

**Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals**
**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.

**For office use only**

(To be filled by financial institution)

Application Type\*

 New  Update

KYC Number

(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\*

 Form 60 furnished

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)



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

ARN-64917 E434563

**Important Instructions:**

- A. Fields marked with "\*" are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY 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.

<b>For office use only</b> (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	<i>(Mandatory for KYC update and delete request)</i>
	KYC Number	<input style="width: 100%;" type="text"/>			

**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 style="width: 100%;" type="text"/> <input type="checkbox"/> Form 60 furnished			

**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

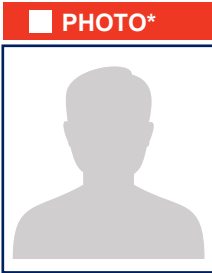
**Address**

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 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]

Signature/Thumb Impression of Applicant

Date:    -    -     Place:

**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 by**

Date:    -    -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

**Institution details**

Name

Code

[Institution Stamp]

ARN-64917 E434563

Please refer to the Instructions for assistance and complete all sections in English. For legibility, please use BLOCK letters in black or dark ink. Please seek appropriate advice from a tax professional on FATCA related information applicable to you.

**1. APPLICANT(S) INFORMATION**

Folio No./Application No.

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"

City of Incorporation  Country of Incorporation

PAN  Date of Incorporation

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

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)
1			
2			
3			
4			

 # In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>S</sup>.

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 

Please refer to para F exemption code for U.S. persons under part D of FATCA Instructions &amp; Definitions.

**2. FATCA & CRS DECLARATION**
**PART A (to be Filled by Financial Institutions or Direct Reporting NFEs)**

1	<b>We are a, (Please <input checked="" type="checkbox"/> as appropriate) :</b> <input type="checkbox"/> Financial Institution (Refer definition A) or <input type="checkbox"/> Direct reporting NFE (Refer definition B)	<b>GIIN</b> <input type="text"/> <b>Note:</b> If you do not have a GIIN (Global Intermediary Identification number) but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below <b>Name of sponsoring entity:</b> <input type="text"/>
2	<b>GIIN - Not Available (Please <input checked="" type="checkbox"/> as appropriate):</b> If the entity is a financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> <input type="text"/> (refer definition C) <input type="checkbox"/> Not obtained – Non-participating FI

**PART B (please fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs)**

1	<b>Is the Entity a publicly traded company?</b> No <input type="checkbox"/> (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)	<b>Yes</b> <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) <b>Name of stock exchange</b> <input type="text"/>
2	<b>Is the Entity a related entity of a publicly traded company?</b> No <input type="checkbox"/> (a company whose shares are regularly traded on an established securities market) (Refer definition D2)	<b>Yes</b> <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) <b>Name of listed company</b> <input type="text"/> <b>Nature of relation:</b> <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company <b>Name of stock exchange</b> <input type="text"/>
3	<b>Is the Entity an Active NFE?</b> No <input type="checkbox"/> (Refer definition D3)	<b>Yes</b> <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) <b>Nature of Business</b> _____ <b>Please specify the sub-category of Active NFE</b> <input type="text"/> <input type="text"/> (Mention code - refer D3)
4	<b>Is the Entity a Passive NFE?</b> No <input type="checkbox"/> (Refer definition 4 (ii))	<b>Yes</b> <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) <b>Nature of Business</b> _____

We [HSBC, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from:

 Name of the entity: 

 Folio No./Application No:  PAN: 

 Date : 

Signature with Seal

**3. UBO DECLARATION**

**Category (Please tick applicable category):**  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association / body of individuals  Public Charitable Trust  Religious Trust  Private Trust  Others (please specify \_\_\_\_\_)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).  
 Owner-documented FFI's<sup>5</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country%	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code 11- of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Beneficial Interest (%) _____ Type Code _____	Address _____ ZIP _____ State _____ Country _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
2. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Beneficial Interest (%) _____ Type Code _____	Address _____ ZIP _____ State _____ Country _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
3. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Beneficial Interest (%) _____ Type Code _____	Address _____ ZIP _____ State _____ Country _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office

# If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary)

Name & PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name -Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB  D D   M M   Y Y Y Y  Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB  D D   M M   Y Y Y Y  Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB  D D   M M   Y Y Y Y  Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:  
 \* To include US, where controlling person is a US citizen or green card holder.  
 % In case Tax Identification Number is not available, kindly provide functional equivalent.

**4. FATCA - CRS TERMS AND CONDITIONS**

The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested 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 any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen 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 issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

**CALL US AT**

Please visit our website [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://www.camsonline.com) for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent : Computer Age Management System.

**TOLL FREE NUMBERS**

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200 / 1800-200-2434	1800-419-9800	1800-4190-200 / 1800-200-2434	+ 91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

PART C: Certification										
I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same.										
Name										
Designation										
<input checked="" type="checkbox"/>	<b>Authorized Signatory</b> [with Company / Trust / Firm / Body Corporate seal]				<input checked="" type="checkbox"/>	<b>Authorized Signatory</b>			<input checked="" type="checkbox"/>	<b>Authorized Signatory</b>
Date	D	D	M	M	Y	Y	Y	Y	Place	

**PART D: FATCA INSTRUCTIONS & DEFINITIONS**

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

- A. 1 Financial Institution (FI)-** The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
  - 2 Depository institution:** Accepts deposits in the ordinary course of banking or similar business.
  - 3 Custodial institution:** An entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's gross income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of -
    - (a) The three-year period ending on December 31 of the year preceding the year in which the determination is made;
    - (b) The period during which the entity has been in existence before the determination is made)
  - 4 Investment entity is any entity:**
    - (a) That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
      - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
      - (ii) Individual and collective portfolio management; or
      - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or
    - (b) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :
      - (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
      - (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07 - refer point 2c.)
  - 5 Specified Insurance company:** Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract
  - 6 Holding company or treasury company:** Is an entity that is a holding company or treasury centre that is a part of an expanded affiliate group that includes a depository, custodial institution, specified insurance company or investment entity.
- B. Direct Reporting NFE:** means a Non-financial Entity (NFE) that elects to report information about its direct or indirect substantial U.S. owners to the IRS.
- C. FI not required to apply for GIIN:** Refer Rule 114F(5) of Income Tax Rules,

1962 for the conditions to be satisfied as "Non- Reporting Financial Institution and Guidance issued by CBDT in this regard

Reasons why FI not required to apply for GIIN:	
Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trust
09	Non-registering local banks
10	FFI with only Low-Value Accounts
11	Sponsored investment entity and controlled foreign corporation
12	Sponsored, Closely Held Investment Vehicle
13	Owner Documented FI

- D. Non-Financial Entity (NFE):** Entity that is not a financial institution (including a territory NFE). Types of NFEs excluded from FATCA reporting are as below:
  - 1. Publicly traded corporation (listed company):** A company is publicly traded if its stock are regularly traded on one or more established securities markets.
  - 2. Related entity of a listed company:** The NFE is a related entity of an entity of which is regularly traded on an established securities market;
  - 3. Active NFE:** (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFE's gross income for the preceding financial year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
02	The stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market.
03	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
04	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;

**1. INVESTOR DETAILS**

Investor Name \_\_\_\_\_

Folio No./Application No.

PAN\*  \*If PAN is not available, specify Folio No.(s)

**2. 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  Public Charitable Trust  Private Trust  
 Religious Trust  Trust created by a Will.  Others [please specify]

**3. 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? (Please ✓)**  
 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"/> >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)
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 #	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
UBO/SMO 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"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP.
UBO/SMO Address [include City, Pincode, State, Country]	Address _____ City: _____ State _____ Pincode <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Country _____	Address _____ City: _____ State _____ Pincode <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Country _____	Address _____ City: _____ State _____ Pincode <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Country _____
UBO/SMO Address Type	<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"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
UBO/SMO Email			
UBO/SMO Mobile			
UBO/SMO Gender	<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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
UBO/SMO Father's Name			



	UBO-1/Senior Managing Official (SMO)	UBO-2	UBO-3
UBO / SMO Occupation	<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"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others
SMO Designation#			
UBO / SMO KYC Complied?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No.
	If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.		

# Mandatory column. \* 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.

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.

## 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/The Fund/The 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:

<b>X</b>	<b>X</b>	<b>X</b>
<i>Authorized Signatory 1</i>	<i>Authorized Signatory 2</i>	<i>Authorized Signatory 3</i>
Name:	Name:	Name:
Designation:	Designation:	Designation:
Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Place <input type="text"/>	

## 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).

## CALL US AT

Please visit our website [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://www.camsonline.com) for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent : Computer Age Management System.

## TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200 / 1800-200-2434	1800-419-9800	1800-4190-200 / 1800-200-2434	+91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

**INVESTOR'S DETAILS**

Investor Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

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 Mobile No. + 

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- I/We hereby confirm that above stated entity/organization is falling under “**Non-profit organization**” [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).
- Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:  
 Registration Number of DARPAN portal \_\_\_\_\_

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

- I/We hereby confirm that the above stated entity/organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

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 be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [CAMS/The Fund/The 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 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 other statutory authorities to facilitate single submission/ update & for regulatory 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:**

X  Authorized Signatory	X  Authorized Signatory	X  Authorized Signatory					
Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 10px; text-align: center;">/</td><td style="width: 40px; height: 20px;"></td><td style="width: 10px; text-align: center;">/</td><td style="width: 40px; height: 20px;"></td></tr></table>		/		/		Place: _____	
	/		/				