

Know Your Client (KYC) Application Form (For Non-Individuals Only)

Application No. :

South Gujarat ARN: 54854

Ver. 02-2012

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation/Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2a. Date of Incorporation / / 2b. Place of Incorporation

[illegible]Date of commencement of business

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

4. **Status** ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs
Please tick (✓) ☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation
☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Others Please specify

| | |
|--|---|
| 5. Permanent Account Number (PAN) (MANDATORY) | Please enclose a duly attested copy of your PAN Card. |
|--|---|

PHOTOGRAPH

Please affix recent Passport size photograph of Authorised Signatory. Signatory to also sign across the Photograph.

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| City / Town / Village | | | | | | | | | | | | | | | Postal Code | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | Country | | | | | | | | | | | | | | |

2. Contact Details

[illegible]

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf) Please specify *Not more than 3 Months old.

4. Registered Office Address (If different from above)

| | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| City / Town / Village | | | | | | | | | | Postal Code | | | | | | | | | |
| State | | | | | | | | | | Country | | | | | | | | | |

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf) Please specify *Not more than 3 Months old.

C. Other Details (please see guidelines overleaf)

1. **Gross Annual Income Details** Please tick (✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 Crore ☐ >1 Crore

2. Net-worth in ₹ _____ (* Net worth should not be older than 1 year) as on (date) | D | D | / | M | M | / | Y | Y | Y | Y

3. Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors

(Please use the Annexure to fill in the details)

4. Is the entity involved in/providing any of the following services

– Foreign Exchange / Money Changer Services ☐ YES ☐ NO

– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO

– Money Lending / Pawnshop ☐ YES ☐ NO

5. Any other information:

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. I / We hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies.

Place : _____ Date : _____

NAME &
SIGNATURE(S)
OF
AUTHORISED
PERSON(S)

FOR OFFICE USE ONLY

AMC/Intermediary name **OR** code☐ (Originals Verified) Self Certified Document copies received☐ (Attested) True copies of documents received

Documents Attestation

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

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

| 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 |

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

[Mandatory for Non Individual Investor]

Application No.: (If applicable) 15/

APPLICANT DETAILS

| | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|--|--|--|--|
| Applicant Name | | | | | | | | | | | | | | | | | | | |
| Folio No. | | | | | | | | | | | PAN | | | | | | | | |

PART A. ADDITIONAL KYC INFORMATION

| | | | | | |
|--|--|--------------------------------|---------------------------------|--|---------------------------------|
| Gross Annual Income (Rs.) [Please tick (✓)] | <input type="radio"/> Below 1 lac | <input type="radio"/> 1-5 lacs | <input type="radio"/> 5-10 lacs | <input type="radio"/> > 25 lacs -1 crore | <input type="radio"/> > 1 crore |
| Net-worth | Rs. _____ as on | | DD / MM / YYYY | | (Not older than 1 year) |
| Politically Exposed Person (PEP) Status * (Also applicable for authorized signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) | <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> 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 Government/Judicial/military officers, senior executives of state owned corporations, important political party officials, etc. | | | | | |
| Non Individual investors involved/providing any of the mentioned services | <input type="checkbox"/> Foreign Exchange / Money changer services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above | | | | |

INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

| | | | |
|--|--|---------------------------------------|---------------------|
| Place of Incorporation: | Country of Incorporation: | Date of Incorporation: DD / MM / YYYY | |
| 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) | | |
| S.No | Country of Tax Residency | Tin or Equivalent Number | Identification Type |
| 1. | | | |
| 2. | | | |
| 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 _____ (refer definition D4) | | | |

FATCA and CRS DETAILS (Mandatory)

PART B. (To be filled by financial institutions or Direct Reporting NFEs)

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

PART C. (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) | 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? | Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE _____ (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 : _____ Date : _____

Authorized Signatories [with company/Trust/Firm/Body corporate seal]

Definitions/Instructions /Guidance

A. **Financial Institution (FI)**- The term FI means any financial institution that is a:

- Depository institution:** Accepts deposits in the ordinary course of banking or similar business
- Custodial institution:** An entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's gross income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
(a) The three year period ending on December 31 of the year preceding the Year in which the determination is made;
(b) The period during which the entity has been in existence before the determination is made
- Investment entity:** Conducts a business or operates for or on behalf of a customer for any of the following activities: (a) Trading in money market instruments, foreign exchange, foreign currency, etc. (b) Individual or collective portfolio management. (c) Investing, administering or managing funds, money or financial asset on behalf of other persons. [OR] The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described herein. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or (ii) The period during which the entity has been in existence.
- Specified Insurance Company:** Entity issuing insurance products i.e. life insurance or cash value products.

Ultimate Beneficial Ownership [UBO] Declaration Form

(Mandatory for Non individual Applicant/Investor)
Application No.: (If applicable) 15/

APPLICANT DETAILS

| | |
|----------------|---|
| Applicant Name | <input type="text"/> |
| Folio No. | <input type="text"/> PAN <input type="text"/> |

PART A . (tick applicable category)

We hereby declare that

- ☐ Our company is a listed Company listed in ☐ NSE ☐ BSE
☐ Others _____

- ☐ Our company is a subsidiary of a Listed Company

- ☐ Our company is controlled by a Listed Company
☐ None of the above

if 'None of the above' option is selected, the following information [Part III] shall be provided mandatorily as applicable

PART B. (tick applicable category)

- ☐ Unlisted Company ☐ Partnership Firm ☐ LLP ☐ Unincorporated association/body of individual ☐ Public Charitable Trust ☐ Religious Trust
☐ Private Trust / Trust created by a will ☐ Others _____ [Please Specify]

PART C. (DETAILS OF ULTIMATE BENEFICIAL OWNERS) (If the given space is not adequate, please attach multiple declaration form)

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 Along with Designation/Position wherever app | UBO Code [Refer instruction 3] | PAN or any other valid ID proof for those where PAN is not applicable ¹ | KYC (Yes/No) ² | Taxpayer Identification Number ³ | Country of Tax Residency [CTR] | Country of Birth [COB] | Country of Permanent Address [CPA] | Percent age of Holding (%) ⁴ |
|------|--|--------------------------------------|---|------------------------------|---|---|------------------------------|--|--|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |

¹ - If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be Specified wherever applicable.

² - If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to CAMS /Fund. Attach valid address proof.

³ - If UBO is resident / citizen of 'other than India' or citizen/tax resident/green card holder of USA, please provide Taxpayer ID Number/ US Social Security Number [SSN]

⁴ - Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

Note: Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies..

PART D DECLARATION

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 the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. 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. 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.

Place :

Date :

Authorized Signatories [with company/Trust/Firm/Body corporate seal]