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

(Attested) True copies of documents received



Place for Intermediary Logo

Application No.:

Designation Name of the Organization

> Signature Date

Please fill in ENGLISH and in BLOCK LETTERS	CVL	South Gujarat ARN: 54854
A. Identity Details (please see guidelines overleaf)		
1. Name of Applicant (Please write complete name as per Certificate of In	ncorporation / Regist	ation; leaving one box blank between 2 words. Please do not abbreviate the Name).
2. Date of Incorporation _ d d / _ m m / _ y y y y	Place of Incorp	pration
3. Registration No. (e.g. CIN)		Date of commencement of business $ \begin{bmatrix} d & d \end{bmatrix} / \begin{bmatrix} m & m \end{bmatrix} / \begin{bmatrix} y & y & y \end{bmatrix} $
4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Others (Please specify)	Body Corporate ent Organisation	☐ Partnership ☐ Trust / Charities / NGOs ☐ FI ☐ FII ☐ HUF☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP
5. Permanent Account Number (PAN) (MANDATORY)		Please enclose a duly attested copy of your PAN Card
B. Address Details (please see guidelines overleaf)		
1. Address for Correspondence		
City / Town / Village		Postal Code
State Sandard Baselle		Country
2. Contact Details Tel. (Off.) (ISD) (STD) Mobile (ISD) (STD) E-Mail Id.		Tel. (Res.) (ISD) (STD) Fax (ISD) (STD)
4. Registered Address (If different from above) City / Town / Village		Postal Code
State		Country
	Bill □*Latest Ban ase specify)	e following valid documents & tick (/) against the document attached. Account Statement Registered Lease / Sale Agreement of Office Premises
C. Other Details (please see guidelines overleaf)		
Name, PAN, DIN/Aadhaar Number, residential address (Please use the Annexure to fill in the details) Any other information:	ss and photog	aphs of Promoters/Partners/Karta/Trustees/whole time directors
DECLARATION		
We hereby declare that the details furnished above are correct to the best of my/our knowledge and belief and I/we up	ndertake NA	ME & SIGNATURE(S)
o inform you of any changes therein, immediately. In case an above information is found to be false or untrue or misle nisrepresenting, I am/we are aware that I/we may be held liable	ading or	OF AUTHORISED PERSON(S)
lace:		. 2.13011(3)
Date:		
Date:	FOR OFFICE	
Date:		

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS



(Please consult your professional tax advisor for further guidance on FATCA & CRS classification) South Gujarat ARN: 54854

		, _	_				_	_		_				_	_		_					-							
Name	e of the entity																												
Type	of address given at KRA		Resid	lential o	r Bu	siness	ness Residential Business Registered Office																						
PAN											<u> </u>						D	ate of	Incor	oratio	n	D	D		M	1	Y	Υ	YY
City	of incorporation				\perp																			1					
Coun	try of incorporation																												
									AD	DITI	ONAL	KYC II	NFORM	/IATIO	N														
Gross Annual Income (Rs.) [Please tick (✓)] ☐ Below 1 Lac ☐ 1 - 5								- 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore																					
Net-v	worth				R	S										6	as o	n 🛭	D	M	M	/	/ \	/	Υ	(Not	older	than 1	l year)
	Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)																												
*PEP office	*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.																												
Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Money Lending / Pawning None of the above									-	tery /	Casi	no Se	rvices																
										FAT	CA &	CRS D	eclara	tion															
Pleas	se tick the applicable tax res	ident	t decla	ration -																									
	s "Entity" a tax resident of a es, please provide country/ies i	•	-				r tax µ	ourpos	ses ar		Yes e assoc		No x ID nu	mber l	belo	w.)													
Sr. No.	С	ount	ry								Tax Id	entifica	ation M	lumbe	er*				Identification Type (TIN or Other*, please specify)										
1.																													
2.																													
3.																													
[%] In c	l :ase Tax Identification Numb	er is	not a	vailable	. kin	dlv pro	vide	its fur	nctio	nal e	auival	ent.																	
	se TIN or its functional equi												numb	er or (Glob	oal Ent	tity	dentif	icatior	Numl	er or	GIIN,	etc.						
In ca	se the Entity's Country of In	corp	oratio	n / Tax r	esid	lence is	U.S	. but I	Entity	/ is n	not a S	pecifie	d U.S.	Perso	on, r	mentio	on E	ntity's	exem	ption o	ode h	ere							
DAD	F &																												
PAK	TA (to be filled by Financial In	stituti	ions or	Direct R	epor	ting NFE	:S)																	_		_			
1.	We are a,			٦			GIIN																						
	Financial institution (Refer 1 of Part C)											a GIIN					d by	y anot	her en	tity, plo	ease p	rovio	le you	ur s	sponso	or's			
	or			٦								our sp	onsor	s nam	ne b	elow													
Direct reporting NFE Name of sponso (Refer 3(vii) of Part C)					sorin	ıg entit	.y																						
	(please tick as appropriat	e)					_																						_
	GIIN not available (ple	ase t	tick as	applica	ıble)			App	lied	for				1	Not	obtair	ned	– Non	-partio	cipatin	g FI								
	Not required to apply for - please specify 2 digits sub-category (Refer 1 A of Part C)																												
PAR	TB (please fill any one as app	ropria	ate "to	be filled i	by Ni	FEs othe	r thai	n Direc	ct Rep	oortin	ng NFEs	;")																	
Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)					Yes		(If ye	s, pleas	se sp	ecify an	y one	stock e	exchang	e on whi	ch the s	ock is	regula	ırly i	traded)										
					Nar	ne of s																							
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)					Yes		_				те о	f the list	ted com	pany and	one sto	ock ex	change	on	which th	e sto	ck is r	egulari	y traded)						
						ne of li		•	ny_								_												
											Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company																		
					<u> </u>						Name of stock exchange																		
3.	Is the Entity an active NFE	(Ref	fer 2c	of Part	C)						Yes]																
											1	ure of l			1-00	tagar	v of	Λ ctiv	NICE			7 (1)	 Iontic		code –	rofo	r Oc	of Da	rt C\
	Table Barrier	/5	f C "								+			ic SUL	J-Ud	ucyUf	y UI	ACUV	INCE	L] (11	ıcıılıC	л (Loue -	ıcıt	ii 20	UI Pa	u (U)
4.	Is the Entity a passive NFE	(Ke	ter 3(i) of Par	t C)						Yes	ure of	Bueina	00															
											ival	ult Ul	uollit	აა															

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)											
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								
Others (please specify)										
controlling person(s). (Please attach addition	erson(s), confirming ALL countries of tax resid onal sheets if necessary) Owner Reporting Statement and Auditor's Letter										
Details	UB01	UBO2	UBO3								
Name of UBO											
UBO Code (Refer 3(iv) (A) of Part C)											
Country of Tax residency*											
PAN#											
Address											
	Zip	Zip	Zip								
	State:	State:	State:								
	Country:	Country:	Country:								
Address Type	Residence Business Registered office	Residence Business Registered office	☐ Residence ☐ Business ☐ Registered office								
Tax ID [%]											
Tax ID Type											
City of Birth											
Country of birth											
Occupation Type	Service Business Others	Service Business Others	Service Business Others								
Nationality											
Father's Name											
Gender	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others								
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY								
Percentage of Holding (%) ^s											
specified wherever applicable. *In case Tax Identification Number is not availa	closed. Else PAN or any other valid identity proof		rector / Settlor of Trust / Protector of Trust to be								
	FATCA - CRS Tern	ns and Conditions									
and certain certifications and documentation from to provide information to any institutions such as w Should there be any change in any information proven as entered that you may receive more than one re you have already supplied any previously requeste If you have any questions about your tax residency country information field along with the US Tax Ider	y, please contact your tax advisor. If any controlling pers	have to be reported to tax authorities/ appointed agenc tle withholding from the account or any proceeds in rela , within 30 days. with us or our group entities. Therefore, it is important son of the entity is a US citizen or resident or green car	that you respond to our request, even if you believe dholder, please include United States in the foreign								
by me/us on this Form is true, correct and complet	uirements and the Terms and Conditions mentioned in t e. I/We hereby agree and confirm to inform Birla Sun Li y the provisions of the Scheme related documents inter	ife Asset Management Company Limited/Birla Sun Lif	e Mutual Fund/ Trustees for any modification to this								
Name											
Designation											
			Place								
Signature	Signature	Signature	Date//								

MUTUAL FUNDS Aditya Birla Sun Life Mutual Fund



South Gujarat ARN: 54854

Form for Aadhar Updation (Non-Individual)

To Aditya Birla Sun Life Mutual Fund									
Name of the Non-Individual									
PAN									
I/We,, Company Secretary / Competent Authority (to issue this certification on behalf of the organization) hereby confirm that enclosed list of personnel covers all authorized signatories (associated with MF investments and allied activities) on behalf our organization. These signatories have consented in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them for sharing/disclosing of their Aadhaar number(s) including demographic information with SEBI registered Mutual Funds and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the corresponding non-individuals folios. This information is provided to comply with the PMLA requirements including sharing of information with regulatory/statutory authorities and should not be used for any other purpose unless it is required under any law / regulatory purpose. We hereby confirm that given information is true, reliable and also assure you to share the changes / modifications from time to time, if any through appropriate means to Mutual Fund for updates and onward sharing.									
Regards									
For <name non-individual)="" of="" the=""></name>									
<company &="" (name="" authority="" competent="" seal)="" secretary="" sign="" stamp="" with=""></company>									
Enclosed: List of Authorized Signatories along with their Aadhaar card copies									
* *									
Acknowledgement of Form for Updation of Aadhar (To be filled in by Investor)									
Received from Mr. / Ms. PAN Addhaar linking request form received for the above referred PAN. Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities ABSLAMC Stamp & Signature, Date ABSLAMC Stamp & Signature, Date									

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund) (Formerly known as Birla Sun Life Asset Management Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
+91 22 4356 7000 | connect@adityabirlacapital.com | www.adityabirlasunlifeamc.com | CIN: U99999MH2000PLC128110 **Contact Us:** 1800-270-7000



Annexure - List of Authorized Signatories:

PAN						
S. No.	Name of the Authorized Signatory (AS) (as per Aadhaar Card)	Date of Birth (as per Aadhaar Card)	PAN of AS*	Aadhaar Number of AS* (Proof to be enclosed)	Signature* (Consent for sharing Aadhaar information, authentication with UIDAI in accordance with Aadhaar Act, 2016 and sharing with MFs/RTAs as indicated in the covering letter)	Photo of AS (optional) [Stamp Size photo]
		(dd-mm-yyyy)				
		(dd-mm-yyyy)				
		(dd-mm-yyyy)				
		(dd-mm-yyyy)				
		(dd-mm-yyyy)				
		(dd-mm-yyyy)				

*where PAN & Aadhaar is not applicable (in case of Foreign Directors), any other officially valid document (like Passport) to be submitted along with photograph to be affixed

Signature of Company Secretary / Competent Authority & with Stamp, Seal & date

Instructions & Guidelines

- The purpose of collection/usage of Aadhaar number including demographic information is to comply with aplicable laws / rules / regulations and provision of the said data
 is mandatory as per applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016.
 We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.
- 2. While providing Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios", sign on the copy with date.
- 3. Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. In case of mismatch, request is liable to be rejected.
- 4. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.
- 5. Submit duly filled and signed form to your nearest AMC / CAMS branches.