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

(Attested) True copies of documents received



Place for Intermediary Logo

Application No.:

Name of the Organization

Signature Date

Please fill in ENGLISH and in BLOCK LETTERS	CVL							ARI	V-6 4	917	E43	345
A. Identity Details (please see guidelines overleaf)												
1. Name of Applicant (Please write complete name as per Certificate of Incorp	poration / Reg	egistration; leavin	g one box	blank be	tween 2	words. F	Please o	do not	abbrev	iate the	Name).	
	4 1 1											
2. Date of Incorporation ddd/mm/m/yyyyy	Place of Inc	corporation										
3. Registration No. (e.g. CIN)		Date of c	ommence	ment of	busine	ss d	d /	m	_m_/	у	ууу	у
☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP	dy Corporate Bank		ment Body	rust / Cha		NGOs [vernment	HUF t Orgar]FI n	☐ FII		
5. Permanent Account Number (PAN) (MANDATORY)			Please end	close a d	uly atte	sted copy	of yo	ur PAi	N Card			
B. Address Details (please see guidelines overleaf)												
Address for Correspondence	7											
C. JT OU												
City / Town / Village				Country			Postal C	ode				
State 2. Contact Details				Country								
Tel. (Off.) (ISD) (STD)		Tel. (Res	(ISD)	(STD)								
Mobile (ISD) (STD)		Fa	1	(STD)								
E-Mail Id.												
*Not more than 3 Months old. Validity/Expiry date of proof of address st. Registered Address (If different from above) City / Town / Village State i. Proof of address to be provided by Applicant. Please submit A	ANY ONE or "*Latest B	of the followi	ng valid			tick (√)		nst t				
Any other proof of address document (as listed overleaf).(Please s		d d / m	m / L	уу	у у							
C. Other Details (please see guidelines overleaf)				_	_				_	_	_	
1. Name, PAN, DIN/Aadhaar Number, residential address a (Please use the Annexure to fill in the details) 2. Any other information:	and photo	ographs of	Promote	ers/Part	ners/	Karta/T	ruste	es/v	vhole	time	direct	ors
DECLARATION												
We hereby declare that the details furnished above are true orrect to the best of my/our knowledge and belief and I/we under o inform you of any changes therein, immediately. In case any oppose information is found to be false or untrue or misleadities is representing, I am/we are aware that I/we may be held liable for	of the ing or	NAME & : OF AU PER		SED	S)							
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Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

ARN-64917 E434563

Name o	T 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







Details of FATCA and CRS information (For Non-Individuals / Legal Entity)

# If passive NFE, please provide below additional details for each of Co	ontrolling person. (Please a	attach additional sheets if necessary)
Name & 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. Name & PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM//YY Gender Male Female Others
1. Name & PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YY Gender Male Female Others
1. Name & PAN	Occupation Type Nationality Father's Name	DOB DD/MM/YY Gender Male Female Others
# Additional details to be filled by controlling persons with tax residency * To include U.S. where controlling person is a U.S. citizen or green car % In caseTax Identification Number is not available, kindly provide funct	rd holder.	y other country other than India
to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from Should there be any change in any information provided by you, please ensure you advise us prom if any controlling person of the entity is a U.S. citizen or green card holder, please include United St It is mandatory to supply a TIN or functional equivalent if the country in which you are resident issue PART C: Certification I / We have understood the information requirements of the Form (read alor Form is true, correct and complete. I /We also confirm that I/We have read Date:	uptly, i.e. within 30 days. Lates in the foreign country information field along with the U.S. Tax Indentifica es such identifiers. If no TIN is yet available or has not yet been issued, please ng with the FATCA & CRS Instructions) and hereby confirm	e provide an explanation and attach this to the form. In that the information provided by me / us on this
Name:		
Designation:		
Signature & Seal		





Third Party Payment Declaration (Should be enclosed with each payment/SIP Enrolment)															
Payments by : Parents/Grand Parents/Related Persons other than the Registered Guardian/Custodian / Employer															
Maximum Value : Not Exceeding Rs. 50,000/- (each regular purchase or per SIP installment)															
Application and Payment Details (All details below are mandatory, including relationship, PAN, KYC)															
Folio No.	Application Form														
Beneficiary Name															
Investment Amount (Rs.)															
Payment Cheque N	D.					D	ated								
Cheque Drawn on E	ank														
Cheque Drawn on A	/C No.														
Declaration and Sig	natures														
RELATIONSHIP OF	THIRD PA	RTY	WITH	THE	BEN	EFIC	AL IN	IVES	TOF	(Refe	r Instruction	n No. 3)	[Please •	(") as ap	plicable)
Status of the Beneficial Investor	Minor				FII						Employee (s)				
beneficial investor				<u></u>	Client										
Relationship of Third Par with the Beneficial Invest	or Gran	d Parer		 - -	Custodian SEBI Registration No. of Custodian Registration Valid Till						Employer				
Declaration by Third Party	eclare made o n consi		the fof i	made oi Source (n behal of this p	eclare that the p n behalf of FII/Client of this payment is fror to us by FII/Client							emplo Inve	yee(s)	
Income tax PAN															
KYC Acknowledgement		_	ched ndatory	for ar	ny amol	unt)				ttach Mand	ed atory f	or any	y amo	unt)	
Signature															
Contact No.															







FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Entities

Please seek appropriate advice from your tax professional on your tax residency and related FATCA & guidance													4 & C	CRS							
								Pa	art – A												
PAN								Date of Incorporation d d / m m								m	m	У	У		
Name																					
Address Type [for KYC Residential Reside							denti	al / E	Business	<u></u> Ви	ısin	ess	s (\supset	Re	egiste	ered	Offic	е		
Place of Incorporation								untr	y of oration												
Gross Annual	□<	1 La	akh	□1-	-5 La	acs		t W													
Income Details in INR	□5-	ີ່ 5-10 Lacs □10-25 Lacs					IN	R in	Lacs					_							
Details III IINN	☐ 25 Lacs-1 Cr ☐> 1 Cr					Ne of	t W	orth as	dd/mmm/yyyy												
Is the entity involved in / providing any of the following services:	☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] ☐ Money Laundering / Pawning					,	other ation [if	[Please specify]													
Is "Entity" a tax r (If 'Yes', please p			·							dent for t	Ye tax		pos	se	and	No d the	ass	ociat	ed T	IN)	
S No Co	ountry	of ⁻	Tax F	Resi	dend	СУ	Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number										Identification Type [TIN or other, please specify]				
1																	Í				
2																					
3																					
In case the Entity mention Entity's														is	not	a S	peci	fied ⁽	JS p	oers	on,

		Part B [to be fille	ed by Fir	nancial In	stitutions or	Direct Rep	ortina NFF	Es1							
		GIIN (Global Interm													
Wea	are a														
1 1	Financial Institution	Note: If you do not he and indicate your spo	ve a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above asor's name below												
)	/ FFI [refer instructions	Name of the spo	nsoring												
	a.]														
1 1	Direct Reporting	GIIN not availab	e [tick any one]:												
	NFFE [refer	☐ Applied For													
	instructions b.]	☐ Not required	to apply	/ for – spe	ecify sub-cate	gory code	[refer in	structions c.]							
		☐ Not obtaine	d - Non-	participati	ng FFI										
	Part C [Fi	II any one as app	licable -	to be fill	ed by NFEs	other than D	Direct Repo	orting NFFE	sl						
			□ No		III	Janor triair B									
	company [ห regularly		☐ Yes	☐ Yes (If Yes, Please specify any one Stock Exchange on which the stock is traded regularly)											
	recognized [refer instruction	stock exchange]	Name of the Stock Exchange												
	of a listed	a 'Related Entity' company [whose regularly traded	□ No □ Yes (Please specify the name of the listed company and one stock exchange on which stock is traded regularly) Name of the listed company:												
	on a re														
			Nama	of the Sta	ck Evebango										
			□ No	Name of the Stock Exchange:											
3	Is the entity	an Active NFE?	☐ Yes	- Nature	of business _										
			Please specify sub-category of Active NFE[refer instructions g.]												
4		a Passive NFE:		- Nature	of business _										
•	[refer instructio	ns h.]	If Yes,	fill UBO d	eclaration in	the next sect	tion								
#	if Passive	NFE, please provi						ollina perso	n. (Please						
а	ittach addition	al sheets if necessal	y)												
S No	Name of L	JBO Taxpayer Identificatio n Number / PAN / Equivalent ID Number~	Place & Count ry of Birth	Country of Tax Reside ncy*	Occupation Type [Service, Business, Others.]	Nationality	Father's Name	Date of Birth dd/mmm/ yyyy	Gender [Male, Female, others]						

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India

- ~ In case TIN is not available, kindly provided functional equivalent
- * If UBO has more than one tax residency outside India, details to be provided in separate rows for each of the tax residency countries

Declaration:

Signature with relevant seal:

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 or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you [CAMS/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 and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. We also confirm that we have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

	Authorized Signatory		Authorized Signatory	Authorized Signatory						
Date: Place: FATCA & CRS Terms & Conditions										
	tax Rules, 1962, which require Indian personal, tax and beneficial owner holders. In relevant cases, informa	n ir ati	financial institutions such as the Banformation and certain certification on will have to be reported to tall to provide information to any in	ank ons ax a stit	Rules 114F to 114H, as part of the Inconstruction of the Inconstruction from all our account of the Inconstruction from all our account of the Inconstruction of the Inconstruct	litional ccount wards				
	Should there be any change in any i days.	inf	ormation provided by you, please	en	sure you advise us promptly, i.e., with	nin 30				
	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.									
	Please note that you may receive more than one request for information if you have multiple relationships with MFs or its group entities / related parties. Therefore, it is important that you respond to such request, even if you believe you have already supplied any previously requested information.									
	*************	**	**************************************	***	*************	*****				
	We [CAMS, on behalf of participation filled and signed from M/s.				eceipt of FATCA/CRS declaration for N on dd-mmm-yyy					
	Date:		Signatur	e w	vith Name, Emp. ID & Seal					
					Pag	e 3 of 6				