

Seal/Stamp of the intermediary should contain

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 |
|---------|-----|------|---|----------------------------------|---|------------|
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Place for Intermediary Logo



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

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



Investment Managers
South Gujarat ARN: 54854

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

Folio Number / /

PAN Date of incorporation

City of incorporation Country of incorporation

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

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 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 (Rs.) ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

OR

Net-worth (Mandatory for Non-Individuals) ₹ as on (Not older than 1 year)

Politically Exposed Person (PEP) Status* (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)
(Please tick as appropriate) ☐ 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 institution⁶ ☐

OR

Direct reporting NFE⁷ ☐
(please tick as appropriate)

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 applicable) ☐ Applied for ☐ 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 ¹ (that is, a company whose shares are regularly traded on an established securities market) | 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) | 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 ³ NFE | 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 ⁴ NFE | Yes <input type="checkbox"/> Nature of Business <input type="text"/> |

¹ Refer 2a of Part C | ² Refer 2b of Part C | ³ Refer 2c of Part C | ⁴ Refer 3(ii) of Part C | ⁶ Refer 1 of Part C | ⁷ Refer 3(vii) of Part C | ¹⁰ Refer 1A of Part C

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 ☐ Private Trust
☐ Public Charitable Trust ☐ Religious Trust ☐ Others

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).
(Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of part C)

| Details | UBO1 | UBO2 | UBO3 |
|--------------------------------------|---|---|---|
| Name | | | |
| PAN | | | |
| UBO Code (Refer 3(iv) (A) of Part C) | | | |
| Country of Tax residency* | | | |
| Tax ID No [#] | | | |
| Tax ID Type | | | |
| Address | <div></div> <div>Zip</div> <div>State</div> <div>Country</div> | <div></div> <div>Zip</div> <div>State</div> <div>Country</div> | <div></div> <div>Zip</div> <div>State</div> <div>Country</div> |
| Address Type | <input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business | <input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business | <input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business |
| City of Birth | | | |
| Country of birth | | | |
| Occupation Type | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others |
| Nationality | | | |
| Father's Name | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others |
| Date of Birth | D D M M Y Y Y Y | D D M M Y Y Y Y | D D M M Y Y Y Y |
| Percentage of Holding (%) ^ | | | |

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

^ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

⁴ Refer 3(ii) of Part C | ¹¹ Refer 3(iv) (A) of Part C

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 BOI AXA 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 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.

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.

Name

Designation

| | | |
|------------|------------|------------|
| Signatures | Signatures | Signatures |
|------------|------------|------------|

Date D D M M Y Y Y Y Place

Declaration for Ultimate Beneficial Ownership [UBO] For Non-Individual (Mandatory)

PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE MANDATORY (MARKED*) FIELDS

Applicant's Details

Name

M/s.

PAN

| | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|

Listed Company / its Subsidiary Company

(i) 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

(ii) Details of Listed Company ^

Company Name

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Stock Exchange on which listed

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Security ISIN

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

Non-Individuals other than Listed Company / its Subsidiary Company

i) Category (✓)

- ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership ☐ Unincorporated association/ body of individuals
- ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust / Trust created by a will ☐ Others _____

ii) Details of Ultimate Beneficial Owners (If the given space below is not adequate, please provide multiple declaration forms)

| Name of Beneficial Owners* | PAN (For Residents / NRIs) | Tax Payer Identification Number# | ID Proof (Foreign / PAN Exempt individual) | UBO Code (Mandatory) (Refer instructions) | Position / Designation (To be provided wherever applicable) |
|----------------------------|-------------------------------|-------------------------------------|--|--|---|
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* If the beneficiary owner is minor, proof of date of birth and proof of relationship with the guardian and copy of PAN with photograph is mandatory.

In case Tax Payer Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number.

Declaration & Signature(s)

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 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 maybe liable for it. 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. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. 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 Signatory

Authorized Signatory

Authorized Signatory

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Place:

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(Please fill in all column including email id in **BLOCK CAPITAL LETTERS**)



To:

BOI AXA Mutual Fund

- I/We request BOI AXA Mutual Fund to update my/our following details for the above Folios. I/we authorize BOI AXA Mutual Fund, BOI AXA Investment Managers Pvt. Ltd./ Registrars to refer these details to any of the appropriate authorities including Unique Identification Authority of India (UIDAI) /KYC Registration Agency/Authentication Agencies etc. and also authorize such agencies / service providers including UIDAI to share the data as per their records, for verification purpose.
- 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/quest/update> and also with BOI AXA MF.

Add: B/204, Tower 1, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400013