

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.

ARN-64917 E434563

For office use only <small>(To be filled by financial institution)</small>	Application Type*	<input type="checkbox"/> New <input type="checkbox"/> Update	
	KYC Number	<input type="text"/>	<small>(Mandatory for KYC update request)</small>

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 - YYYY Date of Commencement of Business DD - MM - YYYY

Place of Incorporation/Formation* Country of Incorporation/Formation* TIN or Equivalent Issuing Country

PAN*

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)

Important Instructions:

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- 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.
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For office use only	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	
(To be filled by financial institution)	KYC Number	<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"/> <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"/>			(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"/>			

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

District* Pin/Post Code* State/U.T Code* City/Town/Village* 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 City/Town/Village*

District* Pin/Post Code* State/U.T Code* 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"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<input type="text"/> [Institution Stamp]
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/> [Employee Signature]	

Details of Ultimate Beneficial Owner including Additional FATCA & CRS Information

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(Only for Non Individuals)

Please Note: All field marked with asterisk (*) to be mandatorily filled.

Please tick the applicable tax resident declaration:

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

PAN Date of Incorporation / /

City of Incorporation Country of Incorporation

Entity Constitution Type (Please 3 as appropriate) Partnership Firm Private Limited Company Public Limited Company Society AOP / BOI Trust Liquidator HUF Limited Liability Partnership Artificial Juridical Person Others

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)
<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"/>

*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

ADDITIONAL KYC INFORMATION

Gross Annual Income (₹) Below 1 Lac 1 - 5 Lacs 5-10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore 1 Crore

OR
Net - worth* (for Non-Individual) ₹ as on / / (Not older than 1 year)

*Politically Exposed Person (PEP) Statuś (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) PEP Related to PEP Not Applicable

Is the entity involved in any of the mentioned services: Foreign exchange/ Money changer Gaming/ Gambling/ Lottery (Casinos, betting syndicates) Money lending/ Pawning 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.

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)

We are a, Financial institution ⁵ <input type="checkbox"/> Direct reporting NFE ⁶ (please tick as appropriate) <input type="checkbox"/>	GIIN <input type="text"/>
	Name of sponsoring entity <input type="text"/>
GIIN not available (please tick as applicable) If the entity is a financial institution, <input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ⁷ <input type="text"/> <input type="text"/> <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 ¹ (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> Security ISIN <input type="text"/> Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Nature of stock exchange <input type="text"/>
3	Is the Entity an active ³ NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part C)
4	Is the Entity a passive ⁴ NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: https://mf.whiteoakamc.com

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

Category (Please tick application category) Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Private Trust
 Public Charitable Trust Religious Trust Others

UBO / Controlling Person(s) details: (Please refer instructions no. 3.iv)

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 interest # Please tick (✓)	>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 _____ 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 # Please tick (✓)	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 Please tick (✓)	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>		
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender Please tick (✓)	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>		
UBO / SMO Father's Name			

UBO / SMO Occupation Please tick (✓)	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>		
SMO Designation #			
UBO / SMO KYC Complied? Please tick (✓)	<input type="checkbox"/> Yes / <input type="checkbox"/> No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	<input type="checkbox"/> Yes / <input type="checkbox"/> No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	<input type="checkbox"/> Yes / <input type="checkbox"/> 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.			

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 documentation 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 WhiteOak Capital 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 foreign country information field along with the USTax 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.

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 WhiteOak Capital Asset Management Ltd. and the RTA can make reliance on the same. I/We hereby authorize WhiteOak Capital Asset Management Ltd. and its RTA 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 WhiteOak Capital Mutual Fund, its Sponsor, Asset Management Company and trustees. 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 WhiteOak Capital Asset Management Ltd. or its RTA 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 by WhiteOak Capital Asset Management Ltd., the RTA or by domestic or overseas regulators/ tax authorities.

Name

Designation

Designation	Designation	Designation
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Date / /

Place

Version : 30.10.2023