Certificate No.
Memorandum and Articles of	Association	Partnership Deed Trust Deed
Resolution of Board/Managin	g Committee Po	Power of Attorney granted to its manager, officers or employees to transact on its behalf
Activity proof – 1 (For Sole P	roprietorship Only) Ad	activity proof – 2 (For Sole Proprietorship Only)
C ADDRESS (Blass		N.
1 1 3 ADDRESS (Please	e see instruction C at the	end)
	e see instruction C at the e Address/Place of Bus	·
3.1 Registered Offic		siness*
3.1 Registered Offic	e Address/Place of Bus	siness*
3.1 Registered Offic  Proof of Address* Cert	e Address/Place of Bus	siness*
3.1 Registered Office Proof of Address* Cert Line 1*	e Address/Place of Bus	siness*
3.1 Registered Offic  Proof of Address* Cert  Line 1*  Line 2	e Address/Place of Bus	on Registration Certificate Other Document
3.1 Registered Office Proof of Address* Cert Line 1* Line 2 Line 3 District*	e Address/Place of Bus	on Registration Certificate Other Document  City/Town/Village*  Ost Code* State/U.T Code* ISO 3166 Country Code*
3.1 Registered Office Proof of Address* Cert Line 1* Line 2 Line 3 District*	e Address/Place of Bus tificate of Incorporation/Formatic	on Registration Certificate Other Document  City/Town/Village*  Ost Code* State/U.T Code* ISO 3166 Country Code*
3.1 Registered Office Proof of Address* Cert Line 1* Line 2 Line 3 District*  3.2 Local Address in	e Address/Place of Bus tificate of Incorporation/Formatic	on Registration Certificate Other Document  City/Town/Village*  Ost Code* State/U.T Code* ISO 3166 Country Code*
3.1 Registered Office Proof of Address* Cert Line 1* Line 2 Line 3 District*  3.2 Local Address in Line 1*	e Address/Place of Bus tificate of Incorporation/Formatic	on Registration Certificate Other Document  City/Town/Village*  Ost Code* State/U.T Code* ISO 3166 Country Code*
3.1 Registered Office Proof of Address* Cert Line 1* Line 2 Line 3 District*  3.2 Local Address in Line 2 Line 1* Line 2	e Address/Place of Bus tificate of Incorporation/Formatic	on Registration Certificate Other Document  City/Town/Village* Post Code* State/U.T Code* ISO 3166 Country Code*
3.1 Registered Office Proof of Address* Cert Line 1* Line 2 Line 3 District*  3.2 Local Address in Line 2 Line 3 District*	e Address/Place of Bus tificate of Incorporation/Formation Pin/Po India (If different from	on Registration Certificate Other Document  City/Town/Village*  ISO 3166 Country Code*  Tabove)*  City/Town/Village*
3.1 Registered Office Proof of Address* Cert Line 1* Line 2 Line 3 District*  3.2 Local Address in Line 2 Line 3 District*	e Address/Place of Bus tificate of Incorporation/Formation Pin/Po India (If different from	on Registration Certificate Other Document  City/Town/Village* ISO 3166 Country Code*  above)*  City/Town/Village*  City/Town/Village*  State/U.T Code*  State/U.T Code*  ISO 3166 Country Code*
3.1 Registered Office Proof of Address* Cert Line 1* Line 2 Line 3 District*  3.2 Local Address in Line 1* Line 2 Line 3 District*  4. Contact Details (A	e Address/Place of Bus tificate of Incorporation/Formatic Pin/Po India (If different from Pin/Po Pin/Po All communications will be so	on Registration Certificate Other Document  City/Town/Village* Post Code* State/U.T Code* ISO 3166 Country Code*  City/Town/Village*  City/Town/Village*  Post Code* State/U.T Code* ISO 3166 Country Code*  Post Code* State/U.T Code* ISO 3166 Country Code*  Post Code* State/U.T Code* ISO 3166 Country Code*  State/U.T Code* ISO 3166 Country Code*  State/U.T Code* ISO 3166 Country Code*
3.1 Registered Office Proof of Address* Cert Line 1* Line 2 Line 3 District*  3.2 Local Address in Line 2 Line 3 District*  4. Contact Details (A	e Address/Place of Bus tificate of Incorporation/Formatic  Pin/Po India (If different from  Pin/Po All communications will be se	Registration Certificate Other Document Other Docum

6. Remarks (If any)												
7. Applicant Declaration (Please refer instruction <b>G</b> at the end)												
<ul> <li>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. Incase 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.</li> <li>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/sicretions issued by any governmental or statutory authority from time to time</li> <li>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.</li> <li>Date: DD - MM - YYYYY</li> <li>Place: Signature/Thumb Impression of Authorised Person(s)</li> </ul> 8. Attestation / For Office Use only Programents Received Certified Copies Fourwalent e-document												
8. Attestation / For Office Use only  Documents Received Certified Copies Equivalent e-document												
	Institution details											

### Annexure A2 I Legal Entity I Other than Individuals Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person



#### Important Instructions:

- A. Fields marked with '\*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY format.
- $\ensuremath{\mathsf{D}}.$  Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update
- 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.
- For particular section update, please tick (\*\sigma) in the box available before the section number and strike off the sections not required to be updated.

ARN-64917 E434563

application.					7.1.1.1.0.10.17 2.1	10 1000
For office use only	Application 1	Type* New U	Jpdate Delete	<b>;</b>		
(To be filled by financial institut	tion) KYC Numbe	r		(Mandato	ry for KYC update and delete re	equest)
1. Details of Related P	<b>Person*</b> (Please ref	er instruction <b>E</b> at the er	d)			
Addition of Related Person	ı	Deletion of Related Person	son	Update R	elated Person Details	
KYC Number of Related Perso	on (if available*)		(If KYC nu	ımber is available, only 'R	elated Person Type' & 'Name' is mar	ndatory
Related Person Type*	Director Promote	er 🗌 Karta 🔲 Truste	ee Partner	Court Appointme	nt Official Proprietor	
B	Beneficiary Authoris	sed Signatory Benef	icial Owner	Power of Attorney	Holder Other (Please	e specify)
DIN (Director Identification Nu	mber)		(Mandatory if	Related Person Type	is Director)	
1.1 Personal Details (P	Please refer instruc	tion <b>E</b> at the end)				
Name* (Come on ID proof)	Prefix	First Name	Middle	Name	Last Name	
Name* (Same as ID proof)  Maiden Name						
Father / Spouse Name*						
Mother Name						
Date of Birth*	D D - M M -	YYYY				
Gender*	M- Male	F- Female	T- Transgender			
Nationality*	N- Indian	Others (ISO 3166 Co	untry Code)			
PAN*						
1.2 Proof of Identity an	nd Address* (Plea	se refer instruction <b>F</b> at t	he end)			
I Certified copy of OVD or equi	•		·	s to be submitted (any	one of the following OVDs)	
A-Passport Number		]		` `		10 t
B-Voter ID Card					☐ PHOT	O*
C-Driving Licence		Drivin	g Licence Expiry Date	e D D - M M -	YYYY	
D-NREGA Job Card				7		
E-National Population Re	egister Letter			_		
F-Proof of Possession of	of Aadhaar					
II E-KYC Authentication						
III Offline verification of Aad	dhaar					
Address						
Line 1*						
Line 3				City/Town/Vill	age*	
District*		Pin/Post Code*	State	e/U.T Code*	ISO 3166 Country Code	e*
1.3 Current Address D	etails (Please refe	r instruction <b>E</b> at the end	)			
Same as above mentioned	d address (In such cases	address details as below need	not be provided)			
I. Certified copy of OVD or equiv	valent e-document of O	VD or OVD obtained through dig	gital KYC process needs	s to be submitted (any	one of the following OVDs)	
A-Passport Number						
B-Voter ID Card						
C-Driving Licence				7		
D-NREGA Job Card						
E-National Population Ro						
F-Proof of Possession of	of Aadhaar					
II E-KYC Authentication						
III Offline verification of Aad	dhaar					
IV Deemed PoA						
V Self-Declaration						

Address Line 1* Line 2 Line 3 District*  1.4 Contact Deta Tel. (Off) Email ID  2. Applicant Dec	- То	Pin/Post Code*  De sent on provided Mobile el. (Res)	State/U.T Code	ease refer instruction <b>D</b> at the end)								
<ul> <li>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. Incase 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.</li> <li>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</li> <li>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</li> <li>Date: D D M M - Y Y Y Y P Place: Signature/Thumb Impression of Applica</li> <li>6. Attestation / For Office Use only</li> </ul>												
Documents Received	Certified Copies Digital KYC Process	E-KYC data received fr		om Offline verification								
KY	C documents verification carrie	ed out by		Institution details								
Date: Emp. Name Emp. Code	D D - M M - Y Y Y	Y	Name Code									
Emp. Designation Emp. Branch	[Employee Signature]			[Institution Stamp]								

## Details of Ultimate Beneficial Owner including additional FATCA & CRS information (For Non-Individuals / Legal Entities)



(All fields are mandatory, please consult your professional tax advisor for further guidance on your tax residency)

Name of	the entity																														
Туре о	f address given a	t KRA	Res	identi	ial or	Bus	iness	Re	side	ntia	1 [	Bu	ısine	SS		Reais	stere	ed O	ffic	2											
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Folio Nu	umber						PAN	1										Da	te o	fino	orp	orat	ion	D	D	М	М	Υ	Υ	Υ	Υ
City of i	incorporation											Cour	ntry o	of inc	corp	orati	on														
	Constitution Type tick as appropriate)	, —	tnershi <sub>l</sub>				HUF [						-	-								у	_	Socie	ety	spe		P/BO	1	Tr	rust
Please t	ick the applicable t					CG L	idomey i	arti	10151			Α	ciricio	ai 5 u	rian	our r	CISC	211		Oth	CIS					opo	Only				
	ntity" a tax resident					han I	India	Yes	: [	No	)	(If y	es, pl	ease	prov	vide c	coun						ity is			it for	tax r	ourpo	ses a	and tl	he
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@In case	Tay Identification	Numbo	r ic not	- vaila	blo	kind	ly provi	do it	c fur	actic	n a l	0011	ivala	n+\$																	
	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 (Refer Instruction No. viii)																														
(Relei i	(Refer Instruction No. viii)  FATCA & CRS Declaration																														
PART A	PART A (to be filled by Financial Institutions or Direct Reporting NFEs)																														
We are	a, GII	IN <sup>&amp;</sup>																													
Financi	al institution®®	Not	te: If you	do not	have	a GII	N but yo	u are :	spon	sorec	d by	anoth	ner en	tity, p	oleas	se pro	vide	your	spo	nsor'	s GII	N ab	ove a	nd ir	dicat	te you	ur sp	onsor	's nar	ne b	elow
Direct r	Financial institution®® 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 belo or Direct reporting NFE®®® Name of sponsoring entity																														
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	<b>B</b> (please fill any								_	er th	nan	Dire	ct Re	epor	ting	NFE	Es")														
1	Is the Entity a pub whose shares are securities market)	e regu	larly tr	raded	on					s _ me			s, ple c <b>exc</b>			cify a	ny c	ne s	ne stock exchange on which the stock is regularly traded)												
2	Is the Entity a rela								Ye	s 🗌	(If y	es, ple	ease sp	ecify	name	of the	liste	d com	pany	and	one st	ock e	xchan	ige on	which	h the s	tocki	is regul	larly t	raded	)
	on an established								Na	me	of li	isted	l con	npan	ıy																
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3	Is the Entity an ac	tive NF	E (Refe	er 2c c	of Pa	rt D)	)			s				_	fill	UBO	) de	clara	ation	n in	the	next	sec	tion	.)						_
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4	Is the Entity a pas	sive in-	- <b>E</b> (Rere	ar 3(11,	) OT F	art	D)			s 🗌					TIII	UBO	ae	ciara	TIOI	ı ın	tne	next	sec	tion	.)						$\neg$
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I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in tuture and also undertake to provide any other additional information as may be required at your end.I/We hereby authorise 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 the Portfolio Manager, the Fund, its Sponsor, Investment Manager, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

INSTRUCTIONS: Country of Tax Residence and Tax ID number: Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes promptly. If you are a US citizen or resident, please include United States in this related field along with your US Tax Identification Number.

PART C UBO Declaration (Man	datory for a	all en	itities ex	cept, a	a Pub	licly	Trad	led Co	omp	any	or a	relat	ed er	ntity	of F	Public	ly Tra	adeo	d Co	mpa	ny)					
Category (Please tick Unlisted Compapplicable category)	_										Con	npan	у 🗌	Unin	cor	porat	ed as	SSOC	ciatio	n / k	ood	y of i	indi	viduals		
Please list below the details of controlling Numbers for EACH controlling person(s Owner-documented FFI's should provid (Refer 3(vi) of part D)	g person(s ). (Please a	s), co ittacl	nfirming n additio	g ALL o	count eets i	ries if ne	of ta	ax resi ary)	ider	ncy /														ation		
Details			UBO1								UBO	2								UBO	3					
Name (Beneficial Owner / Controlling Person) UBO Type code (refer 3 (iv) (A) of Part (D))																										
Country of Tax residency*																										
PAN*/ID No.																										
Address	Zip	– Zi	in								Zip															
	State _			St	tate	_							St	ate	_											
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Address Type  Tax ID* No.	Resider Busines		Regi		Resid Busin			Re	egiste	ered (	office	)		Resid Busin			Re	gist	ered	off	ice					
(or functional equivalent for each country)  Tax ID Type																										
Identification document type ss																										
City of Birth																										
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Nationality																										
Father's Name																										
Gender	☐ Male		Female	☐ Ot	thers			Male		F	ema	le [	Oth	ners		☐ Male ☐ Female ☐ Others										
Date of Birth	D D	М	M Y	Y		Y	D D M M Y Y Y																			
* To include US, where controlling person \$\$ Passport, Election ID Card, PAN Card, # If UBO is KYC compliant, KYC proof to of Trust of Trust / Protector of Trust to b % In case Tax identification number is no	Percentage of Holding / Beneficial Interest (%)  To include US, where controlling person is a US citizen or green cardholder.  \$ Passport, Election ID Card, PAN Card, GOVT. ID card, Deriving licence, UDAI card, NREGA Job Card, etc.  If UBO is KYC compliant, KYC proof to be enclosed, Else PAN or any other valid identify proof must be attached. Position / Destination like Director / Settler f Trust of Trust / Protector of Trust to be specified wherever applicable.  In case Tax identification number is not available, kindly provide functional equivalent, attach valid document proof like Shareholding pattern duly self attested by Authorized Signatory / company Secretary															ttler										
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 Baniseek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, informat will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such 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 Bandhan AMC or its group entities. Therefore, 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 hole 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 by issued, please provide an explanation and attach this to the form.															rmatior such as ore, it is I holder											
CERTIFICATION  I/ We have understood the information reme/us on this Form is true, correct, and accept the same.	quirements complete. I	s of tl / We	his Form also co	(read a	along nat I /	with We	n the have	FATC read	A & and	CRS unc	Instr dersto	ruction to the contract of the	ons) a he FA	nd h	erek & Cl	oy coi RS Te	nfirm rms a	that ind (	t the Conc	infor litior	mat is be	ion p	orov and	ided by hereby		
Name																		$\neg$		$\top$	$\top$					
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First / Sole Holder / Guardian / Authorised Signatory				Thi	rd H	olde	er						PO	А Но	olde	er										
Date D D M M Y Y Y Y	Place																	$\overline{\mathbf{I}}$			I					

# **Declaration Form of Non-Profit Organization (NPO)** (Mandatory for Trusts/Society)



Investor Name													Τ									T										
PAN																														,		
constituted f registered as registered un	a trust or	us or ch a socie ction 8	narita ety u Bofth	able pu Inder t ne Com	irpos he Sc panie	es re ocieti es Ac	ferries F ct, 20	red Reg 013	to jistr (18	in c ration	laus on <i>A</i> 2013	se ( Act, 3).	(15) , 186	of 60	sec	ctio	n 2	of	the	e In	CO	ne-	·tax	κA	ct, î	196	1 (4	3 о	f 19	61),	and	ai b
We further co	nfirm tha	t we ha	ve re	gistere	ed wit	th DA	RP	ΔN	Por	rtal	of N	IIII	Aa	yog	g as	NP	0 a	and	reg	gist	rat	ion	de	tail	s ar	e as	s fol	low	/S:			
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If not, please details, MF/A																																ion
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