



# 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 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

ARN-64917 E434563

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

# If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

Name & PAN / Any other Identification Number <small>PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others</small> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

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

\* To include U.S. where controlling person is a U.S. citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent.

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.

If any controlling person of the entity is a U.S. citizen or green card holder, please include United States in the foreign country information field along with the U.S. Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are 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.

**PART C: Certification**

I / We have understood the information requirements of the 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.

Date:      D      M      Y      Y      Y      Y

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 No.				Dated									
Cheque Drawn on Bank													
Cheque Drawn on A/C No.													
Declaration and Signatures													
RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) (Please • (*) as applicable)													
Status of the Beneficial Investor	Minor			FII • Client				Employee (s)					
Relationship of Third Party with the Beneficial Investor	<ul style="list-style-type: none"> <li>• Parent</li> <li>• Grand Parent</li> <li>• Related Persons</li> </ul> _____ _____ (Please specify)			Custodian SEBI Registration No. of Custodian Registration Valid Till _____				Employer					
Declaration by Third Party	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.			I/We declare that the payment made on behalf of FII/Client and the Source of this payment is from funds provided to us by FII/Client				I/We declare that the payment made on behalf of employee(s) under Systematic Investment Plans through Payroll Deductions.					
Income tax PAN													
KYC Acknowledgement	<input type="checkbox"/> Attached (Mandatory for any amount)						<input type="checkbox"/> Attached (Mandatory for any amount)						
Signature													
Contact No.													



**Part B [to be filled by Financial Institutions or Direct Reporting NFFEs]**

We are a

Financial Institution / FFI [refer instructions a.]

Direct Reporting NFFE [refer instructions b.]

**GIIN** (Global Intermediary Identification Number):

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**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 the sponsoring entity**

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**GIIN not available** [tick any one]:

- Applied For
- Not required to apply for – specify sub-category code  [refer instructions c.]
- Not obtained - Non-participating FFI

**Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]**

1	Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions d.]	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, Please specify any one Stock Exchange on which the stock is traded regularly) Name of the Stock Exchange _____
2	Is the entity a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.]	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify the name of the listed company and one stock exchange on which stock is traded regularly) Name of the listed company: _____ Nature of Relation: <input type="checkbox"/> Subsidiary <input type="checkbox"/> Controlled Name of the Stock Exchange: _____
3	Is the entity an Active NFE?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Nature of business _____ Please specify sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> [refer instructions g.]
4	If the entity a Passive NFE: [refer instructions h.]	<input type="checkbox"/> No <input type="checkbox"/> Yes - Nature of business _____ If Yes, fill UBO declaration in the next section

# if Passive NFE, please provide the below additional details for each of the Controlling person. (Please attach additional sheets if necessary)

S No	Name of UBO	Taxpayer Identification Number / PAN / Equivalent ID Number~	Place & Country of Birth	Country of Tax Residency*	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:**

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

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date:

Place:

**FATCA & CRS Terms & Conditions**

Details under FATCA & CRS: 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 such as the Banks/other financial entities 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.

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.

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**Acknowledgement**

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from M/s. \_\_\_\_\_ PAN \_\_\_\_\_ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal