

A. Identity Details (please see guidelines overleaf)

B. Address Details (please see guidelines overleaf)

C. Other Details (please see guidelines overleaf)

DECLARATION

Date: _____

FOR OFFICE USE ONLY

Date _____

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I: Applicant/Investor details:

Investor Name

PAN

Part II: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]

☐ I/ We hereby declare that -

☐ Our company is a Listed Company listed on recognized stock exchange in India

☐ Our company is a subsidiary of the Listed Company

☐ Our company is controlled by a Listed Company

Details of Listed Company^

(^The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.)

Stock Exchange on which listed

Security ISIN

Part III: Non-individuals other than Listed Company / its subsidiary company

Category [✓ applicable category]:

☐ Unlisted Company

☐ Partnership Firm

☐ Limited Liability Partnership Company

☐ Unincorporated association / body of individuals

☐ Public Charitable Trust

☐ Religious Trust

☐ Private Trust

☐ Trust created by a Will

☐ Others

(please specify)

Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Name of UBO & Address [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable / Tax identification number (or functional equivalent) for each country identified in relation to each investor# [Mandatory]	Country of tax residency/ permanent residency	Country of citizenship	UBO Code [Mandatory] [Refer instruction 3]	KYC (Yes/No) [Please attach KYC acknowledgement copy] [Refer instruction 2]

#Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

Part IV: Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Date:

Place:

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

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

Place for
Intermediary Logo



Name & Signature of the Authorised Signatory(ies) Date d | d | / m | m | / y | y | y | y |

DETAILS OF FATCA & CRS INFORMATION FOR NON-INDIVIDUAL/ LEGAL ENTITY



South Gujarat ARN: 54854

Name of the entity

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

PAN Date of incorporation

City of incorporation Country of incorporation

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 [*]	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 equivalent¹.

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

Please refer to para 3(vii) Exemption code for U.S. persons under Part D of FATCA instructions & Definitions

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 ³ <input type="checkbox"/> OR Direct reporting NFE ⁴ <input type="checkbox"/> (please tick as appropriate)	Global Intermediary Identification Number (GIIN) <input type="text"/> 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 <input type="text"/> <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 ¹⁰ <input type="checkbox"/> Not obtained - Non-participating FI <input type="text"/>

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 (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 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"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) 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 Name of stock exchange <input type="text"/>
3	Is the Entity an active ¹ non-financial Entity (NEF) <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 D)
4	Is the Entity a passive ² NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D |

#If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

Name and PAN / Any other identification Number <small>(PAN, Aadhar, Passport, Election ID, Govt ID, Driving Licence, NREGA Job Card, Others)</small> City of Birth - Country of Birth		Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not applicable.		DOB - Date of Birth Gender - Male, Female, Other	
1. Name		Occupation Type		DOB	
PAN		Nationality		Gender	
City of Birth		Father's Name			
Country of Birth					
2. Name		Occupation Type		DOB	
PAN		Nationality		Gender	
City of Birth		Father's Name			
Country of Birth					
3. Name		Occupation Type		DOB	
PAN		Nationality		Gender	
City of Birth		Father's Name			
Country of Birth					

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

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.

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.

\$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.

PART C : 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.

Date	
Name	
Designation	

Signature	Signature	Signature
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FORM FOR UPDATION OF AADHAAR (NON-INDIVIDUAL)

South Gujarat ARN: 54854



(Please fill in all column in BLOCK CAPITAL LETTERS.)

Name of the Non-Individual Folio No. PAN of the Non-Individual

Date

CONSENT FOR AUTHENTICATION & SHARING OF AADHAAR DATA

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

Details of Aadhaar & PAN of our Authorized Signatories: (Kindly use another form in case of > 7 signatories)

Sr. 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	Gender	Mobile No.	PIN code	Enrolled for Aadhaar (Proof Enclosed)	Signature of AS (Consent for sharing Aadhaar information, authentication with UIDAI and sharing with MFs/RTAs)
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing proof of Aadhaar Enrolment	

Certificate from Company Secretary / any other competent authority of the Organization

I, _____, Company Secretary / Competent Authority to issue this certification on behalf of the organization hereby confirm the correctness of the above information. The above specified list of personnel covers all authorized signatories on behalf our organization. We will let you know the changes / modifications from time to time, if any, through appropriate means to Axis Mutual fund. Above signatories have consented for sharing the above information with Axis Mutual Fund in corporate & individual capacity and also for validating the same with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is required under any law / regulatory purpose.

Regards
For

Company Secretary / Authorized Signatory (ies)

Company Seal

Acknowledgement of Form for Updation of Aadhaar (Non-individual) (To be filled in by the investor)

Received, subject to verification Form for Updation of Aadhaar (Non-individual)

from M/s _____



Registrar's Stamp with Date & Signature

GUIDELINES

1. By filling up this Form, the investor authorizes Axis Asset Management Company Limited/Axis Mutual Fund/UIDAI/various KYC Registration Agencies/ Authentication agencies etc. to receive and share the information physically or electronically related to Aadhaar and other related matters.
2. In case of any correction/change in name/address/mobile number/date of birth etc. recorded with UIDAI, please update the change with UIDAI's Aadhaar Self Service Update Portal, currently, <https://ssup.uidai.gov.in/web/guest/update>.
3. In case of any assistance, please contact the nearest Investor Service Centre of Axis Mutual Fund.
4. The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable 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.
5. Ensure all the details are as per PAN Card / KYC / Aadhaar Card.
6. If the name given in the application does not match with the name as appearing on the PAN Card / Aadhaar Card, authentication application may be rejected or further transaction may be liable to get rejected.

CHECK LIST

- | | |
|---|---|
| <input type="checkbox"/> Form has been completed and signed by all the holders. | <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number. |
| <input type="checkbox"/> The copy of Self attested AADHAR card | <input type="checkbox"/> If Aadhaar number is applied for, please enclose letter issued by UIDAI containing proof of Aadhaar Enrolment. |