

A. Identity Details (please see guidelines overleaf)

B. Address Details (please see guidelines overleaf)

C. Other Details (please see guidelines overleaf)

Date _____

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)/ Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Place for
Intermediary Logo



Name & Signature of the Authorised Signatory(ies) Date d | d | / m | m | / y | y | y | y |

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

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

South Gujarat ARN: 54854

Name of the entity																
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															
PAN					Date of Incorporation				D	D	M	M	Y	Y	Y	Y
City of incorporation																
Country of incorporation																

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore																		
Net-worth	Rs. _____ as on <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)											D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
Politically Exposed Person (PEP) Status* (Also applicable for authorised 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																		
<small>*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 politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.</small>																			
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																		

FATCA & CRS Declaration

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.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

* 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

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

1.	We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <table border="1"> <tr> <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 _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <table border="1"> <tr> <td></td> </tr> </table> (Refer 1 A of Part C)		

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 (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (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 of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	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 _____	
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <table border="1"> <tr> <td></td> </tr> </table> (Mention code – refer 2c of Part C)	
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____	

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)**Category** (Please tick applicable category):☐ Unincorporated association / body of individuals☐ Unlisted Company☐ Public Charitable Trust☐ Partnership Firm☐ Religious Trust☐ Limited Liability Partnership Company☐ Private Trust☐ Others (please specify _____)

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 FI's should provide FI 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 of UBO																										
UBO Code (Refer 3(iv) (A) of Part C)																										
Country of Tax residency*																										
PAN [#]																										
Address Zip <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> State: _____ Country: _____									Address Zip <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> State: _____ Country: _____									Address Zip <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> State: _____ Country: _____								
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office																							
Tax ID [*]																										
Tax ID Type																										
City of Birth																										
Country of birth																										
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____																							
Nationality																										
Father's Name																										
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others																							
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY																							
Percentage of Holding (%) [§]																										

* To include US, where controlling person is a US citizen or green card holder

[#]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.

^{*}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 require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit 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 us or our 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 read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform HDFC Asset Management Company Limited/HDFC Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.

Name			
Designation			
Signature	Signature	Signature	Place _____ Date ____/____/____

Aadhaar Updation Form for Non-individuals

The Application Form should be completed in English and in BLOCK LETTERS only.

South Gujarat ARN: 54854

Folio Number of Existing Unitholder

Name of the Unitholder

M/s.

PAN

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/disclose of the 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 with my PAN.

Sr. No.	Name of the Authorized Signatory (AS) (as per Aadhaar Card)	Date of Birth (as per Aadhaar Card)	PAN of AS	Aadhaar Number of AS (Please enclose copy of front & back side)	Gender	Mobile No.	PIN code	Enrolled for Aadhaar (Proof Enclosed)	Signature of AS (Consent for sharing Aadhaar information, authentication with UIDAI and sharing with MFs/RTAs)
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/>	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/>	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/>	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/>	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/>	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/>	
		(dd-mm-yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			<input type="checkbox"/>	

Notes:

- All details shall be provided as per Aadhaar Card.
- In case of AS list is more than rows provided, please attach annexure in the same format.

Company Seal & Signature

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

HDFC MUTUAL FUND - Head Office : HDFC House, 2nd Floor, H. T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Date :

ISC Stamp & Signature

Received from M/s.

an application for Aadhaar Updation for Non-individuals