



**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\*  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)



**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person**



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- 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.
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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)

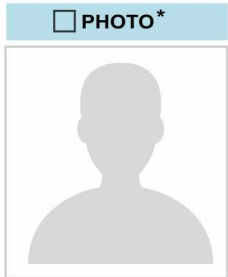
**1.1 PERSONAL DETAILS** (Please refer instruction E at the end)

	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"/> F- 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  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 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
- II  Offline verification of Aadhaar

- IV  Deemed PoA
- V  Self Declaration

**Address**

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  State / U.T Code\*  City / Town / Village\*  ISO 3166 Country Code\*

**1. 4 CONTACT DETAILS** (All communication will be sent on provided mobile no. / Email-ID) (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 misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information 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**

- Documents 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

**INSTITUTION DETAILS**

Name

Code

[Employee Signature]

[Institution Stamp]





**SHRIRAM**

Mutual Fund

Nurturing Trust, Shaping Dreams

ARN-64917 E434563

# Details of FATCA & CRS information For non-Individuals / legal entity

Name of the entity

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

PAN

Date of incorporation DD / MM / YYYY

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)
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% "In cash 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 cash 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 & defillitions

## FATCA & CRS Declaration

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

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

1. We are a **Global Intermediary Identification Number (GIIN)**

**Financial institution** <sup>3</sup>  
or  
**Direct reporting NFE** <sup>4</sup>

(please tick as appropriate)

**GIIN Not available** (please tick as applicable)  **Applied for**

If the entity is a financial institution  Not required to apply for - please specify 2 digits sub-category<sup>10</sup>

Not obtained - Non-participating FI

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) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" 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 of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" 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 : Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active <sup>1</sup> non-financial Entity (NEF) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code- refer 2c of part D)
4.	Is the Entity a passive <sup>2</sup> NFE <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

<sup>1</sup>Refer 2 of Part D | <sup>2</sup>Refer 3(II) of Part D | <sup>3</sup>Refer 1(1) of Part D | <sup>4</sup>Refer 3(vi) of Part D |

