



# 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 if available)	Residential 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	

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

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 if available)	Residential 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 and Declaration form

For Investors using OLD Application Forms / Transaction Forms / Slips which do not contain new requirement on FATCA, CRS and KYC details.

Non Individual Investors have to additionally submit separate FATCA Details and UBO forms.

Please refer to instructions, terms and conditions in updated KIM/Scheme related documents available on [www.dsblackrock.com](http://www.dsblackrock.com).

#### SOLE / FIRST INVESTOR DETAILS

Name		Application No.	
PAN		Folio Nos.	
Type of Address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office		

#### 1. FATCA AND CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS details form

Sole/First Investor/Guardian			2nd Investor			3rd Investor		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other		

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

\*If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

#### 2. ADDITIONAL KYC DETAILS (MANDATORY)

##### Sole / First Investor Details

a. Occupation Details (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business  
☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

b. Gross Annual Income (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore  
 Net-worth in (Mandatory for Non-Individuals) ₹ as on DD / MM / YYYY (Not older than 1 year)

c. For Individuals (Please tick ✓) ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

2nd Investor Name PAN

a. Occupation Details (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business  
☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

b. Gross Annual Income ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore OR Net worth ₹

c. Others (Please tick ✓) ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

3rd Investor Name PAN

a. Occupation Details (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business  
☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

b. Gross Annual Income ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore OR Net worth ₹

c. Others (Please tick ✓) ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

#### 3. DECLARATION & SIGNATURES

I / We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I / We have understood the information requirements pertaining to FATCA, CRS and Additional KYC requirements, terms and conditions (read along with instructions and scheme related documents) and hereby confirm that the information provided by me/us on this form are true, correct, and complete.

Sole / First Investor/ Guardian	Second Investor	Third Investor	POA holder, if any
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### INVESTOR DETAILS

Entity Name:																					
PAN											Application No.										
Folio Nos																					
Type of Address given at KRA	<input type="checkbox"/> Residential or Business				<input type="checkbox"/> Residential				<input type="checkbox"/> Business				<input type="checkbox"/> Registered Office								

### ADDITIONAL KYC DETAILS (Mandatory)

Gross Annual Income (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

Net-worth in ₹ \_\_\_\_\_ as on 

D	D	/	M	M	/	Y	Y	Y	Y
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 (Not older than 1 year)

### INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

City of Incorporation:	Country of Incorporation:	Date of Incorporation:
Is Entity a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No		(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)
In case TIN or its functional equivalent is not available, please provide Company Identification number of Global Entity Identification Number or GIIN, etc.		

	Country of Tax Residency	TIN or equivalent number	Identification Type/Reason*
1.			
2.			
3.			
4.			

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box: 

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 (refer definition D4)

### FATCA and CRS DETAILS (Mandatory)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

#### PART I (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, (please tick as appropriate) <input type="checkbox"/> Financial Institution (Refer definition A) or <input type="checkbox"/> Direct reporting NFE (Refer definition B)	GIIN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 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: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																										
GIIN - Not Available <input type="checkbox"/> Applied for <input type="checkbox"/> If the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <table border="1"><tr><td></td><td></td></tr></table> (refer definition C) <input type="checkbox"/> Not obtained - Non-participating FI																																											

#### PART II (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

Is the Entity a publicly traded company? (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____		
Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) (Refer definition D2)	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 _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____		
Is the Entity an Active NFE? (Refer definition D3)	Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <table border="1"><tr><td></td><td></td></tr></table> (Mention code - refer D3)		
Is the Entity a Passive NFE? (Refer definition E2)	Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> Nature of Business _____		

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.  
 I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby confirm that the information provided by me/us on this form are true, correct, and complete.

Place : 

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 Date : 

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This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company

A: APPLICANT/INVESTOR DETAILS:

Name:

PAN:

Folio Nos.:

Application Nr

B: CATEGORY [tick applicable category]:

☐ Unlisted Company

☐ Partnership Firm

☐ LLP

☐ Unincorporated association / body of individuals

☐ Public Charitable Trust

☐ Religious Trust

☐ Private Trust/ Trust created by a Will

☐ Others

[please specify]

C: DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)

Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.

S No	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type (Refer Instruction 4)	% of beneficial Interest	Controlling person type Code (Refer Instruction 5)	Place & Country of Birth	Date of Birth [dd- mm- yyyy]	Address & Contact details [include City, Pincode, State, Country others]	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
1													<div><input type="checkbox"/> Service</div> <div><input type="checkbox"/> Business</div> <div><input type="checkbox"/> Others</div>
2													<div><input type="checkbox"/> Service</div> <div><input type="checkbox"/> Business</div> <div><input type="checkbox"/> Others</div>
3													<div><input type="checkbox"/> Service</div> <div><input type="checkbox"/> Business</div> <div><input type="checkbox"/> Others</div>
4													<div><input type="checkbox"/> Service</div> <div><input type="checkbox"/> Business</div> <div><input type="checkbox"/> Others</div>
5													<div><input type="checkbox"/> Service</div> <div><input type="checkbox"/> Business</div> <div><input type="checkbox"/> Others</div>

I /We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.

I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form are true, correct, and complete.

Certificate from Company Secretary/any other competent authority of the Organization

MERTAs/Mutual Funds  
<Address>[illegible][illegible]

This information is provided to comply with the PMLA requirements including sharing of information with regulatory/statutory authorities and should not be used for any other purpose unless it is required under any law / regulatory purpose. We hereby confirm that given information is true, reliable and also assure you to share the changes / modifications from time to time, if any through appropriate means to MFRTAs/participating MFs for updates and onward sharing.

For &lt;Name of the Non-Individual&gt;

Enclosed: List of Authorized Signatories along with their Aadhaar card copies

[illegible]

\*where PAN & Aadhaar is not applicable (in case of Foreign Directors), any other officially valid document (like Passport) to be submitted along with photograph to be affixed

Version 1.3