

KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR NON-INDIVIDUALS ONLY)

(Please fill the form in English and in BLOCK Letters)



Place for
Intermediary Logo



ARN-64917 E434563

Application No.

01. Identity Details (Please see guidelines overleaf)

Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

FIRST

MIDDLE

LAST

Date of Incorporation

Place of Incorporation:

Registration No. (e.g. CIN)

Date of commencement of business

Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charities / NGOs FI FII HUF
 AOP Bank Government Body Non-Government Organisation Defence Establishment Body of Individuals Society
 LLP Others (Please specify)

Permanent Account Number (PAN) (MANDATORY)

Please enclose a duly attested copy of your PAN Card

02. Address Details (Please see guidelines overleaf)

Address for Correspondence:

City / Town / Village

State Country Post Code

Contact Details: Tel. (Off.) (ISD/STD)

Tel. (Res.) (ISD/STD)

Mobile

Fax

E-Mail Id.

Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

*Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf) (Please specify)

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

Registered Address (If different from above):

City / Town / Village

State Country Post Code

Contact Details: Tel. (Off.) (ISD/STD)

Tel. (Res.) (ISD/STD)

Mobile

Fax

E-Mail Id.

Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

*Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf) (Please specify)

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

03. Other Details (Please see guidelines overleaf)

Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors

(Please use the Annexure to fill in the details)

Any other information:

04. Applicant Declaration

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.

Date Place



SIGN HERE

Signature / Thumb Impression of Applicant

05. FOR OFFICE USE ONLY

AMC/Intermediary name OR code

(Originals Verified) Self Certified Document copies received Date

(Attested) True copies of documents received Place



SIGN HERE

Seal/Stamp of the intermediary should contain/Staff Name/
Designation/Name of the Organization/Signature

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
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Details of ultimate beneficial owner including additional FATCA & CRS information

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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"

Customer ID / Folio Number

PAN Date of incorporation DD / MM / YYYY

City of incorporation

Country of incorporation

Entity Constitution Type Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI
Please tick as appropriate Trust Liquidator Limited Liability Partnership Artificial Juridical Person Others specify

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 ⁵	Identification Type (TIN or Other, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

⁵In case Tax Identification Number is not available, kindly provide its functional equivalent⁵.
 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

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

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

1. We are a, Financial institution⁶ or Direct reporting NFE⁷ *(please tick as appropriate)*

GIIN

Note: *If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below*

Name of sponsoring entity

GIIN not available *(please tick as applicable)* Applied for Not required to apply for - please specify 2 digits sub-category¹⁰
 Not obtained – Non-participating FI

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

1. Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> <i>(If yes, please specify any one stock exchange on which the stock is regularly traded)</i> Name of stock exchange <input type="text"/>
2. Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> <i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i> Name of listed company <input type="text"/> Nature of relation: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3. Is the Entity an active ³ NFE	Yes <input checked="" type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <i>(Mention code – refer 2c of Part D)</i>
4. Is the Entity a passive ⁴ NFE	Yes <input checked="" type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business <input type="text"/>

¹Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁴Refer 3(ii) of Part D | ⁶Refer 1 of Part D | ⁷Refer 3(vii) of Part D | ¹⁰Refer 1A of Part D

Declaration Form of Ultimate Beneficial Ownership (UBO) / Controlling Persons



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01. Investor Details

Investor Name	FIRST	MIDDLE	LAST
PAN*			

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

02. Category

Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed#. _____

Security ISIN# _____

Name of the Listed Company (applicable if the investor is subsidiary/associate): _____

mandatory in case of Listed company or subsidiary of the Listed Company

- | | | |
|--|--|---|
| <input type="checkbox"/> Unlisted Company | <input type="checkbox"/> Partnership Firm / LLP | <input type="checkbox"/> Unincorporated Association / Body of Individuals |
| <input type="checkbox"/> Public Charitable Trust | <input type="checkbox"/> Private Trust | <input type="checkbox"/> Religious Trust |
| <input type="checkbox"/> Trust Created by a Will | <input type="checkbox"/> Others _____ (please specify) | |

03. UBO / Controlling Person(s) Details

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?

Yes No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided			
% of Beneficial Interest#.	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			

UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth	Place of Birth	Place of Birth
	Country of Birth	Country of Birth	Country of Birth
UBO / SMO Nationality			
UBO / SMO Date of Birth (dd-mmm-yyyy) #			
UBO / SMO PEP#	Yes – PEP <input type="checkbox"/>		
	Yes – Related to PEP <input type="checkbox"/>		
	N – Not a PEP <input type="checkbox"/>		
UBO / SMO Address (Include City, Pincode, State, Country)	Address : _____	Address : _____	Address : _____
	City : _____	City : _____	City : _____
	Pincode: _____	Pincode: _____	Pincode: _____
	State: _____	State: _____	State: _____
	Country: _____	Country: _____	Country: _____
UBO / SMO Address Type	Residence <input type="checkbox"/>		
	Business <input type="checkbox"/>		
	Registered Office <input type="checkbox"/>		
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	Male <input type="checkbox"/>		
	Female <input type="checkbox"/>		
	Others <input type="checkbox"/>		
UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/>		
	Private Service <input type="checkbox"/>		
	Business <input type="checkbox"/>		
	Others <input type="checkbox"/>		
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.

Mandatory column.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

04. Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

05. Signature With Relevant Seal

⊗ SIGN HERE Authorized Signatory Name : _____ Designation : _____	⊗ SIGN HERE Authorized Signatory Name : _____ Designation : _____	⊗ SIGN HERE Authorized Signatory Name : _____ Designation : _____
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Place : _____

Date : ___/___/___

06. 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.

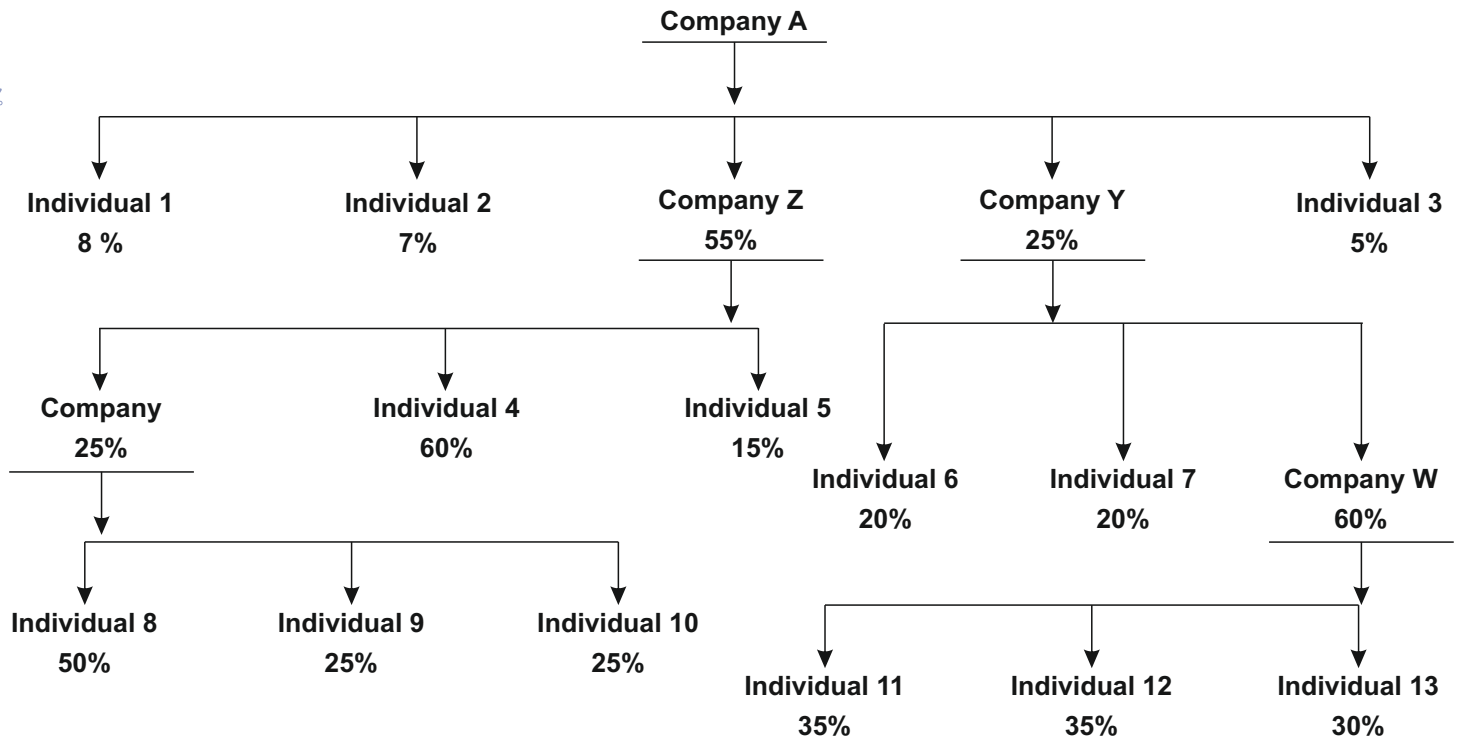
C. Exemption in case of listed companies / foreign investors

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

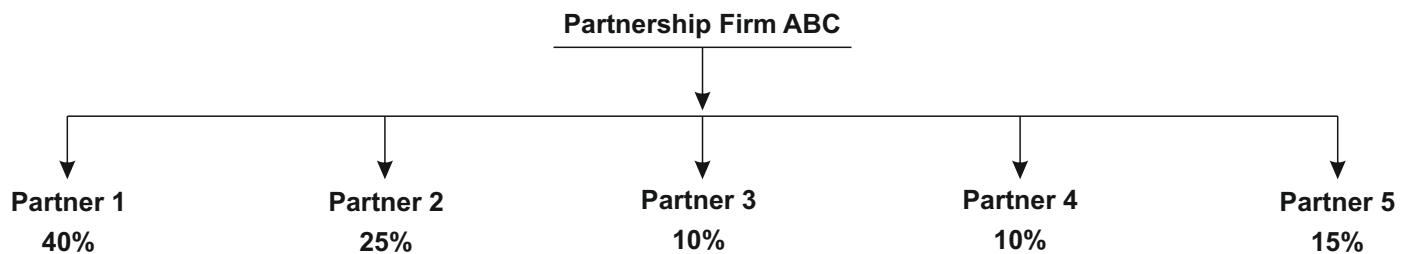
Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

Illustration No. 1 – Company A



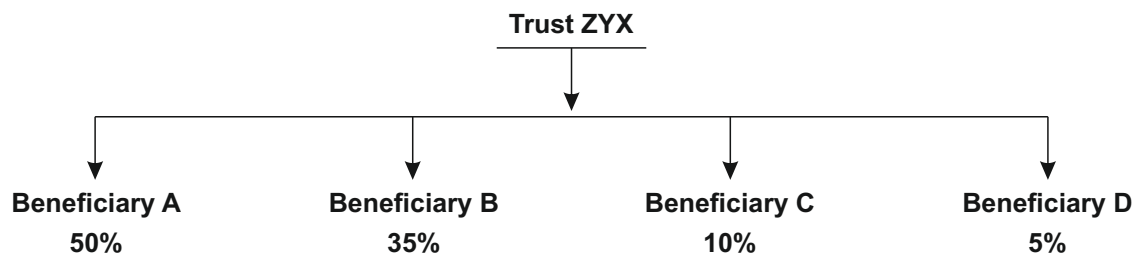
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 33% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

Illustration No. 2 – Partner ABC



For Partnership Firm ABC, Partners 1, 2 and 5 are considered as UBO as each of them holds $\geq 15\%$ of capital. KYC proof of these partners needs to be submitted including shareholding.

Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for $>10\%$ of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.