

Know Your Client (KYC)**Application Form (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Intermediary

ARN-64917 E434563



Application Number:

Application Type*: New KYC Modification KYC**1. Entity Details** (please refer guidelines)

PAN*

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Date of Incorporation*

Place of Incorporation*

Date of Commencement*

Registration Number*

Entity Type*

Please Tick (✓)

 Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust/Charity/NGO HUF FPI Category I FPI Category II AOP Bank Government Body Defence Establishment Body of Individuals Society LLP Non-Government Organization Others _____**2. Proof of Identity+** (please refer the guidelines) Officially Valid Document(s) in respect of person authorized to transact Certificate of Incorporation/Formation _____ Registration Certificate _____ Memorandum of Articles and Association Partnership Deed Trust Deed Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf Activity Proof -1+ (For Sole Proprietorship Only) Activity Proof -2+ (For Sole Proprietorship Only)**3. Address Details*** (please refer the guidelines)**A. Registered Address***

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____

District+ _____

Pin Code* _____

State* _____

Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____

District+ _____

Pin Code* _____

State* _____

Country* _____

Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—*Not more than 3 months old)

- Certificate of Incorporation/Formation Registration Certificate Other document _____
 Latest Telephone Bill* (Landline only) Latest Electricity Bill* Latest Bank Account Statement*
 Registered Lease/ Sale Agreement of Office Premises **Validity/Expiry Date of POA** (Expiry Date) _____
 Any other proof of address document (as listed overleaf) _____

4. Contact Details

Email ID _____ Mobile No. _____
 Email ID _____ Mobile No. _____
 Tel (off) _____ Fax _____

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information**7. Applicant Declaration**

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ ____ ____ (DD-MM-YYYY)

PLACE: _____

Applicant Digital Signature (DSC)

Applicant Wet Signature

8. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____
Employee Signature and Stamp	Employee Signature and Stamp

— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —

Know Your Client (KYC)**Annexure (For Non- Individuals Only)**Intermediary
Logo

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Application Number:

Application Type*: New KYC Modification KYC**1. Identity Details of Related Person** (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female TransgenderNationality* Indian Other _____

Related Person Type*

 Director Promoter Karta Trustee Partner Court Appointed Official Proprietor Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Applicant Photo

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

 A — Aadhaar Card XXXX XXXX _____ B — Passport Number _____ (Expiry Date) _____ C — Voter ID Card _____ D — Driving License _____ (Expiry Date) _____ E — NREGA Job Card _____ F — NPR _____ Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address***

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 _____
 Line3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX ____ _
 B — Passport Number _____ (Expiry Date) ____ _
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) ____ _
 E — NREGA Job Card _____
 F — NPR Letter _____
 Z—Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details

Email ID _____
 Mobile No. _____
 Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ _ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date ____ _ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Employee Signature and Stamp	Institution Name and Stamp

Details of ultimate beneficial owner including additional FATCA & CRS information

1. APPLICANT(S) NAME AND INFORMATION (If the applicant is minor, then please provide details of natural / legal guardian)

Name of the entity, Type of address given at KRA, PAN Details, Date of incorporation, City of incorporation, Country of incorporation, Entity Constitution Type, Is "Entity" a tax resident of any country other than India

Table with 3 columns: Country, Tax Identification Number, Identification Type

* 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 Entity Identification Number or GIIN, etc.

2. 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)

We are a Financial institution or Direct reporting NFE, GIIN, Name of sponsoring entity, GIIN not available

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? 2. Is the Entity a related entity? 3. Is the Entity an active NFE? 4. Is the Entity a passive NFE?

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

3. UBO DECLARATION

Category Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals
 [Please tick (✓)] 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's5 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 Code11: Of Controlling person	Address: Include State, Country, PIN / ZIP Code & Contact Details Address Type:
1. Name: _____ Country: _____ Tax ID No.%: _____	Tax ID Type: _____ Type Code: _____ Address Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address: _____ _____ _____ ZIP: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: _____ Country: _____
2. Name: _____ Country: _____ Tax ID No.%: _____	Tax ID Type: _____ Type Code: _____ Address Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address: _____ _____ _____ ZIP: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: _____ Country: _____
3. Name: _____ Country: _____ Tax ID No.%: _____	Tax ID Type: _____ Type Code: _____ Address Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address: _____ _____ _____ ZIP: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: _____ Country: _____
# If passive NFE, please provide below additional details. (Please attach additional sheets if necessary)		
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. PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	Date Of Birth: _____ Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
2. PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	Date Of Birth: _____ Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
3. PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	Date Of Birth: _____ Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> 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. Refer 3(iii) of Part D | 5. Refer 3(vi) of Part D | 11. Refer 3(iv) (A) of Part D

4. 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 Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account 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 (insert FI's name) or its 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 understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name: _____ Designation: _____

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Date DDMMYYYY

Place:

**Declaration Form of Ultimate Beneficial Ownership [UBO] /
Controlling Persons**
(Mandatory for Non-individual Investors)



I: Investor details:

ARN-64917 E434563

Investor Name										
PAN*										

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

II: 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]* _____

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	>10% controlling interest. <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/>

interest#.	>15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <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 _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place 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: City: Pincode: State: Country:	Address: City: Pincode: State: Country:	Address: City: Pincode: State: 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.

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.

Signature with relevant seal:

Authorized Signatory
Name:
Designation:

Authorized Signatory
Name:
Designation:

Authorized Signatory
Name:
Designation:

Place: _____

Date: __/__/____