

APPLICATION FORM | LEGAL ENTITY/OTHER THAN INDIVIDUALS

ARN-64917 E434563

Important Instructions:

- A. Fields marked with '*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YYYY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is 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 ISO 3166 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	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
(To be filled by financial institution)	KYC Number	<input style="width: 100%;" type="text"/> (Mandatory for KYC update request)

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

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

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 TIN/GST Registration Number

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

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation/Formation Registration Certificate

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. ADDRESS (Please see instruction C at the end)

3.1 Registered Office Address/Place of Business*

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

Line 1*

Line 2

Line 3

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from above)*

Line 1*

Line 2

Line 3

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) Fax

Mobile Email

Mobile Email

5. RELATED PERSONS

Number of Related Persons (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)

(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields.

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- D. Please fill the form in English and in BLOCK letters.
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- 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 Application Type* New Update Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E 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)

Name* (Same as ID proof) Prefix First Name Middle Name Last Name
 Maiden Name
 Father / Spouse Name*
 Mother Name
 Date of Birth*
 Gender* Male Female Transgender
 Citizenship* IN-Indian Others – Country _____ Country Code
 PAN Form 60 furnished

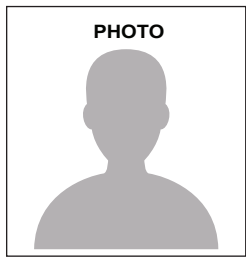
1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

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 Passport Expiry Date
 B-Voter ID Card
 C-Driving Licence Driving Licence Expiry Date
 D-NREGA Job Card
 E-National Population Register Letter
 F-Proof of Possession of Aadhaar

II E-KYC Authentication
 III Offline verification of Aadhaar

Address
 Line 1*
 Line 2
 Line 3 City/Town/Village*
 District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*



1.3 CURRENT ADDRESS DETAILS* (Please refer instruction E at 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)

Passport Number Passport Expiry Date
 Voter ID Card
 Driving Licence Driving Licence Expiry Date
 NREGA Job Card
 National Population Register Letter
 Proof of Possession of Aadhaar

Ultimate Beneficial Owner(UBO) / Controlling Person(s) Declaration

(Mandatory for Non-individual Investors)



Category (Please tick applicable category): Unlisted Company Partnership / LLP Firm Public Charitable Trust
 Unincorporated association / body of individuals Religious Trust Private Trust Trust created by a Will HUF
 Listed Company (Need not provide UBO details sought under) 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).

UBO / Controlling Person(s) / Beneficial Owner / Trustees / Senior Managing Official (SMO) 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' - I/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' - I/We 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.

Details	UBO-1 / Senior Managing Official (SMO) / Trustee	UBO-2 / Senior Managing Official (SMO) / Trustee	UBO-3 / Senior Managing Official (SMO) / Trustee
#Name - Beneficial Owner/Controlling Person/Trustees/SMO			
Father's Name			
#PAN <i>For Foreign National, TIN to be provided</i>			
#Beneficial Interest - in percentage	<input type="checkbox"/> =>10% controlling interest <input type="checkbox"/> >15% controlling interest For SMO /Trustee: NA	<input type="checkbox"/> =>10% controlling interest <input type="checkbox"/> >15% controlling interest For SMO /Trustee: NA	<input type="checkbox"/> =>10% controlling interest <input type="checkbox"/> >15% controlling interest For SMO /Trustee: NA
#Country - Tax Residency*			
Tax Identity Type			
#Tax ID Number - Taxpayer Identification Number / Equivalent ID Number			
#Place of Birth			
#Country of Birth			
Nationality			

#Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y																						
D	D	M	M	M	Y	Y	Y	Y																						
D	D	M	M	M	Y	Y	Y	Y																						
#PEP - Politically Exposed Person	<input type="checkbox"/> Yes - PEP <input type="checkbox"/> Yes - Related to PEP <input type="checkbox"/> No - Not a PEP	<input type="checkbox"/> Yes - PEP <input type="checkbox"/> Yes - Related to PEP <input type="checkbox"/> No - Not a PEP	<input type="checkbox"/> Yes - PEP <input type="checkbox"/> Yes - Related to PEP <input type="checkbox"/> No - Not a PEP																											
Address - Include City, PIN Code/ State, Country,	<hr/> <hr/> <hr/> <hr/> City _____ Pin Code _____ State _____ Country _____	<hr/> <hr/> <hr/> <hr/> City _____ Pin Code _____ State _____ Country _____	<hr/> <hr/> <hr/> <hr/> City _____ Pin Code _____ State _____ Country _____																											
Address Type	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office																											
Email ID																														
Mobile Number																														
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other																											
Occupation	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify) _____																											
#SMO Designation																														
UBO / SMO / Trustee KYC Complied?	<input type="checkbox"/> Yes (Please attach the KYC acknowledgement) <input type="checkbox"/> NO (complete the KYC and confirm the status)	<input type="checkbox"/> Yes (Please attach the KYC acknowledgement) <input type="checkbox"/> NO (complete the KYC and confirm the status)	<input type="checkbox"/> Yes (Please attach the KYC acknowledgement) <input type="checkbox"/> NO (complete the KYC and confirm the status)																											

Mandatory column.

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

Notes:

- 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.
- If the number of UBO/Controlling person(s)/Trustee(s)/SMO(s) exceeds three, the necessary information in the provided format can be enclosed as additional sheet(s) duly signed by Authorized Signatory
- AMC/ MF/ RTA/ Portfolio Manager 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.
- Investors are requested to use same pen(ink) for form filling and signatures across the documents.

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 AMC/MF/Portfolio Manager/RTA/Other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Portfolio Manager/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, Portfolio Manager, 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 / PERDA 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 / Portfolio Manager's end or by domestic or overseas regulators/ tax authorities.

X

Sole/First Applicant/ Authorised Signatory
(with relevant seal)

Name: _____

Designation: _____

X

Second Applicant/ Authorised Signatory
(with relevant seal)

Name: _____

Designation: _____

X

Third Applicant/ Authorised Signatory
(with relevant seal)

Name: _____

Designation: _____

Place _____

Date

*Investors are requested to use same pen(ink) for form filling and signatures across the documents.