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South Gujarat ARN: 54854

BARODA PIONEER MUTUAL FUND

For Non Individuals FATCA, CRS & Ultimate Beneficial Owner (UBO)

बैंक ऑफ़ बड़ौदा Bank of Baroda PIONEER

Name of the entity									
Type of add	dress given at KRA Residential or Business Residential "Address of tax residence would be taken as available	Business Registered Office e in KRA database. In case of any change, please approach KRA & notify the changes"							
Folio No.									
PAN	Date of incorporation	D D M M Y Y Y							
City of inc	orporation	Country of incorporation							
Entity Constitution Type (Please tick as appropriate) Partnership Firm HUF Private Limited Company Dublic Limited Company Society AOP/BOI Trust Liquidator									
	Limited Liability Partnership	Artificial Juridical Person Others Others							
Please tic	k the applicable tax resident declaration:								
1. Is "En	tity" a tax resident of any country other than India $\hfill Yes \hfill No$	(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)							
	ax Identification Number is not available, kindly provide its functional equivalent I or its functional equivalent is not available, please provide Company Identificat								
In case th	ne Entity's Country of Incorporation / Tax residence is U.S. but Entity is	s not a Specified U.S. Person, mention Entity's exemption code here							
EATCA	& CRS Declaration (Please consult your professional tax advisor for furth	har quidance on FATCA & CPS classification)							
We are a,	(to be filled by Financial Institutions or Direct Reporting NFEs)								
		isored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below							
Direct rep	or Name of sponsoring entity								
	k as appropriate)								
	available (please tick as applicable) Applied for								
If the entity	y is a financial institution, 🗌 Not required to apply for - please specify 2 di	igits sub-category ¹⁰ Not obtained - Non-participating Fl							
PART B	(please fill any one as appropriate "to be filled by NFEs other than Di	irect 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 🗌 (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 ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	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 active ³ NFE	Yes (If yes, please fill UBO declaration in the next section.)							
		Nature of Business Please specify the sub-category of Active NFE (Mention code-refer 2c of Part D)							
4	Is the Entity a passive ⁴ NFE	Yes (If yes, please fill UB0 declaration in the next section.)							
		Nature of Business							

PART C

			ra	

Category (Please tick applicable category) 🗌 Unlisted Company 🛛 Partnership Firm 🗌 Limited	Liability Partnership Company	Unincorporated association	on / body of individuals	Private Trust
Public Charitable Trust Religious Trust Other	'S			
Please list below the details of controlling person(s), confirming ALL countries of tax residency / p	ermanent residency / citizens	ship and ALL Tax Identification	Numbers for EACH cont	rolling person(s).
Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Let	er with required details as r	mentioned in Form W8 BEN	E.	

https://www.irs.gov/uac/About-Form-W-8BEN-E

Details	UB01	UB02	UB03
Name			
PAN			
Address			
	Zip	Zip	Zip
	State	State	State
	Country	Country	Country
Address Type	Residence Registered office Busines	Residence 🗌 Registered office 🔤 Business	🗌 Residence 🗌 Registered office 🗌 Business
Date of Birth	D D M M Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Gender	Male Female Others		
Father's Name			
City of Birth			
Country of birth			
Occupation Type	Service Business Others	Service Business Others	Service Business Others
Nationality			
UBO Type Code ¹¹			
Country of Tax residency*			
Tax ID No. [%]			
Tax ID Type			
Percentage of Holding (%)^			
Political Exposed Person (PEP) Status ¹²	PEP Related to PEP Not Applicable	PEP Related to PEP Not Applicable	PEP Related to PEP Not Applicable

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

¹²PEP : PEP are defined as induvials who are or have been entrusted with prominent public functions in a foreign country e.g Heads of Sates or of Governments, senior politicians senior Government/Judicial/military officers, senior executives of state owned corporations , important political party officials, etc

¹¹ Refer 3(iv) (A) of Part D ⁵ Refer 3(vi) of Part D

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 Investment Entities 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 Baroda Pioneer 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.

^sIt 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				
Signature		Signature	Signature	
	Place	Signature	Signature	

Detai	Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals	ta / Trustees and whole tim	e directors forming	g a part of Know Your Client (KYC) Application Fo	orm for Non-Individuals
Name of	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
Name &	Name & Signature of the Authorised Signatory(ies)	Date [d] / [m m] / [y y y]	v v č	Place for Intermediary Logo		

South Gujarat ARN: 54854

Information to Investor & Consent

BARODA PIONEER MUTUAL FUND





Information

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.

Consent Form

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 (ii) 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 my 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/our folios.

	First / Sole Holder	Joint Holder 1	Joint Holder 2
Signature			
Investor name			
Aadhaar No			
PAN/PEKRN/CKIN (manadatory)			