

**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.

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

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

PAN\*

TIN/GST Registration Number

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

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

Certificate of Incorporation/Formation   Registration Certificate  Regn Certificate No.

Memorandum and Articles of Association  Partnership Deed  Trust Deed

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

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

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

**3.1 Registered Office Address/Place of Business\***

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

Line 1\*

Line 2\*

Line 3\*  City/Town/Village\*

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

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

Line 1\*

Line 2\*

Line 3\*  City/Town/Village\*

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

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

Tel. (Off)  -  Fax  -

Mobile  -  Email ID

Mobile  -  Email ID

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



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- 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** 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)**

Name\* (Same as ID proof) Prefix  First Name  Middle Name  Last Name   
 Maiden Name   
 Father / Spouse Name\*   
 Mother Name   
 Date of Birth\* DD - MM - YYYY   
 Gender\*  M- Male  F- Female  T- Transgender  
 Nationality\*  IN- Indian  Others (ISO 3166 Country Code  )  
 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 DD - 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   
 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 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	Institution details
Date: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<input type="text"/> [Institution Stamp]
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/> [Employee Signature]	



**UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)**

**Category** (Please tick applicable category):

- Unincorporated association / body of individuals     
  Unlisted Company     
  Partnership Firm     
  Limited Liability Partnership Company  
 Others (please specify \_\_\_\_\_)     
  Public Charitable Trust     
  Religious Trust     
  Private Trust

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).  
 (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

**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) is to be provided below.

Details	UBO-1 / Senior Managing Official (SMO)	UBO2	UBO3
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"/>
Country of Tax residency*			
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 Birthg _____	Place of Birth _____ Country of Birthg _____	Place of Birth _____ Country of Birthg _____
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"/> Registered Office <input type="checkbox"/> Business <input type="checkbox"/>		
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		
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"/>		

Details	UBO-1 / Senior Managing Official (SMO)	UBO2	UBO3
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.

\* ICICI Prudential Asset Management Company Ltd. or Registrar and Transfer Agent of ICICI Prudential Mutual Fund (the 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.

#### 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 require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit 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.

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

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.

**Certification:** I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform ICICI Prudential Asset Management Company Limited/ICICI Prudential Mutual Fund/Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.  

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#### 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 ICICI Prudential Asset Management Company Ltd. and the RTA can make reliance on the same. I/We hereby authorize ICICI Prudential Asset Management Company Ltd. and the RTA 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, 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 ICICI Prudential Asset Management Company Ltd or the RTA 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 by ICICI Prudential Asset Management Company Ltd, the RTA. 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant \_\_\_\_\_

PAN of the Applicant

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Name & Signature of the Authorised Signatory(ies)

Date  /  /



Place for  
Intermediary Logo