☐ 5. NUMBER OF RELATED PERSONS

Important Instructions:  A) Fields marked with **' are mandatory fields  B) Tick 'V' wherever applicable.  C) Please fill the date in DD-MM-YYYY forma  D) Please fill the form in English and in BLOC  E) KYC number of applicant is mandatory for	G) List of two character ISO 3166 country codes is available at the end.  It. H) Please read section wise detailed guidelines / instructions at the end.  IN For particular section update, please tick (✓) in the box available before the update application.  Section number and strike off the sections not required to be updated.
For office use only Applicatio	
(To be filled by financial institution) KYC Num	
■ 1. ENTITY DETAILS* (Please refer instance)	struction <b>A</b> at the end)
□ Name*	
Entity Constitution Type* Others	(Specify) (Please refer instruction B at the end)
Date of Incorporation / Formation*	Date of Commencement of Business DD - MM - Y Y Y Y
Place of Incorporation / Formation*	Country of Incorporation / Formation* TIN or Equivalent Issuing Country
PAN *	Form 60 furnished
TIN / GST Registration Number	
2. PROOF OF IDENTITY (Pol)* (Please	refer instruction <b>B</b> at the end)
Officially valid document(s) in respect of	
Certificate of Incorporation / Formation	Registration Certificate Regn Certificate No.
Memorandum and Articles of Associatio	
Resolution of Board / Managing Commi	
Activity Proof - 1 (For Sole Proprietorshi	ip Only) Activity Proof - 2 (For Sole Proprietorship Only)
☐ 3. ADDRESS* (Please see instruction	C at the end)
3.1 Registered Office Address / Place of	·
Proof of Address*	e 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 fr	om Above)*
Line 1*	
Line 1*	
	City / Town / Village*
Line 2	City / Town / Village*  PIN / Post Code*  State / U.T Code*  ISO 3166 Country Code*
Line 2 Line 3 District*	PIN / Post Code* State / U.T Code* ISO 3166 Country Code*
Line 2 Line 3 District*	
Line 2 Line 3 District*	PIN / Post Code* State / U.T Code* ISO 3166 Country Code*
Line 2 Line 3 District*  4. CONTACT DETAILS (All communications)	PIN / Post Code* State / U.T Code* ISO 3166 Country Code* ions will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction <b>D</b> at the end)

(Please refer instruction E at the end)

6. REMARKS (If any)	
7. APPLICANT DECLARATION (Please refer Instruction G at the end)	
<ul> <li>I hereby declare that the details furnished above are true and correct to the be- undertake to inform you of any changes therein, immediately. In case any of the above in or misleading or misrepresenting, I am aware that I may be held liable for it.</li> </ul>	
I/we hereby consent to receiving information from Central KYC Registry registered number/email address.	through SMS/Email on the above [Signature/Thumb Impression]
Date: DD - MM - YYYY Place:	Signature / Thumb Impression of Authorised Person(s)
8. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received	
KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Identity Verification    Done    Date    Date	Name
Emp. Name	Code
Emp. Code	
Emp. Designation	
Emp. Branch	[Institution Stamp]
[Employee Signature]	

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

## SENTIME KTO RESISTANT | Know Tour oustomer (KTO) Application Torm

## Important Instructions:

- A) Fields marked with '\*' are mandatory fields.
- B) Tick '√' wherever applicable.

□ Self Declaration

- C) Please fill the date in DD-MM-YYYY format.
- 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.



Address			
Line 1*			
Line 2			
Line 3		City	/ / Town / Village*
District*	Pin / Post Code*	State / U.T Code	e* ISO 3166 Country Code*
1. 4 CONTACT DETAIL	S (All communication will be sent on provided mobile	no. / Email-ID) (Please refer instru	uction <b>D</b> at the end)
Tel. (Off)	Tel. (Res)		Mobile —
Email ID			
2. APPLICANT DECLA	RATION		
undertake to inform you of misleading or misreprese	the details furnished above are true and correct to the lift any changes therein, immediately. In case any of the above infinting, I am aware that I may be held liable for it.  seceiving information from Central KYC Registry through SMS/address.	ormation is found to be false or untrue	
Date: DD — MM	Place:		Signature /Thumb Impression of Applicant
3. ATTESTATION / FOR	R OFFICE USE ONLY		
Documents Received		ata received from UIDAI nt e-document	Data received from Offline verification
KY	C VERIFICATION CARRIED OUT BY	INS	STITUTION DETAILS
Date		Name	
Emp. Name		Code	
Emp. Code			
Emp. Designation			
Emp. Branch			
E	Employee Signature]		[Institution Stamp]



## **Details of FATCA & CRS information For Non-Individuals / Legal Entity**

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Groww Asset
Management Limited

Address: Floor 12A, Tower 2 A, One World Centre, Jupiter Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013, Maharashtra. Website: www.growwmf.in Phone number: 805-018-0222 Email: support@growwmf.in

Disclaimer: Mutual fund investments are subject to market risks, read all scheme related documents carefully.

Sather's Name - Mandatory if PAN is not available   Country of Birth   City of Birth   Country of Birth   Country of Birth   Country of Birth   City of Birth   Country of Birth   City of Birth   Country of Birth	Occupation Type - Service, Business, Others  Nationality  Gender - Male, Female, Others	rence NREGA Job Card, Others) National	PAN / Any other Identification Number ort, Election ID, Govt. ID, Driving Licence NREGA
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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 addit at 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 proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., with 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 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, plea planation and attach this to the form.  ART C (Certification  We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and here by confirm that the information provided by me /us on this rrect, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and here by accept the same.    D	Father's Name Male Female	Father's N	of Birth
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