

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

South Gujarat ARN: 54854

Name of Applicant _____

PAN of the Applicant

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Sr. No.	PAN	Name	DIN (For Directors)/ UID (For Others)	Residential/ Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

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

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For Others)	Residential/ Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

Name & Signature of the Authorised Signatory(ies)

Date

D	D	/	M	M	/	Y	Y	Y	Y
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PEP: Politically Exposed Person
RPEP: Related to Politically Exposed Person

Details of Ultimate Beneficial Owner including
Additional FATCA & CRS Information
(Only for Non Individuals)



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MUTUAL FUND

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"

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)

*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

☐ 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 ⁵ <input type="checkbox"/>	GIIN <input type="text"/>
OR Direct reporting NFE ⁶ <input type="checkbox"/> (please tick as appropriate)	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"/>
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 ⁷ <input type="text"/> <input type="checkbox"/> 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) <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 ² 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 ³ NFE <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 C)
4	Is the Entity a passive ⁴ NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

¹Refer 2a of Part C | ²Refer 2b of Part C | ³Refer 2c of Part C | ⁴Refer 3(ii) of Part C | ⁵Refer 1 of Part C | ⁶Refer 3(vii) of Part C | ⁷Refer 1A of Part C

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

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 / Any Other Identification Number			
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></div> <div>State<div></div></div> <div>Country<div></div></div> <div>Contact detail<div></div></div>	<div></div> <div>Zip<div></div></div> <div>State<div></div></div> <div>Country<div></div></div> <div>Contact detail<div></div></div>	<div></div> <div>Zip<div></div></div> <div>State<div></div></div> <div>Country<div></div></div> <div>Contact detail<div></div></div>
Address Type	<div><div></div>Residence<div></div>Registered Office<div></div>Business</div>	<div><div></div>Residence<div></div>Registered Office<div></div>Business</div>	<div><div></div>Residence<div></div>Registered Office<div></div>Business</div>
City of Birth			
Country of Birth			
Occupation Type	<div><div></div>Service<div></div>Business<div></div>Others<div></div></div>	<div><div></div>Service<div></div>Business<div></div>Others<div></div></div>	<div><div></div>Service<div></div>Business<div></div>Others<div></div></div>
Nationality			
Father's Name (Mandatory if PAN is not available)			
Gender	<div><div></div>Male<div></div>Female<div></div>Others</div>	<div><div></div>Male<div></div>Female<div></div>Others</div>	<div><div></div>Male<div></div>Female<div></div>Others</div>
Date of Birth	<div><div></div>D<div></div>D<div></div>M<div></div>M<div></div>Y<div></div>Y<div></div>Y<div></div>Y</div>	<div><div></div>D<div></div>D<div></div>M<div></div>M<div></div>Y<div></div>Y<div></div>Y<div></div>Y</div>	<div><div></div>D<div></div>D<div></div>M<div></div>M<div></div>Y<div></div>Y<div></div>Y<div></div>Y</div>
Percentage of Holding (%)^			

If passive NFE, 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

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 DHFL Pramerica 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

DatePlace

AADHAAR UPDATION FORM

South Gujarat ARN: 54854



Pramerica

MUTUAL FUND

Name of the First/Sole Applicant:

Existing Folio No(s):

Fill the section (I) in case of Individual Investors else fill section (II) for Non-Individual investors.

I. INDIVIDUAL INVESTORS - Aadhaar / UIDAI Enrolment No.

Investors: 1st Applicant / Unitholder 2nd Applicant / Unitholder 3rd Applicant / Unitholder

POAs/
Guardian: 1st Applicant / Unitholder 2nd Applicant / Unitholder 3rd Applicant / Unitholder

II. NON INDIVIDUAL INVESTORS / POA (Institution)

Please attach the latest Board Resolution and provide the details of Authorised List of Signatories accordingly in below table.

Sr. No.	Name of Authorised Signatory	PAN	Aadhaar / UIDAI Enrollment No.	Signature of the Authorized Signatory
1.		<input type="text"/>		
2.		<input type="text"/>		
3.		<input type="text"/>		
4.		<input type="text"/>		
5.		<input type="text"/>		
6.		<input type="text"/>		
7.		<input type="text"/>		
8.		<input type="text"/>		
9.		<input type="text"/>		
10.		<input type="text"/>		

Kindly use another form in case of more than 10 signatories

Aadhaar Updation Consent: I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulation 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 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.

Signature*:

1st Applicant Signature / Guardian Signature /
POA Signature / Thumb Impression

2nd Applicant Signature / POA Signature /
Thumb Impression

3rd Applicant Signature / POA Signature /
Thumb Impression

Name:

PAN / PEKRN / CKIN:
(Mandatory)

*Company Seal if applicable

Instructions to fill Aadhaar Updation Form:

- This form should be used by Individual investors for updation of Aadhaar in existing folios and for Non-Individuals to update the Authorised List of Signatories details of Aadhaar at the time of account opening or for updating the details in existing folio.
- The non-individual investors will be required to provide the Aadhaar number / proof of enrolment and PAN of authorized signatories in this form, duly signed by the Authorized Official.
- The details of the Authorised List of Signatories has to be as per the latest Board Resolution as approved by the Board.