

<b>For office use only</b> (To be filled by financial institution)	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update
	KYC Number <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\*  -  -  Date of Commencement of Business  -  -

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

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)**

**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. 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.

Date:   -   -

Place:

[Signature/Thumb Impression]

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

Identity Verification  Done Date:   -   -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

### Institution details

Name

Code

[Institution Stamp]

## IMPORTANT INSTRUCTIONS

- Fields marked with "\*" are mandatory fields.
- Tick '✓' wherever applicable.
- Please fill the date in DD-MM-YYYY format.
- Please fill the form in English and in BLOCK letters.
- KYC number of applicant is mandatory for update application.
- List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- List of two-character ISO 3166 country codes is available at the end.
- 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.

**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     
  Deletion of Related Person     
  Update Related Person Details

KYC Number of Related Person (if available)\*  (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

**Related Person Type\***  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)**

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M - Male	<input type="checkbox"/> F - Female	<input type="checkbox"/> T - Transgender	
Nationality*	<input type="checkbox"/> IN - Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
PAN*	<input type="text"/>			

**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-NREGA Job Card

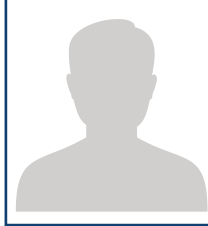
E-National Population Register Letter

F-Proof of Possession of Aadhaar

II  E-KYC Authentication

III  Offline verification of Aadhaar

**PHOTO\***



**Address**

Line 1\*

Line 2

Line 3  City/Town/Village\*

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)

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

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  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) (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 of 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

**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:   -   -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

**Institution details**

Name

Code

[Institution Stamp]

**IMPORTANT INSTRUCTIONS**

- Fields marked with '\*' are mandatory fields.
- Tick '✓' wherever applicable.
- Please fill the date in DD-MM-YYYY format.
- Please fill the form in English and in BLOCK letters.
- KYC number of applicant is mandatory for update application.
- List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- List of two-character ISO 3166 country codes is available at the end.
- 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.

Part – A																					
PAN											Date of Incorporation	D	D	/	M	M	/	Y	Y	Y	Y
Name																					
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Residential / Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office																				
Place of Incorporation											Country of Incorporation										
Gross Annual Income Details in INR	<input type="checkbox"/> < 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 Cr <input type="checkbox"/> > 1 Cr										Net Worth in INR in Lacs					_____					
											Net Worth as of					dd/mm/yyyy					
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning										Any other information [if applicable]					[Please specify]					

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 Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other, please 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]	
We are a	<b>GIIN (Global Intermediary Identification Number):</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Financial Institution/ FFI [refer instructions a.] <p style="font-size: small; margin-top: 5px;"><b>Note:</b> 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</p> <b>Name of the sponsoring entity</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<input type="checkbox"/> Direct Reporting NFFE [refer instructions b.]	<b>GIIN not available [tick any one]:</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not required to apply for – specify sub-category code <input type="checkbox"/> <input type="checkbox"/> [refer instructions c.] <input type="checkbox"/> Not obtained - Non-participating FFI

Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]	
1	Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions d.] <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, Please specify any one Stock Exchange on which the stock is traded regularly) Name of the Stock Exchange _____
2	Is the entity a "Related Entity" of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.] <input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify the name of the listed company and one stock exchange on which stock is traded regularly) Name of the listed company: _____ Nature of Relation: <input type="checkbox"/> Subsidiary <input type="checkbox"/> Controlled Name of the Stock Exchange: _____

3	Is the entity an Active NFE?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Nature of business _____ Please specify sub-category of Active NFE <input type="text"/> <input type="text"/> [refer instructions g.]
4	If the entity a Passive NFE: [refer instructions h.]	<input type="checkbox"/> No <input type="checkbox"/> Yes - Nature of business _____ If Yes, fill UBO declaration in the next section

# if Passive NFE, please provide the below additional details for each of the Controlling person. (Please attach additional sheets if necessary)

Sr. No.	Name of UBO	Taxpayer Identification 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]

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

~ In case TIN is not available, kindly provided functional equivalent.

\* If UBO has more than one tax residency outside India, details to be provided in separate rows for each of the tax residency countries.

**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 or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you [CAMS/Fund/AMC/Other participating entities] 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 and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. We also confirm that we have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

**Signature with relevant seal:**

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Date: \_\_\_\_\_

Place: \_\_\_\_\_

**FATCA & CRS Terms & Conditions:**

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions such as the Banks/other financial entities 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.

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.

Please note that you may receive more than one request for information if you have multiple relationships with MFs or its group entities / related parties. Therefore, it is important that you respond to such request, even if you believe you have already supplied any previously requested information.

**Acknowledgement**

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from M/s. \_\_\_\_\_ PAN \_\_\_\_\_ on dd-mm-yyyy

Date: \_\_\_\_\_

Signature with Name, Emp. ID & Seal

## Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

**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*

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Unlisted Company        | <input type="checkbox"/> Partnership Firm / LLP | <input type="checkbox"/> Unincorporated association / body of individuals | <input type="checkbox"/> Private Trust                  |
| <input type="checkbox"/> Public Charitable Trust | <input type="checkbox"/> Religious Trust        | <input type="checkbox"/> Trust created by a Will                          | <input type="checkbox"/> Others <i>[please specify]</i> |

**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?

Yes  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] #			
UBO / SMO PEP#	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"/>		
UBO / SMO Email			
UBO / SMO Mobile			

UBO / SMO Gender	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"/>		
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.	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.

**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 [RTA/Fund/AMC/Other participating entities] 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
Name:
Designation:

Authorized Signatory
Name:
Designation:

Authorized Signatory
Name:
Designation:

Place: \_\_\_\_\_

Date: \_\_/ \_\_/ \_\_\_\_