

### 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.
- $\ensuremath{\mathsf{D}}.$  Please fill the form in English and in BLOCK letters.
- E. KYC [KIN] 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.
- For particular section update, please tick (\*) in the box available before the section number and strike off the sections not required to be updated.

ARN-64917 E434563

For office use only  Application Type*  New Update  (To be filled by financial institution)  KYC Number [KIN]  (Mandatory for K')	YC 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* D D - M M - Y Y Y Y Y D Date of Commencement of Business	D - M M - Y Y Y
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*	
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 re	fer instruction <b>D</b> at the end)
Tel. (Off)	,
Mobile Email ID	
Mobile - Email ID	

6. Remarks (If any)	
7. Applicant Declaration (Please refer instruction G at the end)	
<ul> <li>I hereby declare that the details furnished above are true and correct to the best of my kno inform you of any changes therein, immediately. Incase any of the above information misleading or misrepresenting. I am aware that I may be held liable for it.</li> <li>I hereby declare that I am not making this application for the purpose contravention of statute of legislation or any notifications/directions issued by any governmental or statutor.</li> <li>I hereby consent to receiving information from Central KYC Registry through SMS/Email of address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guid</li> </ul>	n is found to be false or untrue or  any Act, Rules, Regulations or any y authority from time to time on the above registered number/email CR, download the information from
Date: D D - M M - Y Y Y Y Place:	Signature/Thumb Impression of Authorised Person(s)
	3(-/-)
8. Attestation / For Office Use only	
Documents Received Certified Copies Equivalent e-document	
KYC documents verification carried out by	Institution details
Identity Verification Done Date: DD - MM - YYYY	Name
Emp. Name	Code
Emp. Name Emp. Code Emp. Designation Emp. Branch	[Institution Stamp]

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

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#### 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 [KIN] 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 ( $\checkmark$ ) in the box available before the section number and strike off the sections not required to be updated.

update application.			
For office use only	pplication Type* New Up	odate Delete	
(To be filled by financial institution)	YC [KIN] Number	(Mandat	ory for KYC update and delete request)
1. Details of Related Person* (Pl	ease refer instruction <b>E</b> at the end	)	
Addition of Related Person	Deletion of Related Person	n Update F	Related Person Details
KYC Number of Related Person (if available			Related Person Type' & 'Name' is mandatory
Related Person Type* Director	Promoter Karta Trustee	Partner Court Appointme	ent Official Proprietor
Beneficiary		ial Owner Power of Attorne	
DIN (Director Identification Number)		(Mandatory if Related Person Type	_
1.1 Personal Details (Please refe	r instruction <b>E</b> at the end)		
Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)			
Maiden Name			
Father / Spouse Name*			
Mother Name			
Date of Birth*	M M - Y Y Y Y		
Gender* M- Male	F- Female	T- Transgender	
Nationality*	on Others (ISO 3166 Cour	ntry Code)	
PAN*			
1.2 Proof of Identity and Address	e* (Places refer instruction E at th	o and)	
1.2 Proof of Identity and Address			(1) (1) (2)(5)
I Certified copy of OVD or equivalent e-docu  A-Passport Number	iment of OVD or OVD obtained through digit	al KYC process needs to be submitted (an	yone of the following OVDs)
			□ РНОТО*
B-Voter ID Card			
C-Driving Licence	Driving	Licence Expiry Date DD - MM	
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/Vil	lage*
District*	Pin/Post Code*	State/U.T Code*	ISO 3166 Country Code*
1.3 Current Address Details (Ple			
	such cases address details as below need r	ot be provided)	
Certified copy of OVD or equivalent e-docur	ment of OVD or OVD obtained through digit	al KYC process needs to be submitted (an	yone 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			

Address					
Line 1*					
Line 2					
Line 3				City/T	Town/Village*
District*		Pin/Post Code*		State/U.T Code*	ISO 3166 Country Code*
1.4 Contact De	etails (All communications will be	be sent on provided Mo	obile no. / Email-ID p	provided) (Please	e refer instruction <b>D</b> at the end)
Tel. (Off)	•	el. (Res)		Mobile	, , , , , , , , , , , , , , , , , , ,
Email ID					
2. Applicant De	eclaration				
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.  I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines					
				information from	
CKYCR, and other				information from	Signature/Thumb Impression of Applicant
CKYCR, and other  Date: D D M	r participating intermediaries as manda	ted by PMLA Act/Rules/SEB		information from	
CKYCR, and other  Date: D D M	r participating intermediaries as manda	ted by PMLA Act/Rules/SEB	d guidelines	ata received from	Signature/Thumb Impression of Applicant
CKYCR, and other  Date: D D M  6. Attestation /	r participating intermediaries as manda	eted by PMLA Act/Rules/SEB	ed from UIDAI		Signature/Thumb Impression of Applicant
CKYCR, and other  Date: D D M  6. Attestation /  Documents Receive	r participating intermediaries as manda    M -   Y   Y   Y   Y    For Office Use only  Certified Copies	Place: E-KYC data receive	ed from UIDAI	ata received from (	Signature/Thumb Impression of Applicant
CKYCR, and other  Date: D D M  6. Attestation /  Documents Receive	r participating intermediaries as manda  M - Y Y Y Y  For Office Use only  Certified Copies  Digital KYC Process  YC documents verification carri	Place: E-KYC data receive	ed from UIDAI	ata received from (	Signature/Thumb Impression of Applicant  Offline verification
CKYCR, and other Date: D D M  6. Attestation / Documents Receive	r participating intermediaries as manda  M - Y Y Y Y  For Office Use only  Certified Copies  Digital KYC Process  YC documents verification carri	Place:  E-KYC data receive  Equivalent e-documed out by	ed from UIDAI D	ata received from (	Signature/Thumb Impression of Applicant  Offline verification
CKYCR, and other Date: DD DM  6. Attestation / Documents Receive  K* Date:	r participating intermediaries as manda  M - Y Y Y Y  For Office Use only  Certified Copies  Digital KYC Process  YC documents verification carri	Place:  E-KYC data receive  Equivalent e-documed out by	ed from UIDAI D	ata received from (	Signature/Thumb Impression of Applicant  Offline verification
CKYCR, and other Date: DD M  6. Attestation / Documents Receive  KY  Date: Emp. Name	r participating intermediaries as manda  M - Y Y Y Y  For Office Use only  Certified Copies  Digital KYC Process  YC documents verification carri	Place:  E-KYC data receive  Equivalent e-documed out by	ed from UIDAI D	ata received from (	Signature/Thumb Impression of Applicant  Offline verification
CKYCR, and other Date: DD M  6. Attestation / Documents Receive  K*  Date:  Emp. Name  Emp. Code	r participating intermediaries as manda  M - Y Y Y Y  For Office Use only  Certified Copies  Digital KYC Process  YC documents verification carri	Place:  E-KYC data receive  Equivalent e-documed out by	ed from UIDAI D	ata received from (	Signature/Thumb Impression of Applicant  Offline verification

## **FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM** (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Name of the Entity



ARN-64917 E434563 1. Entity Details

Type of ac at KRA	ldress given	Residential or Business	Residential	Business	Registered Office
Application	on No.			Folio No.	
PAN Num	ber			Date of Incorporation	
City of Inc	orporation			Country of Incorporation	
Entity Cor	nstitution Type	Partnership Firm HUF	Private Limited Com	pany Public Limited	d Company Society AOP/BOI
		☐ Trust ☐ Liquid	lator Limited Liability Par	tnership 🗆 Artificial Jurio	dical Person Others specify
	the applicable nt declaration	Is "Entity" a tax resident of any country other than India:  (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 Identifica	ation Number <sup>%</sup>	Identification Type (TIN or Other, please specify)
		Number is not available, kindly pro l equivalent is not available, please		on number or Global Entity Ic	lentification Number or GIIN, etc.
In case the	Entity's Country of	Incorporation / Tax residence is U.S. b	ut Entity is not a Specified U.S. Per	rson, mention Entity's exemption	code here
Please refe	r to para 3(vii) exer	nption code for U.S. persons in FATCA	nstructions & Definitions		
2. FATO	CA & CRS D	eclaration			
Dlanca car	acult value profess	sional Tax Advisor for further guida	nco on FATCA & CDS classificat	ian)	
				lion	
		by Financial Institutions or Di		att an Name to a (CHAI)	
	Ve are a, inancial institutio	on³	Global Intermediary Identifica	ation Number (GIIN)	
0			GIIN		
	Pirect reporting N please tick as app		<b>Note:</b> If you do not have a GII indicate your sponsor's name		nother entity, please provide your sponsor's GIIN above and
			Name of sponsoring entity		
	'IIN + : I - b l	- (-l tielli	A multiple of form		
		e (please tick as applicable)	☐ Applied for ☐ Not required to apply for	r - nlease specify 2 digits sub	category <sup>10</sup>
"	are criticy is a FII	a Financial institution,  Not required to apply for - please specify 2 digits sub-category <sup>10</sup> Not obtained – Non-participating FI		catego, y	
PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")					
W	hose shares are i	regularly traded on an established	Yes (If yes, please specify a	any one stock exchange on wl	nich the stock is regularly traded)
	tock exchanges)		Name of stock exchange		
C		ted entity of a listed company (a shares are regularly traded on an exchanges)			
		<b>.</b>	Name of listed company		
			Nature of relation: Subsidiary of the Listed Company Controlled by a Listed Company		
			Name of stock exchange		
3 Is	the Entity an act	tive <sup>1</sup> non-financial entity (NFE)	Yes No		
			Nature of Business		
			Please specify the sub-catego	ory of Active NFE (	Mention code - refer 2c of Part D)
4 Is	the Entity a pass	sive <sup>2</sup> NFE		res, please fill UBO declaration	in the next section.)
			Nature of Business		

Ultimate Beneficial Ownership (UBO) Details for Passive NFE # If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary) Name and PAN / Any other Identification Number Occupation Type -DOB - Date of Birth (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Gender - Male, Female, Other Service, Business, Others Licence, NREGA Job Card, Others) Nationality City of Birth - Country of Birth Father's Name -Mandatory if PAN is not available 1. Name Occupation Type D D / M M / Y Y Y PAN Nationality Gender Male Female Other City of Birth Father's Name Country of Birth DOB D D / M M / Y Y Y 2. Name Occupation Type PAN Nationality Male Female Other City of Birth Father's Name Country of Birth 3. Name Occupation Type D / M M / Y PAN Nationality ☐ Male Female Other City of Birth Father's Name Country of Birth # 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. 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

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

Date: D D / M M / Y Y Y

is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same.

provide an explanation and attach this to the form.

PART C : Certification

Name

Place:

Designation

# Declaration for Ultimate Beneficial Ownership (UBO) / Controlling Persons (Mandatory for Non-individual Investors)



1. Entity Details

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Name of the Entity		
PAN Number		
. Applicable for Listed Company / Subs	idiary Company	
i) I We Hereby declare that-		
Our Company is a Listed Company listed on I		ubsidary of a Listed Company
Our Company is Controlled by a Listed Comp	pany	
ii) Details of the Listed Company ^	Committee ICIN	
Stock Exchange on which it is listed	Security ISIN	N
	an Listed Company / its Subsidiary Company	
Category (Please tick applicable category):	an Listed Company, 103 Substatuty Company	
Unlisted Company	Partnership Firm Limited Liability Partne	rship 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 coun	tries of tax residency / permanent residency / citizenship and ALL Tax Identification	n Numbers for EACH controlling person(s)^.
Name - Beneficial owner / Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact	Tax ID Type - TIN or Other, please specify
Country - Tax Residency* Tax ID No Or functional equivalent for each country*	Details	Beneficial Interest - in percentage
ומא שו איס Or runctional equivalent for each country.	Address Type -	Type Code - of Controlling person
I. Name	Address	Tax ID Type
	State: Country:	Beneficial Interest
Country	PIN/ZIP Code	Type Code
Tax ID No.%		Add. Type Residence Business Registered office
	Address	Tax ID Type
. Name	_	2.6.11.4
Country	State: Country:	Beneficial Interest
Country	PIN/ZIP Code	Type Code
Tax ID No.%		Add. Type    Residence    Business    Registered office
3. Name	Address	Tax ID Type
	State: Country:	Beneficial Interest
Country	PIN/ZIP Code	Type Code
Tax ID No.%		Add. Type   Residence   Business   Registered office
I. PAN	Occupation Type	
City of Birth	Nationality	DOB
Country of Birth	Father's Name	Gender Male Female Other
2. PAN	Occupation Type	DOB D D M M M M Y Y Y Y
City of Birth	Nationality	
Country of Birth	Father's Name	Gender Male Female Other
3. PAN	Occupation Type	DOB   D   D   / M   M   /   Y   Y   Y   Y
City of Birth	Nationality	
Country of Birth	Father's Name	Gender Male Female Other
Additional details to be filled by controlling persons with	tax residency / permanent residency / citizenship / Green Card in entification Number is not available, kindly provide functional e	
. Declaration and Signatures	emaneadon number is not available, kindiy provide functional e	quivaicii. ∙∙ліцасті эпеетэ II Песеззагу.
We acknowledge and confirm that the information provided above e declaration is not provided, then the AMC/Trustee/Mutual Fund s e hereby authorize sharing of the information furnished in this form	is/are true and correct to the best of my/our knowledge and belief. In the e hall reserve the right to reject the application and/or reverse the allotment on with all SEBI Registered Intermediaries and they can rely on the same. In call also undertake to keep you informed in writing about any changes/modific	of units and the AMC/Mutual Fund/Trustee shall not be liable for the same se the above information is not provided, it will be presumed that applic.
	Authorised Signatory	Authorised Signatory