

#### Important Instructions:

- A) Fields marked with \*\* are mandatory fields.
- B) Tick ( ✓ ) wherever applicable.
- C) Please fill the date in OD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant in 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 ISO3166 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 ( ✓ ) in the box available before the section number and strike off the sections not required to be updated.

#### For office use only

(To be filled by financial institution)

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

#### 1. IDENTITY DETAILS\* (Please refer instruction A at the end)

Name

Entity constitution Type\*  (Please refer instruction B at the end)

Status (Please tick ( ✓ ) the appropriate)

- Private Ltd. Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust  Charities  NGOs  HUF  FI  FII  FPI Category I
- FPI Category II  FPI Category III  AOP  Bank  Government Body  Non-Government Organisation
- Defence Establishment  Body of Individuals Society  LLP  Others (Please specify)

Date of Incorporation / Formation\* -- Date of Commencement of Business --

Place of Incorporation / Formation\*  Country of Incorporation / Formation\*  TIN or Equivalent Issuing Country

PAN  Form 60 furnished  Registration No. (e.g. CIN)

TIN/ GST Registration No.

#### 2. PROOF OF IDENTITY (Pol)\* (Please refer instruction B at the end)

- Officially valid document(s) in receipt of person authorised to transact
- Certificate of Incorporation / Formation  Registration 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. PROOF OF ADDRESS (Please refer instruction C at the end)

3.1 Registered Office Address/ Place of business/ Correspondence Address

Proof of Address\*  Certificate of Incorporation / Formation  Registration Certificate  Other Document

Line1\*

Line2

Line3  City / Town / Village

District\*  Pin / Post Code\*  State  Country

3.2 Local Address in the India(if different from Above\*)/ Permanent Address

Line1\*

Line2

Line3  City / Town / Village

District\*  Pin / Post Code\*  State  Country

#### 4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email ID provided" may be used) (Email Id in CAPITAL letters only)

(Please refer instruction D at the end)

Tel. (Off)  -

Fax  -

Mobile  -

Email ID

Mobile  -

Email ID

#### 5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end) ((Email Id in CAPITAL letters only))

Tel. (Off)  -

Fax

Mobile  -

Email ID

Mobile  -

Email ID



ARN-64917 E434563

Application No. :

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(To be filled by financial institution)

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

**1. IDENTITY DETAILS\*** (Please refer instruction A at the end)

- Addition of Related Person  Deletion of Related Person  Update Related Person Details

KYC Number of Related Person (if available\*)

If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type\*  Director  Promoter  Karta  Trustee  Partner  Court Appointment Official  Proprietor

Beneficiary  Authorised Signatory  Beneficial Owner  Power of Attorney Holder  Other (Please specify)

DIN (Director Identification Number)  (Mandatory if Related Person Type is Director)

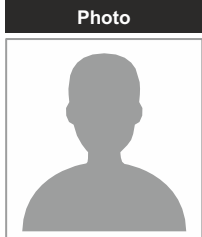
**1.1 PERSONAL DETAILS** (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as Id proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/ Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M - Male	<input type="checkbox"/> Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
PAN	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

**1.2 PROOF OF IDENTITY AND ADDRESS\*** (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone 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.  F-Offline verification of Aadhaar



Thumb Impression  
Signature/

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

District  Pin / Post Code\*  State  Country

**1.3 CURRENT ADDRESS DETAILS** (Please refer instruction **E** and the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A - Passport Number
- B - Voter ID Card
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- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II.  E-KYC Authentication
- III.  F-Offline verification of Aadhaar
- IV  Deemed PoA
- V  Self Declaration

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

District  Pin / Post Code\*  State  Country

**1.4 (All communication will be sent on provide mobile no./ Email-ID)** (Email Id in **CAPITAL** letters only) (Please refer instruction **D** at the end)

Tel. (Off)  -  Tel. (Res.)  -  Mobile  -

Email ID

**2. APPLICANT DECLARATION**

- 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. In case any of the above information is found to be false or untrue or misleading or mis representing, I am aware that I may beheld liable for it.
- I here by consent to receiving in formation from Central KYC Registry through SMS/Email on the above registered number email address.

Date: --

Place:

Signature / Thumb Impression of Applicant

**3. ATTESTATION/ FOR OFFICE USE ONLY**

- Document Received  Certified Copies  E- KYC data received from UIDAI  Data received from Offline verification
- Digital KYC Process  Equivalent e-document

**KYC VERIFICATION CARRIED OUT BY**

Date --

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

(Employee signature)

**INSTITUTION DETAILS**

Name

Code

(Institution Stamp)

ARN-64917 E434563

Application No. :

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(To be filled by financial institution)

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

**1. IDENTITY DETAILS\*** (Please refer instruction A at the end)

Name

**Entity constitution Type\***  (Please refer instruction B at the end)

**Status** (Please tick ( ✓ ) the appropriate)

- Private Ltd. Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust  Charities  NGOs  HUF  FI  FII  FPI Category I
- FPI Category II  FPI Category III  AOP  Bank  Government Body  Non-Government Organisation
- Defence Establishment  Body of Individuals Society  LLP  Others (Please specify)

Date of Incorporation / Formation\* -- Date of Commencement of Business --

Place of Incorporation / Formation\*  Country of Incorporation / Formation\*  TIN or Equivalent Issuing Country

PAN  Form 60 furnished  Registration No. (e.g. CIN)

TIN/ GST Registration No.

**2. PROOF OF IDENTITY (Pol)\*** (Please refer instruction B at the end)

- Officially valid document(s) in receipt of person authorised to transact
- Certificate of Incorporation / Formation  Registration 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. PROOF OF ADDRESS** (Please refer instruction C at the end)

3.1 Registered Office Address/ Place of business/ Correspondence Address

Proof of Address\*  Certificate of Incorporation / Formation  Registration Certificate  Other Document

Line1\*

Line2

Line3  City / Town / Village

District\*  Pin / Post Code\*  State  Country

3.2 Local Address in the India(if different from Above\*)/ Permanent Address

Line1\*

Line2

Line3  City / Town / Village

District\*  Pin / Post Code\*  State  Country

**4. CONTACT DETAILS** (All communications will be sent to Mobile number/ Email ID provided" may be used) (Email Id in CAPITAL letters only)

(Please refer instruction D at the end)

Tel. (Off)  -

Fax  -

Mobile  -

Email ID

Mobile  -

Email ID

**5. NUMBER OF RELATED PERSONS** (Please refer instruction E at the end) ((Email Id in CAPITAL letters only))

Tel. (Off)  -

Fax

Mobile  -

Email ID

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Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

**1. IDENTITY DETAILS\*** (Please refer instruction A at the end)

- Addition of Related Person  Deletion of Related Person  Update Related Person Details

KYC Number of Related Person (if available\*)

If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type\*  Director  Promoter  Karta  Trustee  Partner  Court Appointment Official  Proprietor

Beneficiary  Authorised Signatory  Beneficial Owner  Power of Attorney Holder  Other (Please specify)

DIN (Director Identification Number)  (Mandatory if Related Person Type is Director)

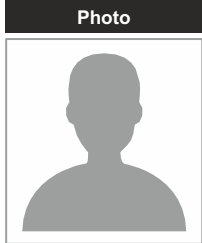
**1.1 PERSONAL DETAILS** (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
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Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/ Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M - Male	<input type="checkbox"/> Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
PAN	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

**1.2 PROOF OF IDENTITY AND ADDRESS\*** (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

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- II.  E-KYC Authentication
- III.  F-Offline verification of Aadhaar



Thumb Impression  
Signature/

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

District  Pin / Post Code\*  State  Country

**1.3 CURRENT ADDRESS DETAILS** (Please refer instruction **E** and the end)

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**1.4 (All communication will be sent on provide mobile no./ Email-ID)** (Email Id in **CAPITAL** letters only) (Please refer instruction **D** at the end)

Tel. (Off)  -  Tel. (Res.)  -  Mobile  -

Email ID

**2. APPLICANT DECLARATION**

- 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. In case any of the above information is found to be false or untrue or misleading or mis representing, I am aware that I may beheld liable for it.
- I here by consent to receiving in formation from Central KYC Registry through SMS/Email on the above registered number email address.

Date:

Place:

Signature / Thumb Impression of Applicant

**3. ATTESTATION/ FOR OFFICE USE ONLY**

- Document Received  Certified Copies  E- KYC data received from UIDAI  Data received from Offline verification
- Digital KYC Process  Equivalent e-document

**KYC VERIFICATION CARRIED OUT BY**

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

(Employee signature)

**INSTITUTION DETAILS**

Name

Code

(Institution Stamp)



ARN-64917 E434563 (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Name of the entity											
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office							
PAN			Date of Incorporation	D	D	M	M	Y	Y	Y	Y
City of incorporation											
Country of incorporation											

ADDITIONAL KYC INFORMATION											
Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore					

**OR**

Net-worth	Rs. _____ as on	D	D	M	M	Y	Y	Y	Y	(Not older than 1 year)
<b>Politically Exposed Person (PEP) Status*</b> (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable									

\*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

<b>Non-Individual Investors involved/ providing any of the mentioned services</b>	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above
---	--

**FATCA & CRS Declaration**

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.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

\* 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.

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

\_\_\_\_\_

Please refer to para 3(vii) Exemption code for U. S. persons under Part D of FATCA instructions & Definitions

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

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	<b>Global Intermediary Identification Number (GIIN)</b> _____
<b>GIIN not available</b> (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained - Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category _____ (Refer 1 A of Part C)

**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 \_\_\_\_\_

**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 (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	<input type="checkbox"/> Yes <input type="checkbox"/> No Nature of Business _____ Please specify the sub-category of Active NFE _____ (Mention code - refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	<input type="checkbox"/> Yes <input type="checkbox"/> No Nature of Business _____

## Declaration Form of Non-Profit Organization (NPO) (Mandatory for Trusts/Society)

We are falling under **“Non-Profit Organization”** [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

Yes  No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

## UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

**Category** (Please tick applicable category):  Unincorporated association / body of individuals  Unlisted Company  
 Religious Trust  Limited Liability Partnership Company  Public Charitable Trust  
 Partnership Firm  Non-Profit Organization\*\*\*  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). (Please attach additional sheets if necessary) Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN#			
Address	Zip <input style="width: 100px;" type="text"/> State: _____ Country: _____	Zip <input style="width: 100px;" type="text"/> State: _____ Country: _____	Zip <input style="width: 100px;" type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID*			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) <sup>§</sup>			

\*To include US, where controlling person is a US citizen or green card holder

#If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

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

§Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

### 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 require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit 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 us or our 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 read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Nippon Life India Asset Management Limited (NAM India)/Nippon India Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.  
**NPO Declaration :** Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)

Name \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_ Place \_\_\_\_\_  
 Date \_\_\_/\_\_\_/\_\_\_\_\_

**PART C FATCA Instructions & Definitions**

**1. Financial Institution (FI)**

The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
  - Custodial institution: is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where it's income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
    - (i) The three financial years preceding the year in which determination is made; or
    - (ii) The period during which the entity has been in existence, whichever is less.
  - Investment entity is any entity:
    - ✓ That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
      - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
      - (ii) Individual and collective portfolio management; or
      - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
    - or
    - ✓ The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :
      - (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
      - (ii) The period during which the entity has been in existence.
- The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 (refer point 2c.)
- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

• FI not required to apply for GIIN:	
A. Reasons why FI not required to apply for GIIN:	
Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers& Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI