



Know Your Customer (KYC) Application Form Legal Entity/Other than Individuals

For office use only (To be filled by financial institution) Application Type* New Update (Mandatory for KYC update request)								
(10 be lilled by littaricial institution)								
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 - YYYYY Date of Commencement of Business DD - MM - YYYYY								
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* 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 Email ID								
Mobile Email ID Email ID								
5. NUMBER OF RELATED PERSONS (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)								
6. REMARKS (If any)								

7. APPLICANT DECLARATION (Please refer instruction G at the end) 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. 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. Date: DD - MM - YYYYY Place: Signature/Thumb Impression of Authorised Person(s) Signature/Thumb Impression of Authorised Person(s)

8. ATTESTATION / FOR OFFICE USE ONLY								
Documents Received Certified Copies Equivalent e-document								
KYC documents verification carried out by	Institution details							
Identity Verification Done Date: DD - MM - YYYYY Emp. Name	Name Code							
Emp. Code Emp. Designation Emp. Branch								
[Employee Signature]	[Institution Stamp]							

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.



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

For office use only Application Type* New Update Delete (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)
1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end) Addition of Related Person Details KYC Number of Related Person (if available*) Deletion of Related Person (if available*) Director Promoter Karta Trustee Partner Court Appointment Official Proprietor Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify) DIN (Director Identification Number) (Mandatory if Related Person Type is Director)
1.1 PERSONAL DETAILS (Please refer instruction E at the end)
Name* (Same as ID proof) Maiden Name Father / Spouse Name* Mother Name Date of Birth* Gender* Nationality* Prefix First Name Middle Name Last Name Last Name Last Name T - Transgender T - Transgender Nationality* PAN*
1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)
I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) A-Passport Number B-Voter ID Card C-Driving Licence Driving Licence Expiry Date D-MM-YYYY D-NREGA Job Card E-National Population Register Letter F-Proof of Possession of Aadhaar II E-KYC Authentication III Offline verification of Aadhaar Address Line 1* Line 2 Line 3 District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*
1.3 CURRENT ADDRESS DETAILS (Please refer instruction E at the end) Same as above mentioned address (In such cases address details as below need not be provided) Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) A-Passport Number B-Voter ID Card C-Driving Licence D-NREGA Job Card E-National Population Register Letter F-Proof of Possession of Aadhaar II E-KYC Authentication III Offline verification of Aadhaar IV Deemed PoA V Self-Declaration

Address Line 1* Line 2 Line 3 District* Pin/Post Code* 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) (Please refer instruction D at the end)
Tel. (Off) Tel. (Res) - Mobile - Tel.
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. Incase any of the above information is found to be false or untrue or misleading or misrepre- senting, 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. Signature/Thumb Impression
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.
Date: D D - M M - Y Y Y Y Place: Signature/Thumb Impression of Applicant
3. 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 by
Date: DD - MM - YYYYY Name
Cade
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch
[Institution Stamp]

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.



FATCA-CRS Declaration & Supplementary KYC Information **Declaration Form for Entities**

ARN-64917 E434563 Please seek appropriate advice from your tax professional on your tax residency and related FATCA & CRS guidance Har term ke liye.... Part - A Date of PAN M M Incorporation Name Address Type for KYC Residential Residential / Business **Business** Registered Office address] Place of Country of Incorporation Incorporation ☐ < 1 Lakh
</p> ☐ 1-5 Lacs Net Worth in INR Gross Annual Income Details in Lacs ☐ 10-25 Lacs ☐ 5-10 Lacs in INR ☐ 25 Lacs-1 Cr ☐ > 1 Cr Net Worth as of dd/mm/yyyy ☐ Foreign Exchange / Money Changer Services Is the entity involved in / ☐ Gaming / Gambling / Any other providing any [Please specify] Lottery Services [e.g. information casinos, betting syndicates] of the following [if applicable] services: **Pawning** 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 purpose and the associated TIN) Sr. No. Country of Tax Residency Tax Payer Identification Number/ Functional Identification Type Equivalent / Company Identification Number or [TIN or other, please Global Entity Identification Number specify] 1 2 3 In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity"s exemption code here (Refer Instructions o) Part B [to be filled by Financial Institutions or Direct Reporting NFFEs] **GIIN** (Global Intermediary Identification Number): We are a Financial Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above Institution/ and indicate your sponsor's name below FFI [refer Name of the sponsoring entity a.] GIIN not available [tick any one]: Direct Reporting Applied For NFFE [refer ☐ Not required to apply for – specify sub-category code [refer instructions c.] instructions Not obtained - Non-participating FFI b.1 Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs] Is the entity is a listed company Yes (If Yes, Please specify any one Stock Exchange on which the stock is traded [whose shares are regularly 1 regularly) traded on a recognized stock Name of the Stock Exchange exchange] [refer instructions d.] Is the entity a "Related Entity" of Yes (Please specify the name of the listed company and one stock exchange a listed company [whose shares on which stock is traded regularly) 2 are regularly traded on a Name of the listed company: _ recognized stock exchange] [refer instructions e.] Nature of Relation: Subsidiary Controlled Name of the Stock Exchange:

- 1	Is the entity an Act	tive NFE?		- Nature of bu			7 -		
	Please specify sub-category of Active NFE [refer instructions g.]							1	
			☐ No						
4	If the entity a Pass		Yes	- Nature of b	usiness				
	[refer instructions	h.]	If Yes, f	ill UBO decla	ration in the n	ext section			
	assive NFE, please s if necessary)	provide the belo	ow additio	nal details fo	r each of the C	Controlling per	rson. (Please	e attach add	ditional
Sr. No.	Name of UBO	Taxpayer Identificatio n Number / PAN / Equivalent ID Number~	Place & Country of Birth	Country of Tax Residency*	Occupation Type [Service, Business, Others.]	Nationality	Father"s Name	Date of Birth [dd/mm/ yyyy]	Gender [Male, Female others]
	Iditional details to be fi	lled by controlling	persons wi	ith tax residenc	y / permanent re	esidency / citize	nship / Green	Card in any	country oth
~ In	India. case TIN is not availa JBO has more than or				provided in sepa	arate rows for e	ach of the tax	cresidency c	ountries.
Fund ment author the s regis you i other	I, its Sponsor, Asset Matal or statutory or judiciorities in India or outsioner. Further, I/We autered with SEBI / RBI informed in writing abor additional information	ided by me, included an agement Compal authorities / age de India wherever uthorize to share to / IRDA / PFRDA to but any changes / in as may be requi	ling all cha pany, truste encies inclu it is legally the given in pacilitate s modificatio ired at you	nges, updates es, their emploiding but not lin required and conformation to cosingle submission to the above r / Fund"s end	byees / RTAs ('th nited to the Finar other investigation other SEBI Region / update & fo information in fu or by domestic	tion as and when Authorized Procial Intelligence on agencies with stered Intermedrature within 30 cor overseas reg	n provided by arties') or any e Unit-India (F nout any oblig diaries /or any purposes. I/V days and also gulators/ tax a	me to / any Indian or for Indian or for IU-IND), the lation of advis I regulated in Ve also unde I undertake to lathorities. In	of the Mutureign gover tax / revenusing me/us ntermediarion take to kee o provide authorized.
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Declaration Form of Ultimate Beneficial Ownership [UBO] / **Controlling Persons** ARN-64917 E434563

I: Investor details

Name					
PAN*					

* If PAN is not available, specify Folio No. (s) II: Category 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 Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals Private Trust Public Charitable Trust Religious Trust Trust created by a Will Others [please specify] III: 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? 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-2 UBO-3 UBO-1 / Senior Managing Official (SMO) Name of the UBO/SMO# UBO / SMO PAN#. For Foreign National, TIN to be provided] >10% controlling interest. >10% controlling interest. >10% controlling interest. >15% controlling interest. >15% controlling interest. >15% controlling interest. % of beneficial interest#. >25% controlling interest. >25% controlling interest. >25% controlling interest. NA. (for SMO) NA. (for SMO) NA. (for SMO) UBO / SMO Country of Tax Residency# UBO / SMO Taxpayer Identification Number / Equivalent ID Number#. UBO / SMO Identity Type Place of Birth Place of Birth Place of Birth UBO / SMO Place & Country of Birth# Country of Birth _ Country of Birth _ Country of Birth UBO / SMO Nationality UBO / SMO Date of Birth [dd-mmm-yyyy] # Yes - PEP. UBO / SMO PEP# Yes - Related to PEP. N - Not a PEP Address: Address: Address: UBO / SMO Address [include City, Pincode, State. Country1 City: City: Citv: Pincode: Pincode: Pincode: State: State: State: Country: Country: Country: UBO / SMO Address Type Residence Business Registered Office. UBO / SMO Email UBO / SMO Mobile

UBO / SMO Gender	Male						
UBO / SMO Father's Name							
UBO / SMO Occupation	Public Service Private Service Business Others						
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UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and the status.	If 'Y ack confirm	/ No. res,' please attach the KYC nowledgement. o, complete the KYC and confinitions at the status.	rm	Yes / No. 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.							
information is found to be fa statutory/legal/regulatory auth intermediaries can make relia or manner, all / any of the info Sponsor, Asset Management authorities / agencies includin legally required and other invo SEBI Registered Intermediari purposes. I/We also undertak undertake to provide any other	alse, untrue, misleading, or mis nority. I/We hereby confirm the a noce on the same. I/We hereby at ormation provided by me, includi it Company, trustees, their empl- ng but not limited to the Financia estigation agencies without any es /or any regulated intermediari-	representing, I/M bove beneficial in uthorize you [RTA ng all changes, u oyees / RTAs ('that I nd ligence Un obligation of advises registered with about any chang	Ve am/are aware that I/We manterest after perusing all application of the participating possible to such information as a ne Authorized Parties') or any ti-India (FIU-IND), the tax / revising me/us of the same. Furthet SEBI / RBI / IRDA / PFRDA to es / modification to the above in	ay be I able she entities and who Indian renue a facilitat nformat	ige and belief. In case any of the above specified liable for it including any penalty levied by the nareholding pattern and MF/RTA/other registered is to disclose, share, rely, remit in any form, mode en provided by me to any of the Mutual Fund, its or foreign governmental or statutory or judicial authorities in India or outside India wherever it is authorize to share the given information to other te single submission / update & for other relevant tion in future within 30 days of such changes and seas regulators/ tax authorities.		
Signature with relevant seal:							
Authorized Si	gnatory	Authoriz	ted Signatory		Authorized Signatory		
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Name:	Na	ime:		N	ame:		
Designation:	De	esignation:		De	esignation:		

Place: ____

Date: __/ ___/ ____