

**Central KYC Registry | Know Your Customer (KYC) 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\*

 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\*  DD -  MM -  YY  YY  YY  YY Date of Commencement of Business  DD -  MM -  YY  YY  YY  YY

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 fill Annexure A-2 for each related persons & also refer instruction E at the end)



**Annexure A2 | Legal Entity | Other than Individuals  
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person**

**Important Instructions:**

- A. Fields marked with '\*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY 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** (To be filled by financial institution)

Application Type\*  New  Update  Delete

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  Driving Licence Expiry Date

D-NREGA Job Card

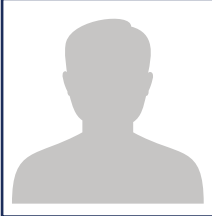
E-National Population Register Letter

F-Proof of Possession of Aadhaar

II  E-KYC Authentication

III  Offline verification of Aadhaar

PHOTO\*



**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)

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

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 communications will be sent on provided Mobile no. / Email-ID provided) (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 hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines

[Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

Date:    -    -      Place:

**6. 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 documents verification carried out by	Institution details
Date: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<div style="text-align: center;">[Institution Stamp]</div>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<div style="text-align: center;">[Employee Signature]</div>	

**Details of Ultimate Beneficial Owner (UBO) including additional FATCA & CRS information**  
(please include other references for completeness sake)

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 KRS database. In case of any change, please approach KRA and notify the changes"

Customer ID / Foio Number: .....

PAN/Aadhaar..... Date of incorporation ...../...../.....

City of incorporation:.....

Country of incorporation:.....

Net Worth in INR. In ₹ Lakhs  Net Worth as on         (Date should not be older than one year)

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	Yes	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	Yes	Money Laundering / Pawning	Yes	Any other information [if applicable]
		No		No		No	

Entity Constitution Type:  A Partnership Firm  B HUF  C Private Limited Company  D Public Limited Company  E Society  F AOP/BOI  G Trust  H Liquidator  I Limited Liability Partnership  J Artificial Juridical Person  K Others specify.....)

Please tick the applicable tax resident declaration:

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)

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>s</sup>

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)		
1	We are a <input type="checkbox"/> Financial institution <sup>1</sup> or <input type="checkbox"/> Direct reporting NFE <sup>2</sup> (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 tick as applicable): <input type="checkbox"/> <b>Applied for</b> If the entity is a Financial Institutions: <input type="checkbox"/> <b>Not required to apply for</b> (Please specify 2 digits sub-category <sup>3</sup> .....) <input type="checkbox"/> <b>Not obtained – Non-participating FI</b>		
Part B (please fill any one as appropriate 'to be filled by NFEs other than Direct Reporting NFEs')		
1	Is the Entity a <b>publicly traded company</b> <sup>4</sup> (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of the stock exchange .....
2	Is the Entity a <b>related entity of a publicly traded company</b> <sup>5</sup> (a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of the listed company..... Nature of relation: <input type="checkbox"/> Subsidiary of the listed company or <input type="checkbox"/> Controlled by a listed company Name of the stock exchange .....
3	Is the Entity an active NFE <sup>6</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please, fill UBO declaration in the next section) Nature of business ..... Please specify the sub-category of Active NFE:..... (Mention code – refer 2c of Part D)
4	Is the Entity a passive NFE <sup>7</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please, fill UBO declaration in the next section) Nature of business .....

<sup>1</sup> Refer 1 of Part D    <sup>2</sup> Refer 3(vii) of Part D    <sup>3</sup> Refer 1A. of Part D    <sup>4</sup> Refer 2a of Part D    <sup>5</sup> Refer 2b of Part D    <sup>6</sup> Refer 2c of Part D    <sup>7</sup> Refer 3(ii) of Part D



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	>10% controlling interest. <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/>



interest#.	>15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <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"/>		
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"/>		
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"/>		
SMO Designation#			
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

Name:

Designation:

Authorized Signatory

Name:

Designation:

Authorized Signatory

Name:

Designation:

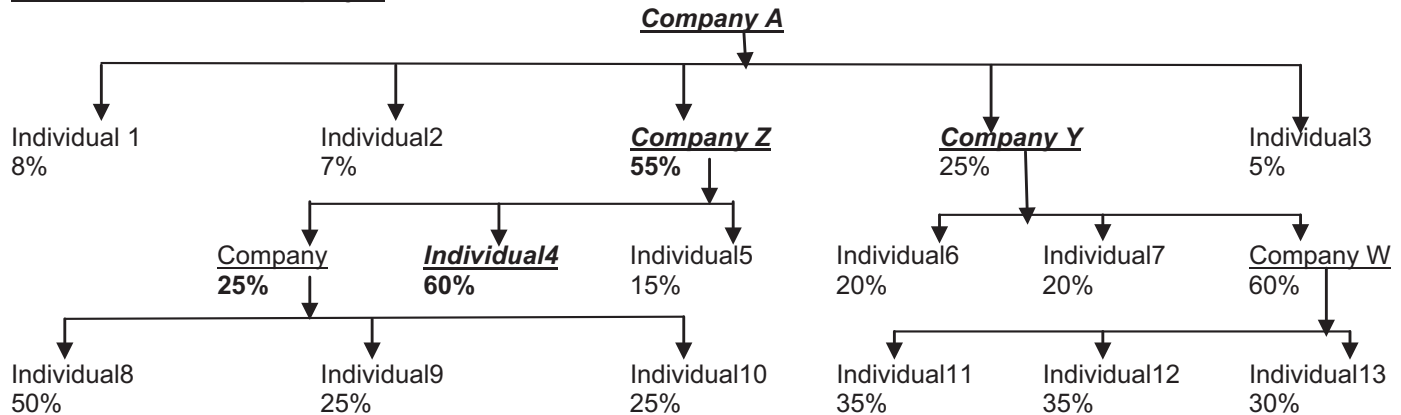
Place: \_\_\_\_\_

Date: \_\_/\_\_/\_\_



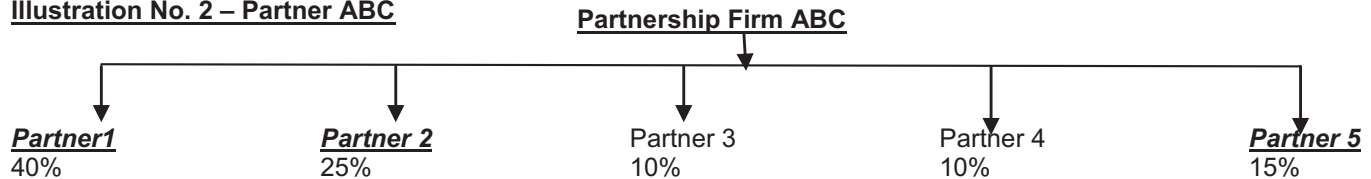
**Sample Illustrations for ascertaining beneficial ownership:**

**Illustration No. 1 – Company A**



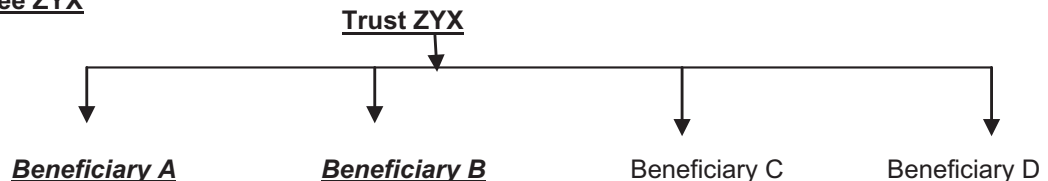
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 33% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

**Illustration No. 2 – Partner ABC**



For Partnership Firm ABC, Partners 1, 2 and 5 are considered as UBO as each of them holds >=15% of capital. KYC proof of these partners needs to be submitted including shareholding.

**Illustration No. 3 – Trustee ZYX**



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for >10% of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.

**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 documentations 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 Sundaram Asset Management Company/Sundaram 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 country of Tax Residence 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	<input type="text"/>		
Designation	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	Place .....
Signature	Signature	Signature	Date .....