

**Know Your Client (KYC)****Application Form (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also



Application Number:

ARN-64917 E434563

Application Type\*:  New KYC  Modification KYC**1. Entity Details** (please refer guidelines)

PAN\*

Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof)

Date of Incorporation\*

Place of Incorporation\*

Date of Commencement\*

Registration Number\*

Entity Type\*

Please Tick (✓)

 Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust/Charity/NGO HUF FPI Category I FPI Category II AOP Bank Government Body Defence Establishment Body of Individuals Society LLP Non-Government Organization Others**2. Proof of Identity+** (please refer the guidelines) Officially Valid Document(s) in respect of person authorized to transact Certificate of Incorporation/Formation Registration Certificate Memorandum of Articles and Association Partnership Deed Trust Deed Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf Activity Proof -1+ (For Sole Proprietorship Only) Activity Proof -2+ (For Sole Proprietorship Only)**3. Address Details\*** (please refer the guidelines)**A. Registered Address\***

Line 1\*

Line 2

Line3

City/Town/Village\*

District\*

Pin Code\*

State\*

Country\*

**B. Correspondence/Local Address in India** (if different from above)\*

Line 1\*

Line 2

Line3

City/Town/Village\*

District\*

Pin Code\*

State\*

Country\*

Applicant Digital Signature (DSC)

**Proof of Address\*** (attested copy of any one POA to be submitted—\*Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill# (Landline only)	<input type="checkbox"/> Latest Electricity Bill#	<input type="checkbox"/> Latest Bank Account Statement#
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	<b>Validity/Expiry Date of POA</b> (Expiry Date) _____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		

**4. Contact Details**

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

**5. Annexures Submitted**Number of Related Persons - **6. Remarks / Additional Information****7. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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 consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant Digital Signature (DSC)

Applicant Wet Signature

**8. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____
Employee Signature and Stamp	Employee Signature and Stamp

— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —

# FOR NON-INDIVIDUALS - SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & SELF CERTIFICATION FORM

Name of the entity

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\*

Folio Number  /  /

PAN  Date of incorporation

City of incorporation  Country of incorporation

Entity Constitution Type (Please tick as appropriate)  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  Trust  Liquidator  
 Limited Liability Partnership  Artificial Juridical Person  Others  specify

**Please tick the applicable tax resident declaration:**

1. 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.)

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

**ADDITIONAL KYC INFORMATION**

Gross Annual Income (Rs.)  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore

**OR**

Net-worth (Mandatory for Non-Individuals) ₹  as on           (Not older than 1 year)

Politically Exposed Person (PEP) Status\* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)  PEP  Related to PEP  Not Applicable

Is the entity involved in any of the mentioned services: (Please tick as appropriate)  
 Foreign exchange/ Money changer  Gaming/ Gambling/ Lottery (Casinos, betting syndicates)  
 Money lending/ Pawning  Not applicable

\*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.

**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)

We are a, Financial institution <sup>6</sup>

**OR**

Direct reporting NFE <sup>7</sup> (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) If the entity is a financial institution,  Applied for  Not required to apply for - please specify 2 digits sub-category <sup>10</sup>    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 <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
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 <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 <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <b>or</b> <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active NFE <sup>3</sup>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive NFE <sup>4</sup>	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

<sup>1</sup> Refer 2a of Part C | <sup>2</sup> Refer 2b of Part C | <sup>3</sup> Refer 2c of Part C | <sup>4</sup> Refer 3(ii) of Part C | <sup>6</sup> Refer 1 of Part C | <sup>7</sup> Refer 3(vii) of Part C | <sup>10</sup> Refer 1A of Part C

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 Bank of India Mutual Fund (Formerly BOI AXA 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.

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.

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

Designation

Signatures	Signatures	Signatures
------------	------------	------------

Date

Place

# DECLARATION FORM OF ULTIMATE BENEFICIAL OWNERSHIP [UBO] / CONTROLLING PERSONS

(Mandatory for Non-individual Investors)

I: Investor details:											
Investor Name											
Folio											
PAN											* If PAN is not available, specify Folio No. (s)

II: Category	
<input type="checkbox"/>	Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].
Name of the Stock Exchange where it is listed#: _____	
Security ISIN# _____	
Name of the Listed Company (applicable if the investor is subsidiary/associate): _____	
#mandatory in case of Listed company or subsidiary of the Listed Company	
<input type="checkbox"/>	Unlisted Company
<input type="checkbox"/>	Partnership Firm / LLP
<input type="checkbox"/>	Unincorporated association / body of individuals
<input type="checkbox"/>	Public Charitable Trust
<input type="checkbox"/>	Private Trust
<input type="checkbox"/>	Religious Trust
<input type="checkbox"/>	Trust created by a Will
<input type="checkbox"/>	Others [please specify] _____

UBO / Controlling Person(s) details	
Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.	
If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.	

	UBO-1 / Senior Managing Official (SMO)	UBO - 2	UBO - 3																								
Name of the UBO/SMO#.																											
UBO / SMO PAN#. For Foreign National, TIN to be provided]																											
% of beneficial interest#.	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>																								
UBO / SMO Country of Tax Residency#.																											
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.																											
UBO / SMO Identity Type																											
UBO / SMO Place & Country of Birth#	Place of Birth: Country of Birth:	Place of Birth: Country of Birth:	Place of Birth: Country of Birth:																								
UBO / SMO Nationality																											
UBO / SMO Date of Birth [dd-mmm-yyyy] #	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
UBO / SMO PEP#	Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP <input type="checkbox"/>	Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP <input type="checkbox"/>	Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP <input type="checkbox"/>																								
UBO / SMO Address [include City, Pincode, State, Country]	Address:  City:  Pincode:  State:  Country:	Address:  City:  Pincode:  State:  Country:	Address:  City:  Pincode:  State:  Country:																								

UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied?	Yes <input type="checkbox"/> No. <input type="checkbox"/> If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes <input type="checkbox"/> No. <input type="checkbox"/> If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes <input type="checkbox"/> No. <input type="checkbox"/> If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.

# Mandatory column. Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory. \* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

#### Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [CAMS/Bank of India Mutual Fund/ Bank of India Investment Managers Pvt. Ltd] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/tax authorities.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
Name:	Name:	Name:
Designation:	Designation:	Designation:

Place \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

#### Instructions on Controlling Persons / Ultimate Beneficial Owner

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ 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.

#### A. For Investors other than individuals or trusts:

(i) 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 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
- more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership.
- 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.

(ii) 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.

(iii) 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.

#### B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% 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, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. 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 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

#### D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) 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 UBO(s) / SMO(s).