

Important Instructions:

- A. Fields marked with "*" are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YYYY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update application.
- 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.
- I. 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 E434563

For office use only (To be filled by financial institution)	Application Type* KYC Number	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Mandatory for KYC update request)
---	---------------------------------	--	------------------------------------

1. Entity Details* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation/Formation* DD - MM - YY YY Date of Commencement of Business DD - MM - YY YY

Place of Incorporation/Formation* Country of Incorporation/Formation* TIN or Equivalent Issuing Country

PAN*

TIN/GST Registration Number

2. PROOF OF IDENTITY (POI)* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation/Formation Registration Certificate Regn Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board/Managing Committee Power of Attorney granted to its manager, officers or employees to transact on its behalf

Activity proof – 1 (For Sole Proprietorship Only) Activity proof – 2 (For Sole Proprietorship Only)

3. ADDRESS (Please see instruction C at the end)

3.1 Registered Office Address/Place of Business*

Proof of Address* Certificate of Incorporation/Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from above)*

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) - Fax -

Mobile - Email ID

Mobile - Email ID

5. Number of Related Persons (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction **D** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

- 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. In case 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.
- 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
- 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

[Signature/Thumb Impression]

Date: - - Place:

Signature/Thumb Impression of Applicant

6. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC Process Equivalent e-document

KYC documents verification carried out byDate: - - Emp. Name Emp. Code Emp. Designation Emp. Branch

[Employee Signature]

Institution detailsName Code

[Institution Stamp]

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/INVESTOR DETAILS:

Name: Application No:

PAN: Folio Nos.:

B: CATEGORY [tick 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)

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.

S No	Name of UBO [Mandatory]	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- mmm- yyyy]	Address & Contact details [include City, Pincode, State, Country]	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
[-----Mandatory-----]								[-----Mandatory, if PAN not provided-----]					
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.