



# Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

ARN-64917 E434563

Name of Applicant \_\_\_\_\_

PAN of the Applicant

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Name & Signature of the Authorised Signatory(ies)

Date  /  /



Place for  
Intermediary Logo



PAN\* \_\_\_\_\_ Name \_\_\_\_\_

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

City of incorporation \_\_\_\_\_

Country of incorporation \_\_\_\_\_

Net Worth in INR. In Lakhs \_\_\_\_\_ Net Worth as on \_\_\_\_\_ DD / MM / YYYY  
 (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  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  
 Please tick as appropriate  Trust  Liquidator  Limited Liability Partnership  Artificial Juridical Person  Others specify \_\_\_\_\_.

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 <sup>9</sup>	Identification Type (TIN or other <sup>9</sup> , please specify)

<sup>9</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number.

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 Declaration**

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

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

1. We are a, Financial institution <sup>6</sup> or Direct reporting NFFE <sup>7</sup> (please tick as appropriate)	GIIN _____ <b>Note:</b> 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"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <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 <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes No (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 <sup>2</sup> 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 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 <sup>3</sup> NFE	Yes 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 <sup>4</sup> NFE	Yes No (If yes, please fill UBO declaration in the next section.) Nature of Business _____

<sup>1</sup> Refer 2a of Part D | <sup>2</sup> Refer 2b of Part D | <sup>3</sup> Refer 2c of Part D | <sup>6</sup> Refer 1 of Part D | <sup>7</sup> Refer 3(vii) of Part D | <sup>10</sup> Refer 1A of Part D

## UBO Declaration

**Category** (Please tick applicable category):  Unlisted Company     Partnership Firm     Limited Liability Partnership Company  
 Unincorporated association / body of individuals     Public Charitable Trust     Religious Trust     Private Trust  
 Listed Company (Need not provide UBO details sought under)     Others (please specify \_\_\_\_\_)

If your company is listed company on a recognized stock exchange/ 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# \_\_\_\_\_

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).

*Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E*

Name - Beneficial owner / Controlling person #Country - Tax Residency* #Tax ID No. - Or functional equivalent for each country	#Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Type Code - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details
1. Name Country	Tax ID Type Beneficial Interest Type Code	Address Type <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered  PIN Code
2. Name Country	Tax ID Type Beneficial Interest Type Code	Address Type <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered  PIN Code
3. Name Country	Tax ID Type Beneficial Interest Type Code	Address Type <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered  PIN Code

If passive NFE, please provide below additional details.

*(Please attach additional sheets if necessary)*

PAN City of Birth Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender Male Female Others
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender Male Female Others
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender Male Female Others

UBO PEP	UBO Email UBO Mobile	Designation
1. Yes – PEP <input type="checkbox"/> 2. Yes – Related to PEP <input type="checkbox"/> 3. N – Not a PEP <input type="checkbox"/>	Email  Mobile	
1. Yes – PEP <input type="checkbox"/> 2. Yes – Related to PEP <input type="checkbox"/> 3. N – Not a PEP <input type="checkbox"/>	Email  Mobile	
1. Yes – PEP <input type="checkbox"/> 2. Yes – Related to PEP <input type="checkbox"/> 3. N – Not a PEP <input type="checkbox"/>	Email  Mobile	

<b>UBO KYC Complied?</b>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
--------------------------	---	---	---

**Note:** If 'Yes', please attach the KYC acknowledgement.  
If 'No', please complete the KYC and confirm the status

Category	Unlisted Company	Partnership Firm	Unincorporated Association / Body of Individuals	Trust	Foreign Investor \$\$\$
Ownership Percent @@@	> 10%	> 10%	>10%	>10%	

**A. For Investors other than individuals or trusts:**

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
  - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
  - more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership.
  - more than 10% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

**B. For Investors which is a trust:** The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

**C. Exemption in case of listed companies / foreign investors:** The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

**D. KYC requirements:** Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

**E.** In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details, refer to SAI/ relevant Addendum.

**F.** In case of any change in the beneficial ownership, the investor will be responsible to intimate UTIAMC/its Registrar/KRA as may be applicable immediately about such change.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

Sr. no.	Name	Address	Details of identity such as PAN/ Passport ( <b>Pl. attach copy of ID Proof attested by Authorized Signatory</b> )	% Ownership
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please refer the gazette notification no. CG-DL-E-07032023-244194 for shareholding % and PMLA guideline.

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

\* To include US, where controlling person is a US citizen or green card holder

% In case Tax Identification Number is not available, kindly provide functional equivalent

## FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

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. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information

**Certification:**

I/ We have understood the information requirements of this Form (read along with the Instructions & Definitions) and hereby confirm that the information provided by us on this Form is true, correct, and complete. I/ We also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

**Declaration:**

I/ We acknowledge and confirm that the information provided above is true and correct to the best of our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ we are aware that, I/ We may be liable for it. I/ We hereby authorize UTI Mutual Fund/ RTA of UTI Mutual Fund to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to UTI 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.

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.

Name	Designation	Signature 1
Name	Designation	Signature 2
Name	Designation	Signature 3

To be signed by the Authorized Signatories (with company/ trust / firm/ entity seal or rubber stamp).

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

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



# Details of ultimate beneficial owner including additional FATCA & CRS information

ARN-64917 E434563

Name of the entity

Type of address given at KRA  Residential of 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*

Folio Number

PAN  Date of incorporation DD / MM / YYYY

City of incorporation

Country of incorporation

Entity constitution Type  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  
*Please tick as appropriate*  Trust/Liquidator  Limited Liability Partnership  Artificial Juridical Person  Others specify \_\_\_\_\_

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 <sup>o</sup>	Identification Type (TIN or Other, please specify)
<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"/>	<input type="text"/>

<sup>o</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

# In case TIN or its functional equipment 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,  GIIN

Financial institution<sup>6</sup>   
 Or  
 Direct reporting NFE<sup>7</sup>   
*(please tick as appropriate)*

**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)*  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

### 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 <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> <i>(If yes, please specify any one stock exchange on which the stock is regularly traded)</i> Name of stock exchange _____
2. Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> <i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i> Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____ Name of stock exchange _____
3. Is the Entity an active <sup>3</sup> NFE	Yes <input checked="" type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> Mention Code - refer 2c of Part D
4. Is the Entity a passive <sup>4</sup> NFE	Yes <input checked="" type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>4</sup>Refer 3(ii) of Part D | <sup>6</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>10</sup>Refer 1A of Part D



