

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 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)(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)

Tel. (Off) -

Fax

Mobile -

Email ID

Mobile -

Email ID

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- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant in mandatory for update application.
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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)

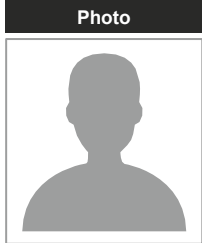
1.1 PERSONAL DETAILS (Please refer instruction **E** at the end)

	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
- 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
- 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) (Please refer instruction **D** at the end)

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

Email ID

2. APPLICANT DECLARATION

ÿ 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.

ÿ 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 Residential Business Registered Office

PAN Date of Incorporation

City of incorporation Country of incorporation

Additional KYC Information

Gross Annual Income (₹) Please () Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 Crore >1 Crore
or Net worth ₹ as on (not older than 1 year)

Politically Exposed Person (PEP) Status* (For authorised signatories/Promoters/Karta/Trustee/Whole time Directors)

I am PEP I am Related to PEP 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.

Non-Individual unit holders involved/providing any of the mentioned services

Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above

FATCA & CRS Declaration

Please 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

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

1. We are a, Financial institution (Refer 1 of Part C) **OR** Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate)

GIIN

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 as applicable)

Applied for Not obtained - Non-participating FI Not required to apply for - please specify 2 digits sub-category (Refer 1 A of Part C)

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)

Yes (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)

Yes (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 Subsidiary of the Listed Company **OR** Controlled by a Listed Company

Name of stock exchange

3. Is the Entity an active NFE (Refer 2c of Part C)

Yes **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)

Yes **Nature of Business**

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

Category (Please applicable category):

- Unlisted Company
 Partnership Firm Limited
 Liability Partnership Company
 Unincorporated association/body of individuals
 Public Charitable Trust
 Public Charitable Trust
 Religious Trust
 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 FI's should provide FI 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	<input type="text"/> <input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/> <input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/> <input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>
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
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="text"/>	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>
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			
Percentage of Holding (%)\$			

* 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 Samco Asset Management Private Limited/Samco 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)'.

Name Designation

Date Place

First / Sole Applicant
 Second Applicant
 Third Applicant

DECLARATION FORM OF ULTIMATE BENEFICIAL OWNERSHIP (UBO) / CONTROLLING PERSONS

ARN-64917 E434563

Sponsor: Samco Securities Limited
Trustee Company: Samco Trustee Private Limited
Investment Manager: Samco Asset Management Private Limited

Samco Mutual Fund
 1003 - A, Naman Midtown, Senapati Bapat Marg, Prabhadevi (W)
 Mumbai - 400 013

1. Investor details

Investor Name **PAN**

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

2. 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

3. UBO / Controlling Person(s) details.

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed Yes No threshold limit?

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 <input style="width: 80px;" type="text"/> Country of Birth <input style="width: 80px;" type="text"/>	Place of Birth <input style="width: 80px;" type="text"/> Country of Birth <input style="width: 80px;" type="text"/>	Place of Birth <input style="width: 80px;" type="text"/> Country of Birth <input style="width: 80px;" type="text"/>
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"/>		

UBO / SMO Address [include City, Pincode, State, Country]	Address: <input type="text"/> <input type="text"/> City: <input type="text"/> Pincode: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	Address: <input type="text"/> <input type="text"/> City: <input type="text"/> Pincode: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	Address: <input type="text"/> <input type="text"/> City: <input type="text"/> Pincode: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
UBO / SMO Address Type	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"/>		
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"/>		
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. 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	Authorized Signatory	Authorized Signatory
----------------------	----------------------	----------------------

Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
Designation <input type="text"/>	Designation <input type="text"/>	Designation <input type="text"/>
Place <input type="text"/>		
Date <input type="text" value="DD/MM/YYYY"/>		