

FOR OFFICE USE ONLY



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"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

^ In case Tax Identification Number is not available, kindly provide its functional equivalent⁵

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global 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. person 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)

1. We are a Financial Institution³ ☐ or Direct reporting NFE⁴ ☐ (Please tick as appropriate)
- Global Intermediary Identification Number (GIIN) _____
- 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 appropriate) ☐ Applied for
- If the entity is a financial institution, ☐ Not required to apply for - please specify 2 digits sub-category¹⁰
- ☐ 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 (that is, a company whose shares are regularly traded on an established securities market) No ☐ Yes ☐ (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 of a publicly traded company (a company whose shares are regularly traded on an established securities market) No ☐ Yes ☐ (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 ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company
Name of stock exchange _____
3. Is the Entity an active¹ non-financial Entity (NFE) No ☐ Yes ☐
Name of Business _____
Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D)
4. Is the Entity a passive² NFE No ☐ Yes ☐ (If yes, please fill UBO declaration in the next section)
Name of Business _____

¹ Refer 2 of Part D | ² Refer 3(ii) of Part D | ³ Refer 1(i) of Part D | ⁴ Refer 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 (PAN, Adhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) City of Birth - County of Birth | Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available | DOB - Date of Birth Gender - Male, Female, Other |
|---|---|---|
| 1. Name _____ PAN _____ City of Birth _____ Country of Birth _____ | Occupation Type _____ Nationality _____ Father's Name _____ | DOB <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"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| 2. Name _____ PAN _____ City of Birth _____ Country of Birth _____ | Occupation Type _____ Nationality _____ Father's Name _____ | DOB <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"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| 3. Name _____ PAN _____ City of Birth _____ Country of Birth _____ | Occupation Type _____ Nationality _____ Father's Name _____ | DOB <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"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |

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 that FATCA & CRS Terms and Conditions below and hereby accept the same.

Name

Designation

Date

| | | |
|-----------|-----------|-----------|
| Signature | Signature | Signature |
|-----------|-----------|-----------|

PART D : FATCA INSTRUCTIONS & DEFINITIONS

(Note : The Guidance Note / notification issued by the CBDT shall prevail in respect to Interpretation of the terms specified in the form)

- 1(i) **Financial Institution (FI)** - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
- 1(ii) **Depository institution:** is an entity that accepts deposits in the ordinary course of banking or similar business.
- 1(iii) Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
- (i) The three financial years preceding the year in which determination is made; or
 - (ii) The period during which the entity has been in existence, whichever is less.
- 1(iv) Investment entity is any entity:
- (a) The primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or Individual and collective portfolio management; or
 - (ii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
 - (b) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:
 - (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
 - (ii) The period during which the entity has been in existence.
- The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07 - (refer point 2c.)
- 1(v) Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contracts or an Annuity Contract.
- 1(vi) FI not required to apply for GILN: Refer Rule 114F(5) of Income Tax Rules, 1962 for the conditions to be satisfied as "non-reporting financial institution and Guidance issued by CBDT in this regard"
- A. Reasons why FI not required to apply for GILN:

| Code | Sub-Category |
|------|---|
| 01 | Government Entity, International Organization or Central Bank |
| 02 | Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Government Entity, International Organization or Central Bank |
| 03 | Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund |
| 04 | Entity is an Indian FI society because it is an Investment entity |
| 05 | Qualified credit card issuer |
| 06 | Investment Advisors, Investment Managers & Executive Brokers |
| 07 | Exempt collective investment vehicle |
| 08 | Trust |
| 09 | Non-registering local banks |
| 10 | FFI with only Low-Value Accounts |
| 11 | Sponsored investment entity and controlled foreign corporation |
| 12 | Sponsored, Closely Held Investment Vehicle |

- 2 **Active Non-financial entity (NFE)** : (any one of the following): Refer Explanation (A) to 114F(6) of Income Tax Rules, 1962 for details.

| Code | Sub-Category |
|------|--|
| 01 | Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income; |
| 02 | The stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market |
| 03 | The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing; |

(Mandatory for Non-Individual Applicant / Investor)

PART I : APPLICANT / INVESTOR DETAILS :[illegible]

[^] The details of holding / parent Company to be provided in case the applicant / investor is a Subsidiary Company.

| | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Name of UBO [Mandatory] Along with Designation / Position wherever applicable | | | | |
| UBO Code [Refer instruction 3] | | | | |
| PAN or any other valid ID proof for those where PAN is not applicable ¹ | | | | |
| KYC (Yes/No) ² | | | | |
| Taxpayer Identification Number ³ | | | | |
| Country of Tax Residency [CTR] | | | | |
| CP / UBO Code [Refer Instruction E] | | | | |
| Country of Birth [COB] | | | | |
| Date of Birth [dd- mm-yyyy] | | | | |
| Country of Permanent Address [CPA] | | | | |
| Gender [Male, Female, others] | | | | |
| Father's Name | | | | |
| Occupation [Service, Business, Others] | | | | |
| Percentage of Holding (%) ⁴ | | | | |

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

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

| | | | | | | | | | | |
|---|----------------------|----------------------|---|---|---|---|---|---|---|---|
| Authorized Signatory | Authorized Signatory | Authorized Signatory | | | | | | | | |
| Place _____ Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> | | | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | |



DATE : / /

1. UNIT HOLDER INFORMATION

a. EXISTING UNIT HOLDER INFORMATION

PAN

Any information provided at PAN level, will be updated in all the Folios where the PAN is Registered.

b. NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s.

Application Form No.

2. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)

a. Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Non - Individual

☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Company ☐ FIs ☐ Minor through guardian ☐ BOI ☐ OCI
☐ Body Corporate ☐ LLP ☐ Society / Club ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others _____ (please specify)

b. Occupation Details [Please tick (✓)] ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business
☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others _____ (please specify)

c. Gross Annual Income (Rs.) [Please tick (✓)] ☐ Below 1 Lakh ☐ 1 - 5 Lakhs ☐ 5 - 10 Lakhs ☐ 10 - 25 Lakhs ☐ >25 Lakhs - 1 Crore ☐ >1 Crore
OR

c. Net-worth (Mandatory for Non-Individuals) Rs. _____ as on DD MM YYYY (Not older than 1 year)

d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

e. Investors involved/ providing any of the mentioned services

☐ Wholesalers OR ☐ Retailers in Precious metals (in particular buying-selling gold) and gems ☐ Wholesalers OR ☐ Retailers in Luxury cars
☐ Wholesalers OR ☐ Retailers in Boats ☐ Wholesalers OR ☐ Retailers in Race-horses ☐ Wholesalers OR ☐ Retailers in Jewellery

☐ Money Service Businesses (MSB) & their agents (excluding Banks) ☐ Currency dealers or exchanges ☐ Sellers or redeemers of traveler's cheques
☐ Money orders / remittance services

☐ Pawn shops ☐ Street market stall ☐ Hotels ☐ Restaurants ☐ Internet cafés ☐ Door-to-door sales companies ☐ Taxi ☐ Bars ☐ Night-clubs
☐ Second-hand goods sales ☐ Second-hand vehicle dealers (excluding automobile franchise)

☐ Casinos ☐ Lotteries ☐ Gaming clubs ☐ Slot machines ☐ Antiques ☐ Art galleries ☐ Art dealers ☐ Auctioneer ☐ Art expert

3. DETAILS OF SECOND APPLICANT, If any

a. Occupation Details [Please tick (✓)] ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business
☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others _____ (please specify)

b. Gross Annual Income (Rs.) ☐ Below 1 Lakh ☐ 1 - 5 Lakhs ☐ 5 - 10 Lakhs ☐ 10 - 25 Lakhs ☐ >25 Lakhs - 1 Crore ☐ >1 Crore OR Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

d. Investors involved/ providing any of the mentioned services

☐ Wholesalers OR ☐ Retailers in Precious metals (in particular buying-selling gold) and gems ☐ Wholesalers OR ☐ Retailers in Luxury cars
☐ Wholesalers OR ☐ Retailers in Boats ☐ Wholesalers OR ☐ Retailers in Race-horses ☐ Wholesalers OR ☐ Retailers in Jewellery

☐ Money Service Businesses (MSB) & their agents (excluding Banks) ☐ Currency dealers or exchanges ☐ Sellers or redeemers of traveler's cheques
☐ Money orders / remittance services

☐ Pawn shops ☐ Street market stall ☐ Hotels ☐ Restaurants ☐ Internet cafés ☐ Door-to-door sales companies ☐ Taxi ☐ Bars ☐ Night-clubs
☐ Second-hand goods sales ☐ Second-hand vehicle dealers (excluding automobile franchise)

☐ Casinos ☐ Lotteries ☐ Gaming clubs ☐ Slot machines ☐ Antiques ☐ Art galleries ☐ Art dealers ☐ Auctioneer ☐ Art expert



4. DETAILS OF THIRD APPLICANT, If any

a. Occupation Details [Please tick (✓)] ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business
☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others _____ (please specify)

b. Gross Annual Income (Rs.) ☐ Below 1 Lakh ☐ 1 - 5 Lakhs ☐ 5 - 10 Lakhs ☐ 10 - 25 Lakhs ☐ >25 Lakhs - 1 Crore ☐ >1 Crore **OR** Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

d. Investors involved/ providing any of the mentioned services

- | | |
|---|--|
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Precious metals (in particular buying-selling gold) and gems | <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Luxury cars |
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Boats | <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Race-horses |
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Jewellery | |
- ☐ Money Service Businesses (MSB) & their agents (excluding Banks) ☐ Currency dealers or exchanges ☐ Sellers or redeemers of traveler's cheques
- ☐ Money orders / remittance services
- ☐ Pawn shops ☐ Street market stall ☐ Hotels ☐ Restaurants ☐ Internet cafés ☐ Door-to-door sales companies ☐ Taxi ☐ Bars ☐ Night-clubs
- ☐ Second-hand goods sales ☐ Second-hand vehicle dealers (excluding automobile franchise)
- ☐ Casinos ☐ Lotteries ☐ Gaming clubs ☐ Slot machines ☐ Antiques ☐ Art galleries ☐ Art dealers ☐ Auctioneer ☐ Art expert

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.

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

INSTRUCTIONS

In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP)* status mentioned under section 2 & 3 which was forming part of uniform KYC form will now be captured in the application form of the Fund. Also, the detail of nature of services viz. Foreign Exchange/Gaming/Money Lending, etc., (applicable for all applicants) is required to be provided as part of Client Due Diligence (CDD) Process of the Fund.

The said details are mandatory for both Individual and Non Individual applicants.

*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.

FORM FOR AADHAAR SEEDING FOR AUTHORIZED SIGNATORIES



BNP PARIBAS
MUTUAL FUND

To
Sundaram BNP Paribas Fund Services Limited

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 for sharing the information with Sunda-
ram BNP Paribas Fund Services Limited / participating MFs by signing the enclosed form and also for validating the same with UIDAI wherever warranted.

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

Regards

For <Name of the Non-Individual>

Signature of Company Secretary / Competent Authority (Name & Sign with Stamp & Company Seal)

Enclosed: List of Authorized Signatories along with their Aadhaar

ANNEXURE – LIST OF AUTHORIZED SIGNATORIES

PAN

| S. No. | Name of the Authorized Signatory (AS)# | Date of Birth (as per Aadhaar Card)# | Gender (M-Male, F-Female & T-Transgender) | PAN of AS# | Aadhaar of AS# | Signature (Consent for sharing Aadhaar information, au- thentication with UIDAI and sharing with MFs/RTAs) |
|--------|--|--|--|------------|-------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Note: Where Aadhaar Number in fav our of authorised person not assigned, please submit proof of application for enrolment of Aadhaar

If the authorised person is not eligible to be enrolled for Aadhaar Number, he / she shall submit PAN or Form 60.

Signature of Company Secretary / Competent Authority (Name & Sign with Stamp & Company Seal)