Know Your Client (KYC)	
Application Form (For Non-Individuals Only)	South Gujarat ARN: 54854

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 \square Originals Verified \rightarrow Self Certified Document copies received

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

ör. Io.	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)					□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	
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	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ 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
						□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)					□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	

Name & Signature of the Authorised Signatory(ies)

Date D D M M V Y Y Y

PEP: Politically Exposed Person **RPEP:** Related to Politically Exposed Person

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



------ MUTUAL FUND -

South Gujarat ARN: 54854

Name of the entity													
	Residential Business Registered Office taken as available in KRA database. In case of any change, please approximate the second	roach KRA & notify the changes"											
PAN Dai	e of incorporation D D M M Y Y Y Y												
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 fu In case TIN or its functional equivalent is not available, please provide	nctional equivalent\$. Company Identification number or Global Entity Identification Number or G	IIN, etc.											
In case the Entity's Country of Incorporation / Tax resider	ce is U.S. but Entity is not a Specified U.S. Person, mention	Entity's exemption code here											
	professional tax advisor for further guidance on FATCA & CRS classificat	ion)											
PART A (to be ?lled by Financial Institutions or Direct Reporting NF	Ēs)												

We are a, Financial institution ⁵	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	
OR Direct reporting NFE ⁶ (please tick as appropriate)	Name of sponsoring entity Image: Sponsoring entity	
GIIN not available (please tick as applicable) If the entity is a financial institution,	Applied for Not required to apply for - please specify 2 digits sub-category ⁷ 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)	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 ² 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
3	Is the Entity an active ³ NFE	🗌 No	Yes Nature of Business Please specify the sub-category of Active NFE (Mention code-refer 2c of Part C)
4	Is the Entity a passive ⁴ NFE	□ No	Yes Nature of Business

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			
	Zip	Zip	Zip
	State	State	State
	Country	Country	Country
	Contact detail	Contact detail	Contact detail
Address Type	Residence Registered Office Business	Residence Registered Office Business	Residence Registered Office Business
City of Birth			
Country of Birth			
Occupation Type	Service Business Others	Service Business Others	Service Business Others
Nationality			
Father's Name (Mandatory if PAN is not available)			
Gender	Male Female Others	Male Female Others	Male Female Others
Date of Birth	D D M M Y Y Y	D D M M Y Y Y	D D M M Y Y Y Y
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.

Designation														
									-					
Signatures		5	Signatu	es					Sign	ature	es			

AADHAAR UPDATION FORM

South Gujarat ARN: 54854



— MUTUAL FUND

Name of the First/Sole Applicant:																											
Existing Folio No(s):]
Fill the section (I) in case of Indi	vidı	Jal	In	ves	sto	rs	els	se	fill	seo	ctic	n	(II)	foi	r N	on-	Ine	divi	du	ali	nve	est	ors	.			

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.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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:

- 1. 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.
- 2. 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.
- 3. The details of the Authorised List of Signatories has to be as per the latest Board Resolution as approved by the Board.