

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.

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For office use only	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
(To be filled by financial institution)	KYC Number	<input style="width: 100%;" 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)

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



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- 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.
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- 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 Application Type* New Update Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

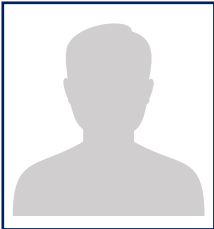
1. Details of Related Person* (Please refer instruction E at the end)

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 - YY YY
 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 - YY YY
 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]	

ANNEXURE II



FATCA/CRS, ULTIMATE BENEFICIAL OWNERSHIP (UBO) AND ADDITIONAL KYC SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please seek appropriate advice from your professional tax advisor on your residency and related FATCA and CRS guidance)

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PAN/PEKRN		FOLIO	
Name of the entity			
Type of Address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential/Business <input type="checkbox"/> Registered Office		Date of Incorporation D D / M M / Y Y Y Y
City of Incorporation			
Country of Incorporation			

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) [Please tick (✓)]	<input type="radio"/> Below 1 lac <input type="radio"/> 1 - 5 lacs <input type="radio"/> 5 - 10 lacs <input type="radio"/> 10 - 25 lacs <input type="radio"/> >25 lacs - 1 crore <input type="radio"/> > 1 crore					
OR						
Net Worth	Rs. _____	as on	<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"/> (Not older than 1 year)			
Entity Constitution Type [Please tick (✓)]	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify: _____					
Politically Exposed Person (PEP) Status* (Also applicable for the authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not applicable					
<small>*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g. Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.</small>						
Non-individual investors involved/providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above					

FATCA & CRS DECLARATION

Please tick the applicable tax resident declaration
 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)

Sr. No.	Country	Tax Identification Number ^	Identification Type (TIN or other ^, please specify)
1			
2			
3			

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Equity Identification Number or GIIN, etc.
 In case the Equity's Country of Incorporation/Tax residence is U.S. but Entity is not a specified U.S. Person, mention Equity's exemption code here:

PART A (To be filled by Financial Institutions or Direct Reporting NFEs)

We are a Financial Institution (Refer 1 of Part C) <input type="checkbox"/> Please tick (✓) or Direct Reporting NFE (Refer 3(vii) of Part C) <input type="checkbox"/>	GIIN <input style="width: 100%;" type="text"/>	Note: 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: Name of sponsoring entity _____
GIIN not available (Please tick as applicable) If the entity is a financial institution	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained - Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (Refer 1 A of Part C)	

PART B (Please fill any as appropriate) (To be filled by NFEs other than Direct Reporting NFEs)

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify the below details) Name of the stock exchange _____ Security ISIN# _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify the below details) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of the stock exchange _____ Security ISIN# _____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (Mention code - Refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

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)'.

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

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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