CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC)

APPLICATION FORM | LEGAL ENTITY/OTHER THAN INDIVIDUALS

MUTUAL FUND

ARN-64917 E434563

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ш	mbonani	insiruciions:

- 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.
- 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* (To be filled by financial institution) New Update (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* D D M M Y Y Y Y Y D Date of Commencement of Business D D M M Y Y Y Y Y									
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 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. 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 City/Town/Village*									
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 City/Town/Village*									
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*									
A CONTACT DETAILS (A)									
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 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)									

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[Employee Signature]

APPLICATION FORM | LEGAL ENTITY/OTHER THAN INDIVIDUALS



[Institution Stamp]

6. REMARKS (If any)	
7. APPLICANT DECLARATION (Please refer instruction G at the end))
I hereby declare that the details furnished above are true and correct to the best	t of my knowledge and belief and I
undertake to inform you of any changes therein, immediately. Incase any of the	
false or untrue or misleading or misrepresenting. I am aware that I may be held I hereby declare that I am not making this application for the purpose contravent	
or any statute of legislation or any notifications/directions issued by any govern	
time to time	NACE - 11 - 11 - 11 - 11 - 11 - 11 - 11 -
 I hereby consent to receiving information from Central KYC Registry through SI number/email address. I also providing consent to MF/AMC/KRA to share this KY 	
information from CKYCR and other participating intermediaries as mandated by	
Date: D D M M Y Y Y Y Place:	Signature/Thumb Impression of Authorised Person(s)
8. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received Certified Copies Equivalent e-docu	cument
KYC documents verification carried out by	Institution details
Identity Verification Done Date: DDMMYYYYY	Name Name
identity verification Done Date D M M T T T T T	Name
Emp. Name	Code
Emp. Name	
Emp. Name Emp. Code	

ANNEXURE A2 | LEGAL ENTITY | OTHER THAN INDIVIDUALS CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | RELATED PERSON ARN-64917 E434563



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

Important	Instructions:
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 sectionupdate, please tick (\checkmark) 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 requested)	st)							
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)								
Prefix First Name Middle Name Last Name Name* (Same as ID proof) Maiden Name Father / Spouse Name* Mother Name Date of Birth*								
Gender* Male Female Transgender								
Citizenship* IN-Indian Others - Country Code								
PAN Form 60 furnished								
1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end) 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 OV 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 C-KYC Authentication Offline verification of Aadhaar Address Line 1* Line 2 Line 3 District* Pin/Post Code* Pin/Post Code* ISO 3166 Country Code*	Ds)							
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) 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 OV Passport Number Passport Expiry Date Passport Expiry Date District Distric District District District District District District District	Ds)							

ANNEXURE A2 | LEGAL ENTITY | OTHER THAN INDIVIDUALS CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | RELATED PERSON ARN-64917 E434563



1.4 CURRENT ADDRESS DETAILS* (Please refer instruction E at the end)	
II E-KYC Authentication	
III Offline verification of Aadhaar	
Deemed PoA	
Self-Declaration	
Address	
Line 1*	
Line 2	
Line 3	City/Town/Village*
District* Pin/Post Code*	State/U.T Code* ISO 3166 Country Code*
1.5 CONTACT DETAILS (All communications will be sent on provided Mobile	no / Email ID provided) /Please refer instruction Det the end\
	no. / Emaino provided) (i lease relet instruction but the end)
Tel. (Off) Tel. (Res)	
Mobile Email ID	
2. APPLICANT DECLARATION	
undertake to inform you of any changes therein, immediately. Incase any of the above in false or untrue or misleading or misrepresenting. I am aware that I may be held liable for I hereby declare that I am not making this application for the purpose contravention of any or any statute of legislation or any notifications/directions issued by any governmental or time to time I hereby consent to receiving information from Central KYC Registry through SMS/Email number/email address. I also providing consent to MF/AMC/KRA to share this KYC data wi information from CKYCR and other participating intermediaries as mandated by PMLA Actional Control of the participating intermediaries as mandated by PMLA Actional Control of the participating intermediaries as mandated by PMLA Actional Control of the participating intermediaries as mandated by PMLA Actional Control of the participating intermediaries as mandated by PMLA Actional Control of the participating intermediaries as mandated by PMLA Actional Control of the participating intermediaries as mandated by PMLA Actional Control of the participation of the purpose contravention of any or any statute of legislation of the purpose contravention of any or any statute of the purpose contravention of any or any statute of the purpose contravention of any or any statute of the purpose contravention of any or any statute of the purpose contravention of any or any statute of the purpose control of any or any statute of the purpose control of any or any statute of the purpose control of any statute of the purpose control of any or any statute of the purpose control of any or any statute of the purpose control of any or any statute of the purpose control of any statute of the purpose	it. Act, Rules, Regulations statutory authority from on the above registered th CKYCR, download the
3. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received Certified Copies E-KYC data	received from UIDAI Data received from Offline verification
	e-document
KYC documents verification carried out by	Institution details
Identity Verification Date: D D M M Y Y Y Y	Name
Emp. Name	Code
Emp. Code	
Emp. Designation Emp. Branch	
(Farelyne Charten)	Restriction Co. 1
[Employee Signature]	[Institution Stamp]

FATCA-CRS/UBO Declaration - Entities & HUF

	MUTUAL FUND
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Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS / UBO Gu	dance)
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В	UILT	O N	RUL	ES
ARN-6	4917	7 E	434	563

PAN*	Name																			
Type of address given at KYC KRA Residential						ential (or Bus	siness	Τ	٦٢	Bus	ness	Т	٦٢	R	egiste	erec	Office)	
Date of incorporation																	T			
City / Country of incorporation						$\overline{\Box}$	T										Ī			
Net Worth in INR. In ₹ Lakhs						Net W	orth as	s on D) [/I M	YY	′ \	/ \	(Da	ate should	d not l	be older th	an one	year)
Is the entity involved in / providing any of these services: Foreign Exchange / Money Changer Services	YES NO	Lotte	ery S g. ca	Servi Isino	os,	YES	- [_aunde	Mon ring	,	wning	YES		Ar	ny oth	er info	rma	tion [if ap	plicable	e]
Entity Constitution Type Please tick as appropriate Partnership Fine Partnership Fi					Limite Partne								_		Socie: spec		AC	P/BOI		
Please tick the applicable tax resident	declarati	on -																		
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 resider					icatio							lo (TIN o	den	ntifi Other	cati	on T	yp	e cify)		
	T									Т		(/// (, 6.			· · · · · ·		
										T										
*In case Tax Identification Number is not available,	kindly provi	de its f	uncti	iona	l equiva	alent o	Com	pany Io	lentif	ficati	on Nu	nber or	Glo	obal l	Entity	Ident	ifica	tion Nu	mbe	r
In case the Entity's Country of Incorporatio	n / Tax re	siden	ce is	s U	.S. bu	t Enti	ty is	not a	Spe	cifi	ed U.	S. Pei	rso	n, m	nenti	on E	ntit	y's		
exemption code here																				
FATCA Declaration (Please consult	t your profe	ssiona	al tax	ad'	visor fo	or furth	er gui	dance	on F	ATO	CA cla	ssifica	tion)						
PART A (to be filled by Financial Institutions	or Direct R	eporti	ng N	IFFL	Es)															
1. We are a, GIIN		T	T	T	T		Т		T	T		П	T	T	$\overline{}$					
	If you do n								oy ar	noth	er enti	ty, plea	se	prov	ride y	our sp	oons	sor's		
Direct reporting NEFF ⁶	of spons		•	our sponsor's name below																
(please tick as appropriate)			1	7	\pm		\forall		\Box	〓	+		t	$^+$	П	\pm	T	$\pm \pm$	\pm	
GIIN not available (please tick as applic	cable)										-			-		-				_
	Not required to apply for - please specify 2 digits sub-category																			
Not obtained – Non-participating FI																				
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 Yes No (If yes, please specify any one stock exchange on which the stock is regularly traded and specify the stock is regularly traded and specify the stock is regularly traded.								ed												
whose shares are regularly traded on an established securities market)					Name of stock exchange Security ISIN															
2. Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)					Yes No (If yes, please specify name of the listed company, one stock exchange on which the stock is regularly traded and Security ISIN of it) Name of listed company Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange Security ISIN															
3. Is the Entity an active³ NFE					es 🗀	_	No [(If ye	es, plea	ase fill	UBO deci	aration in t	he ne.	xt secti	ion.)					
				ı	ature of ease			sub-c	cate	gor	y of A	ctive N	NFE	<u> </u>		(Menti		ode – Part D)		-
4. Is the Entity a passive ⁴ NFE				Ye	es 🗌	1 [No [-	aration in t			ion.)					
Nature of Business Nature of Part D Refer 2b of Part D Refer 2c of Part D Refer 3(ii) of Part D Refer 3(vi) of Part D																				

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							

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 For Foreign National, TIN to be provided			
#Beneficial Interest - in percentage	=>10% controlling interest >15% controlling interest For SMO /Trustee: NA	=>10% controlling interest >15% controlling interest For SMO /Trustee: NA	=>10% controlling interest >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			
#PEP - Politicaly Exposed Person	Yes - PEP Yes - Related to PEP No - Not a PEP	Yes - PEP Yes - Related to PEP No - Not a PEP	Yes - PEP Yes - Related to PEP No - Not a PEP
Address - Include City, PIN Code/ State, Country,			
	City	City	City
	Pin Code	Pin Code	Pin Code
	State	State	State
	Country	Country	Country
Address Type	Residential Business Registered Office	Residential Business Registered Office	Residential Business Registered Office
Email ID			
Mobile Number			
Gender	☐ Male ☐ Female ☐ Other	Male Female Other	☐ Male ☐ Female ☐ Other
Occupation	☐ Public Service ☐ Private Service ☐ Business ☐ Others (Please Specify)	Public Service Private Service Business Others (Please Specify)	Public Service Private Service Business Others (Please Specify)
#SMO Designation			
UBO / SMO / Trustee KYC Complied?	Yes (Please attach the KYC acknowledgement) NO (complete the KYC and confirm the status)	Yes (Please attach the KYC acknowledgement) NO (complete the KYC and confirm the status)	Yes (Please attach the KYC acknowledgement) 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.

Х	>		Х
Sole/First Applicant / Authorised Signatory (with relevant seal)	Second Applicant/ Authorised Signatory (with relevant seal)		Third Applicant/ Authorised Signatory (with relevant seal)
Name:	Name:	_	Name:
Designation:	Designation:	_	Designation:
Place			Date DDMMYYYY

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