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

(Attested) True copies of documents received



Place for Intermediary Logo

Application No.:

Signature Date

lease fill in ENGLISH and in BLOCK LETTERS	CVL							AR۱	<b>\-6</b> 49	917	E4345
. Identity Details (please see guidelines overleaf)											
Name of Applicant (Please write complete name as per Certificate of Incorporat	ion / Registra	tion; leaving	one box	blank b	etween 2	words	. Please	do not	t abbrev	iate the	Name).
Date of Incorporation d d / m m / y y y y Place	e of Incorpo	oration									
Registration No. (e.g. CIN)		Date of co	mmence	ment o	busine	ess d	d	/ <u> </u> m	_ m ] /	y   y	y y y
☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Orgal Others (Please specify)	Corporate nisation	Partner Defence Es	tablishm		Body	of Indi	viduals		] FI ]Society	□ FII	□HU LLP
Permanent Account Number (PAN) (MANDATORY)		F	Please en	close a	duly atte	sted co	py of y	our PA	N Card		
. Address Details (please see guidelines overleaf)											
Address for Correspondence											
City / Town / Village							Postal	Code			
State				Countr							
Contact Details   Tel. (Off.)  (ISD)   (STD)		Tel. (Res.)	(ISD)	(STD							
Mobile (ISD) (STD)		Fax	4 - 1	(STD							
E-Mail Id.		Tux	(102)	(0.0							
City / Town / Village State  Proof of address to be provided by Applicant. Please submit ANY  *Latest Telephone Bill (only Land Line)   *Latest Electricity Bill   *  Any other proof of address document (as listed overleaf). (Please specif *Not more than 3 Months old. Validity/Expiry date of proof of address submit ANY	Latest Bank fy)		atemen		ents &			ainst t			
Other Details (please see guidelines overleaf)				, , , ,	7   7						
Name, PAN, DIN/Aadhaar Number, residential address and (Please use the Annexure to fill in the details)  Any other information:	photogra	aphs of P	romot	ers/Paı	tners/	Karta	/Trust	tees/v	whole	time	director
DECLARATION											
/e hereby declare that the details furnished above are true are rect to the best of my/our knowledge and belief and I/we undertal inform you of any changes therein, immediately. In case any of the cover information is found to be false or untrue or misleading stepresenting, I am/we are aware that I/we may be held liable for it.	ke he <b>NAI</b>	ME & S OF AUT			(S)						
orepresenting, rann we are aware that I/we may be nell hable for it.	or (	PFRS	ONG	5)							
re:	or (	PERS	ON(S	5)							
	or	PERS	ON(S	5)							
e:	OFFICE U			5)							
e:				5)	S	eal/Star	mp of t	the inte	ermedia	ry shou	ıld contair
e: FOR C				5)	S	eal/Star	mp of t	Staf	ermedia f Name gnation		ld contair

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	f 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



Date | d | d | / | m | m | / | y | y | y | y |

## ARN-64917 E434563 Supplementary KYC Information & FATCA-CRS Declaration - Entities & HUF (Please consult your professional tax advisor for further guidance on your tax residency, FATCA/CRS Guidance)



						o i i mutuai runa					
PAN	<b>\*</b>	Name									
Тур	e of address given at KYC KR/	A Residential	☐ Residential or Bu	usiness 🗆 Busine	ess	☐ Registered Office					
City	of incorporation										
Co	untry of incorporation										
Net Worth in INR. In Lakhs  Net Worth as on  (Date should not be older than one year)											
le th	ne entity involved	. VEQ Gaming /	Gambling / YES		VEC	Any other information [if applicable]					
Is the entity involved in / providing any of these services:    Services   Foreign Exchange / Money Changer Services   No   Services   Services   Services   No   Services   Serv											
Entity Constitution Type											
Ple	ease tick the applicable tax res	ident declaration -									
I	Is Entity a tax resident of any of splease provide country/ies in which the entity is a	•		□ No							
	Country	Toy Idonti	ification Number%			ntification Type					
	Country	Tax lueriu	incation Number		(TIN or	other %, please specify)					
%In.	case Tax Identification Number is not ava	ilable kindly provide its functions	al aquivalent or Compa	ny Identification Number o	r Clohol E	Entity Identification Number					
exer	nse the Entity's Country of Incorporation code here  (Please	FAT( consult your professional tax a	CA Declaration dvisor for further guida			n, mention Entity's					
1.	We are a,	GIIN	E8)								
'-	Financial institution <sup>6</sup>	Note: If you do not have a G	SIIN hut vou are spons	sored by another entity i	olease nr	ovide vour sponsor's					
	or	GIIN above and indicate yo			orodoo pro	striae year openeer e					
	Direct reporting NFFE <sup>7</sup>	Name of sponsoring entir	ty								
	(please tick as appropriate)					·					
	GIIN not available (please tick as	applicable)									
	☐ Not required to apply for	- please specify 2 digits sub-ca	ategory <sup>10</sup>								
	☐ Not obtained - Non-partion	cipating FI									
PA	RTB (please fill any one as approp	<u> </u>	than Direct Reporting	g NFEs)							
1.	Is the Entity a publicly traded corwhose shares are regularly traded or securities market)		Yes No (If yes, please specify any or Name of stock excha	ne stock exchange on which the sto	ck is regularly	rtraded)					
2.	Is the Entity a related entity of a parties (a company whose shares are regulates established securities market)		Yes No Name of listed comp Nature of relation: Name of stock excha	oany □ Subsidiary of the List	is regula	pany and one stock exchange on which the stock any traded)  or   Controlled by a Listed Company					
3.	Is the Entity an active NFE		Yes No	(If yes, please fill UBO declarat	ion in the next s	section.)					
			Nature of Business			(Mention code –					
4	4			ne sub-category of Ac		refer 2c of Part D)					
4.	Is the Entity a passive NFE		Yes No Nature of Business	(If yes, please fill UBO declarat	on in the next s	ection.)					
	Refer 2a of Part D   Refer 2b of	of Part D   Refer 2c of Part	D   Refer 1 of Par	t D Refer 3(vii) of F	Part D 10	Refer1A of Part D					

	UI	BO De	claration						
Category (Please tick applicable cate	egory): □Unlisted Company	y □Par	tnership Firm	☐ Limited Lia	ability Partne	rship Company			
☐ Unincorporated association	n / body of individuals	□Publi	c Charitable Trust	□Religious	☐ Private Trust				
□ Listed Company (Need not	provide UBO details sough	t under)	☐ Others (please spec	cify		)			
If your company is listed company category is selected, no need to p		xchange	e/ Subsidiary of a or	controlled by a	a Listed Co	mpany [ if this			
Name of the Stock Exchange whe	re it is listed								
Security ISIN#									
Please list below the details of controll Tax Identification Numbers for EACH of Owner-documented FFI's should provide	controlling person(s).		, .		•	·			
Name - Beneficial owner / Controlling pe #Country - Tax Residency* #Tax ID No Or functional equivalent for country	Beneficial Int	t <b>erest -</b> in		Address - Ind Contact Details		ountry, PIN / ZIP Code &			
1. Name Country	Tax ID Type Beneficial Intel Type Code	rest		Address Type	Residential	□Business □Registered			
				Address Type	□Residential	PIN Code_ □ Business □ Registered			
2. Name Country	Tax ID Type Beneficial Inter Type Code	rest		7.		PIN Code			
3. Name Country	rest		Address Type	□Residential	□Business □Registered  PIN Code				
If passive NFE, please provide below	w additional details.		(Pleas	e attach additiona	sheets if nece	essary)			
PAN City of Birth Country of Birth	Nationality	•	vice, Business, Others	DOB - Date of Gender - Male		per			
1. PAN City of Birth Country of Birth	Occupation Ty Nationality Father's Name			DOB DD/MM/YYYY Gender Male Female Others					
2. PAN City of Birth Country of Birth	Occupation Ty Nationality Father's Name			DOB DD/ Gender Mal	e Others				
3. PAN City of Birth Country of Birth	Occupation Ty Nationality Father's Name			DOB DD/ Gender Mal	<i>MM/YYYY</i> e Femal	e Others			
UBO PEP	UBO Email UBO Mobile			Designation					
1. Yes – PEP □ 2. Yes – Related to PEP □ 3. N – Not a PEP □	Email Mobile								
1. Yes – PEP   2. Yes – Related to PEP   3. N – Not a PEP	Email Mobile								
1. Yes - PEP   2. Yes - Related to PEP   3. N - Not a PEP									
	1. Yes □		1. Yes □		1. Yes □				
UBO KYC Complied?	2. No□		2. No □		2. No □				

**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 ( PI. attach copy of ID Proof attested by Authorized Signatory)	% 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:

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

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

#### <sup>4</sup>Refer 3(iii) of Part D | Refer 3(vi) of Part D | Refer 3(iv) (A) of Part D

#### **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	siness 🗸 Re	sidential 🗸	Business	Registered Office						
Address of tax residence would be taken as available in	KRA database. In ca	se of any change ple	ease approach KRA & no	tify the changes						
Folio Number										
PAN		Date of incorp	oration D D	/ M M / Y Y Y Y						
City of incorporation										
Country of incorporation										
Entity constitution Type Please tick as appropriate  a Partnership Firm b HUF c F  Trust/Liquidator h Limited Lia			<u> </u>	· —						
Please tick the applicable tax resident declaration -										
1. Is "Entity" a tax resident of any country other than Inc (If yes, please provide country/ies in which the entity is a reside		No ✓ s and the associat	ted Tax ID number be	elow.)						
	Identification Nu	ľ	Identifi	cation Type er, please specify)						
*In case Tax Identification Number is not available, kindly provide its fu # In case TIN or its functional equipment is not available, please provid			al Entity Indentification N	lumber or GIIN etc						
In case the Entity's Country of Incorporation / Tax residence	. ,		•							
code here				,						
(Please consult your professional tax a	CA & CRS Dec		CA & CRS classification	on)						
PART A (to be filled by Financial Institutions or Direct Repo	orting NFEs)									
1. We are a, GIIN										
Or your spons			nsored by another ent ur sponsor's name i							
Direct reporting NFE <sup>7</sup> (please tick as appropriate)  Name of sp	onsoring entity									
(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-										
GIIN not available (please tick as applicable)	oplied for									
		r - nlease snecif	fy 2 digits sub-cate	norv <sup>10</sup>						
	ained to apply to ained - Non-part		y Z digita adb cate	gory						
PART B (please fill any one as appropriate "to be filled by N			Es")							
1. Is the Entity a publicly traded company¹(that is, a	Yes (If yes, ple	ase specify any one sto	ock exchange on which the st	ock is regularly traded)						
company whose shares are regularly traded on an established securities market)	V									
Is the Entity a related entity <sup>2</sup> of a publicly traded				nge on which the stock is regularly traded)						
company (a company whose shares are regularly			d company and one stock exchar							
traded on an established securities market)	Nature of rela	Subsidiary of the Lis	isted Company or Controlled by a L	isted Company Name of stock exchange						
O la the Estitue of estina 3 NEE	Name of stock									
3. Is the Entity an active³ NFE		ase fill UBO declaration	in the next section.)							
	Nature of Busin		ry of Active NFE	Mention Code -						
4. Is the Entity a passive <sup>4</sup> NFE		ase fill UBO declaration		refer 2c of Part D)						
, ., .,	Nature of Busin									
<sup>1</sup> Refer 2a of Part D   <sup>2</sup> Refer 2b of Part D   <sup>3</sup> Refer 2c of Part D	Refer 3(ii) of Part	D   <sup>6</sup> Refer 1 of Pa	rt D   7Refer 3(vii) of F	Part D   10Refer1A of Part D						

UBO Declaration															
Category (Please tick applicable category):	nlisted (	Compar	ny	$\checkmark$	Partn	ership F	irm	$\checkmark$	Lim	ited L	_iability	y Part	nersh	nip C	ompany
Unincorporated association / body of individuals	individuals Public Charitable Trust Religious Trust							Private Trust							
Others (please specify)															
Please list below the details of controlling perso and ALL Tax Identification Numbers for EACH co	ontrollin	ng pers	son(s).					_	-				_		
Owner-documented FFI's <sup>5</sup> should provide FFI (in Form W8 BEN E	)wner F	Reporti	ing Sta	tem	ent a	nd Aud	litor's	Lette	er wit	th re	quirec	d deta	ails a	s m	entioned
Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No Or functional equivalent for each country%	Residency* Beneficial Interest - in percentage Type   Contact Details												Code &		
1. Name	Tax ID Type Address														
Country	Type C	Code													
Tax ID No.%	Addres	ss Type	<ul><li>Residence</li><li>Regis</li></ul>			Business ce	ZIP	111		8	State:		Cou	ntry:	
2. Name	Tax ID	Туре					Add	ress							
Country	Type C	Code													
Tax ID No.%	Addres	ss Type	<ul><li>Residence</li><li>Reg</li></ul>			Business ice	ZIP			8	State:		Cou	ntry:	
3. Name	Tax ID	Туре					Add	ress							
Country	Type C	Code													
Tax ID No.%	Addres	ss Type	<ul><li>Residence</li><li>Reg</li></ul>			Business ice	ZIP								
# If passive NFE, please provide below additional addit	tional o	details	).				(	Please	attac	h ada	litional s	sheets	if nec	essai	y)
PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving NREGA Job Card, Others) City of Birth - Country of Birth	Licence,	Natio	nality			Service, Bu					DOB - Gende				e, Other
1. PAN		Occup	ation T	уре							DOB	DD.	/MM/	YYY	Y
City of Birth		Nation	nality								Gende	er Mal	e √	Fen	nale 🗸
Country of Birth			r's Nam					Others 🗸							✓
2. PAN			ation T	уре				DOB DD/MM/YYYY  Male ✓ Femal							
City of Birth		Nation	•									IVIAI	Oth		iale V
Country of Birth  3. PAN			r's Nam pation 1				DOB DD/MM/YY						_	<b>V</b>	
City of Birth			lationality								БОВ	Mal		Fen	
Country of Birth			r's Nam	е			Others 🗸							✓	
# Additional details to be filled by controlling persons with tax * To include US, where controlling person is a US citizen or great	residen	cy / pern	nanent r	eside	ncy / c	itizenship	o / Gre	en Ca	rd in a	any co	ountry o	ther th	han In	dia:	aquivalent
4Refer 3(iii) of Pal											ariuly pi	- ovide	runcti	Jilai (	-quivaletil
						ndition			. , .						1.00
The Central Board of Direct Taxes has notifed Rules 114F to 1 personal, tax and beneficial owner information and certain certific	cations an	nd docum	entation t	from a	all our i	unit holder	s. In re	levant	cases,	, inforr	nation v	vill hav	e to be	e repo	rted to tax
authorities/ appointed agencies. Towards compliance, we may all appropriate withholding from the Folio(s) or any proceeds in relati	on thereto	). ·				,			5 WILIII	ioidiri	y ayens	5 101 111	ie purp	ose c	n ensumg
Should there be any change in any information provided by you, p Please note that you may receive more than one request for inforr	nation if y	ou have r	multiple re	prom elation	ıptıy, i.e nships	with us or	o days. group e	entities	. There	efore, i	it is impo	ortant t	that you	u resp	ond to our
request, even if you believe you have already supplied any previou If you have any questions about your tax residency, please conta				ontrol	ling pe	rson of the	e entity	is a U	S citize	en or i	resident	or gre	en car	d hold	der, please
include United States in the foreign country information field along this is mandatory to supply a TIN or functional equivalent if the country is mandatory to supply a TIN or functional equivalent if the country is mandatory to supply a TIN or functional equivalent if the country is mandatory to supply a TIN or functional equivalent is the country in the country is made and the country i						uch identif	fiers. If	no TIN	is vet a	availal	ole or ha	as not v	et bee	n issu	ed. please
provide an explanation and attach this to the form.		, - 2 61						•	, , , , ,						.,,
Certification   I / We have understood the information require   confirm that the information provided by me / us	ments on this	of this Form is	Form s true.	(rea	d alc	ng with	the	FAT:	CA 8 Ve al	k CF	RS Ins	struct n that	ions)	and le ha	d hereby ave read
and understood the FATCA & CRS Terms and C	onditio	ns bel	ow and	her	eby a	accept t	he sa	ame.							
Name	+			<u> </u>											
Designation											DI-				
Signature	Sign	ature				Si	ignatu	ire			Place		e /	/.	