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

Please fill in ENGLISH and in BLOCK LETTERS

Place for Intermediary Logo

Application No.:

South Gujarat ARN: 54854

A. Identity Details (p	lease	see g	uiueii	iles ove	ci icai	.,																	
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Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature Date

	DIN (For Directors) / Name Aadhaar Number (For Others)					
	Residential / Registered Address					
PAN of the Applicant	Relationship with Applicant (i.e. promoters, whole time directors etc.)					
	Photograph					
		Pan of the Applicant Belationship with Applicant Aadhaar Number (For Others) Relationship with Applicant (i.e. promoters, whole time directors etc.)	AAN Name Aadhaar Number Registered Address whole time directors etc.) Residential / (i.e., promoters, whole time directors etc.)	And have Number Registered Address (For Others) Residential / Residential / (i.e. promoters, whole time directors etc.)	AN Name Address (For Others) Registered Address Whole time directors etc.) And Address (For Others) Registered Address Whole time directors etc.)	AN Name DIN (For Directors) / Residential / (For pricetors of the Applicant Andham) (For Others)

Intermediary Logo Place for

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

Date | d | d | / | m | m | / | y | y | y | y |

Name & Signature of the Authorised Signatory(ies)



Details of FATCA & CRS information For Non-Individuals/Legal Entity

South Gujarat ARN: 54854

Na	me of the entity				
Тур	e of Address given at KRA	Residential or Busines	ss Residential	Business	Registered Office
PA	IN IIIIIIIII		Date of incor	poration D D	/ M M / Y Y Y Y
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	untry of incorporation				
	ease tick the applicable tax reside	ent declaration -			
	Is "Entity" a tax resident of any c		India YES	NO [
(If y	ves, please provide country/ies in which the ent	tity is a resident for tax pu	rposes and the associated 7		
	Country	Tax Identific	cation Number [%]		ntification Type Other, please specify)
	In cas Tax Identification Number is not available case TIN or its functional equivalent is not ava			or Global Entity Identif	ication Number or GIIN, etc.
Ir	n case the Entity's Country of Inc	oporation / Tax res	sidence is U.S. but E	ntity is not a Spe	ecified U.S. Person,
	nention Entity's exemption code		TEATON I		
PI	ease refer to para 3(vii) Exemption code for U.S	s. persons under Part D of	FAICA Instructions & Defini	tions	
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	Financial institution ³	Note: If you do not ha	ave a GIIN but you are sp above and indicate your s	oonsored by another	
	Direct reporting NFE ⁴ (Please tick as appropriate)	Name of sponsorin	ng entity		
	GIIN not available (please tick a	s applicable) f	Applied for		
	If the entity is a financial institution,	Not required to	o apply for - please s	pecify 2 digits sub	-category ¹⁰
			- Non-participating FI		
PA	RT B (please fill any one as appropriate				
1.	Is the Entity a publicly traded compactompany whose shares are regularly		Yes (If yes, please s		xchange on which the stock is
	established securities market)	No	Name of stock excha		
2.	Is the Entity a related entity of a pub company (a company whose shares		Yes (If yes, please a exchange on v	specify the name of list which the stock is regul	ted company and one stock arly traded)
	traded on an established securities r		Name of listed comp	· ————	
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3.	Is the Entity an active ¹ non-financial	Entity (NFE)	Yes		
		No	Nature of Business _		
			Please specify the su	b-category of Acti	Mention code Refer 2c of Part D
4.	Is the Entity a passive ² NFE	No	Yes (If yes please i	fill UBO declaration in t	the next section)
			Nature of Business _		
	¹ Refer 2 of Part D ² Refer 3(ii) of Part I	O ³ Refer 1(i) of Part D	D 4Refer 3(vi) of Part D	T	

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FORM FOR UPDATION OF AADHAAR (NON-INDIVIDUAL)



Recieved ICICI Prudential MF Branch/

Registrar's Stamp with Date & Signature

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FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US:

PAN No : _____

I 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 have read, understood and agree to abide by the guidelines as on the reverse of this form. Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. I 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 Sr. Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL) Name PAN Annexure 1 Aadhaar No. (Refer Instruction No. 4) Signature ***