

ARN-64917 E434563

'CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity/ Other than Individuals

Important Instructions:

- A) Fields marked with ** are mandatory fields. F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- B) Tick '✓' wherever applicable. G) List of two character ISO 3166 country codes is available at the end.
- C) Please fill the date in DD-MM-YYYY format. H) Please read section wise detailed guidelines / instructions at the end.
- D) Please fill the form in English and in BLOCK letters. I) For particular section update, please tick (✓) in the box available before the
- E) KYC number of applicant is mandatory for update application. section number and strike off the sections not required to be updated.

For office use only

 Application Type* New Update

(To be filled by financial institution) KYC Number

(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 Regn 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*
 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 ID

 Mobile Email ID
 5. NUMBER OF RELATED PERSONS (Please refer instruction **E** at the end)

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

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

...Exploring New Horizons

**PGIM**
India Mutual Fund

Application Number: _____

Application Type*: New KYC Modification KYC

ARN-64917 E434563

1. Entity Details (please refer guidelines)

PAN* _____

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Date of Incorporation* _____

Place of Incorporation* _____

Date of Commencement* _____

Registration Number* _____

Entity Type*

 Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership

Please Tick (✓)

 Trust/Charity/NGO HUF FPI Category I FPI Category II AOP Bank Government Body Defence Establishment Body of Individuals Society LLP Non-Government Organization Others _____**2. Proof of Identity+ (please refer the guidelines)** Officially Valid Document(s) in respect of person authorized to transact Certificate of Incorporation/Formation _____ Registration Certificate _____ Memorandum of Articles and Association Partnership Deed Trust Deed Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf Activity Proof -1+ (For Sole Proprietorship Only) Activity Proof -2+ (For Sole Proprietorship Only)**3. Address Details* (please refer the guidelines)****A. Registered Address***

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____

District+ _____

Pin Code* _____

State* _____

Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____

District+ _____

Pin Code* _____

State* _____

Country* _____

Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—*Not more than 3 months old)

- Certificate of Incorporation/Formation Registration Certificate Other document _____
 Latest Telephone Bill* (Landline only) Latest Electricity Bill* Latest Bank Account Statement*
 Registered Lease/ Sale Agreement of Office Premises **Validity/Expiry Date of POA** (Expiry Date) _____
 Any other proof of address document (as listed overleaf) _____

4. Contact Details

Email ID _____ Mobile No. _____
 Email ID _____ Mobile No. _____
 Tel (off) _____ Fax _____

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information**7. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our 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 misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ ____ ____ (DD-MM-YYYY)

PLACE: _____

Applicant Digital Signature (DSC)

Applicant Wet Signature

8. For Office Use Only

KYC carried out by*

Intermediary Details*

KYC Date _____
 Emp. Name _____
 Emp. Code _____
 Emp. Designation _____

- Self certified document copies received (Originals Verified)
 True Copies of documents received (Attested)
 AMC / Intermediary Name OR Code:

Employee Signature and Stamp

Employee Signature and Stamp

— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —

Know Your Client (KYC)**Annexure (For Non- Individuals Only)****CDSL VENTURES LIMITED**

...Exploring New Horizons

**PGIM**
India Mutual Fund

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Application Number:

Application Type*: New KYC Modification KYC

ARN-64917 E434563

1. Identity Details of Related Person (please refer guidelines overleaf)

PAN*

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female TransgenderNationality* Indian Other _____

Related Person Type*

 Director Promoter Karta Trustee Partner Court Appointed Official Proprietor Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Applicant Photo

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

 A — Aadhaar Card XXXX XXXX ____ B — Passport Number _____ (Expiry Date) _____ C — Voter ID Card _____ D — Driving License _____ (Expiry Date) _____ E — NREGA Job Card _____ F — NPR _____ Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address***

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 _____
 Line3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX ____ _
 B — Passport Number _____ (Expiry Date) ____ _
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) ____ _
 E — NREGA Job Card _____
 F — NPR Letter _____
 Z—Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details

Email ID _____
 Mobile No. _____
 Tel (off) _____ Tel (Res) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our 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 misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ _ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date ____ _ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Employee Signature and Stamp	Institution Name and Stamp

Details of Additional FATCA & CRS Information

(Only for Non Individuals) ARN-64917 E434563



Name of the entity : _____

Type of address given at KRA Residential or Business Residential Business Registered Office
 Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

PAN

Date of incorporation

City of incorporation _____ Country of incorporation _____

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.)

Country	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

[%]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

FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

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

We are a, Financial institution ⁵ <input type="checkbox"/> OR Direct reporting NFE ⁶ <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> 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 _____
GIIN not available (please tick as applicable) If the entity is a financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ⁷ <input type="text"/> <input type="checkbox"/> 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 ¹ (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (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 ² of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (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 ³ NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part C)
4	Is the Entity a passive ⁴ NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business _____

¹Refer 2a of Part C | ²Refer 2b of Part C | ³Refer 2c of Part C | ⁴Refer 3(ii) of Part C | ⁵Refer 1 of Part C | ⁶Refer 3(vii) of Part C | ⁷Refer 1A of Part C

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 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.

Please note that you may receive more than one request for information if you have multiple relationships with PGIM India Mutual Fund or its 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 understood the information requirements of this 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.

Name : _____ Designation : _____

Signature	Signature	Signature
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Date

D	D	M	M	Y	Y	Y	Y
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 Place _____

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	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement - trust-settlor
05	CP of legal arrangement - trust-trustee
06	CP of legal arrangement - trust-protector
07	CP of legal arrangement - trust-beneficiary
08	CP of legal arrangement - trust-other
09	CP of legal arrangement - Other-settlor equivalent
10	CP of legal arrangement - Other-trustee equivalent
11	CP of legal arrangement - Other-protector equivalent
12	CP of legal arrangement - Other-beneficiary equivalent
13	CP of legal arrangement - Other-other equivalent
14	Unknown

2. Non-financial entity (NFE) - Foreign entity that is not a financial institution
Types of NFEs that are regarded as excluded NFE are:

a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

b. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

c. Active NFE : (is any one of the following):

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements: <ul style="list-style-type: none"> • It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; • It is exempt from income tax in India; • It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and



**Declaration Form of Ultimate Beneficial Ownership [UBO] /
Controlling Persons**

ARN-64917 E434563

I: Investor details:

Investor Name										
PAN*										

* If PAN is not available, specify Folio No. (s)

II: Category

Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed#. _____

Security ISIN# _____

Name of the Listed Company (applicable if the investor is subsidiary/associate): _____

#mandatory in case of Listed company or subsidiary of the Listed Company

Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals

Public Charitable Trust Private Trust Religious Trust Trust created by a Will.

Others [please specify] _____

UBO / Controlling Person(s) 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' - 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' - 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.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN#. For Foreign National TIN to be provided]			

% of beneficial interest#.	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>
UBO / SMO Address [include City, Pincode, State, Country]	Address: City: Pincode: State: Country:	Address: City: Pincode: State: Country:	Address: City: Pincode: State: Country:
UBO / SMO Address Type	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. <input type="checkbox"/>
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	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 <input type="checkbox"/>

UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied?	Yes <input type="checkbox"/> / No. <input type="checkbox"/> If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes <input type="checkbox"/> / No. <input type="checkbox"/> If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.	Yes <input type="checkbox"/> / No. <input type="checkbox"/> If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.

Mandatory column.

Note: 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.

* Participating Mutual Fund(s) / RTA 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.

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 MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/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 of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory

Name: _____

Authorized Signatory

Name: _____

Authorized Signatory

Name: _____

Place: _____

Date: __/__/____