









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

Name of Applicant \_\_\_\_\_ PAN of the Applicant \_\_\_\_\_

| Sr. No. | PAN | Name | DIN (For Directors)/<br>Aadhaar Number<br>(For Others) | Residential /<br>Registered Address | Relationship<br>with Applicant<br>(i.e. promoters,<br>whole time<br>directors etc.) | Photograph |
|---------|-----|------|--|-------------------------------------|---|------------|
|         |     |      |  |                                     |   |            |
|         |     |      |  |                                     |   |            |
|         |     |      |  |                                     |   |            |
|         |     |      |  |                                     |   |            |
|         |     |      |  |                                     |   |            |

Place for  
Intermediary Logo



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



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

South Gujarat ARN: 54854

|                              |                         |  |             |  |          |  |                   |  |                       |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|------------------------------|-------------------------|--|-------------|--|----------|--|-------------------|--|-----------------------|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| Name of the entity           |                         |  |             |  |          |  |                   |  |                       |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| Type of Address given at KRA | Residential or Business |  | Residential |  | Business |  | Registered Office |  |                       |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| PAN                          |                         |  |             |  |          |  |                   |  | Date 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 <sup>%</sup> | Identification Type<br>(TIN or Other, please specify) |
|---------|--|---|
|         |  |   |
|         |  |   |
|         |  |   |

<sup>%</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>s</sup>  
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 \_\_\_\_\_

Please refer to para 3(vii) Exemption code for U.S. persons under Part D of FATCA Instructions & Definitions

## FATCA & CRS Declaration

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

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

1. We are a, **Global Intermediary Identification Number (GIIN)**  
 Financial institution<sup>3</sup> ☐ **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<sup>4</sup> ☐ Name of sponsoring entity  
 (Please tick as appropriate)  
**GIIN not available** (please tick as applicable) ☐ **Applied for**  
 If the entity is a financial institution, ☐ Not required to apply for - please specify 2 digits sub-category<sup>10</sup>  
☐ 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 (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>            | Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded)<br>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) No <input type="checkbox"/> | Yes <input type="checkbox"/> (If yes, please specify the name of listed company and one stock exchange on which the stock is regularly traded)<br>Name of listed company _____<br>Nature of relation: subsidiary of the listed company OR controlled by a listed company<br>Name of stock exchange _____ |
| 3. | Is the Entity an active <sup>1</sup> non-financial Entity (NFE) No <input type="checkbox"/>   | Yes <input type="checkbox"/><br>Nature of Business _____<br>Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> Mention code --- Refer 2c of Part D  |
| 4. | Is the Entity a passive <sup>2</sup> NFE No <input type="checkbox"/>  | Yes <input type="checkbox"/> (If yes please fill UBO declaration in the next section)<br>Nature of Business _____  |



**# If passive NFE, please provide below additional details for each of Controlling person.** (Please attach additional sheets if necessary)

**Name and PAN / Any other Identification Number**  
(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)  
**City of Birth - Country of Birth**

**Occupation Type - Service, Business, Others**  
**Nationality**  
**Father's Name -** Mandatory if PAN is not available

**DOB - Date of Birth**  
**Gender - Male, Female, Other**

| 1. Name & PAN                     | Occupation : Type            | DOB DD/MM/YYYY  |
|-----------------------------------|------------------------------|---|
| City of Birth<br>Country of Birth | Nationality<br>Father's Name | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Others |
| 2. Name & PAN                     | Occupation : Type            | DOB DD/MM/YYYY  |
| City of Birth<br>Country of Birth | Nationality<br>Father's Name | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Others |
| 3. Name & PAN                     | Occupation : Type            | DOB DD/MM/YYYY  |
| City of Birth<br>Country of Birth | Nationality<br>Father's Name | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Others |

**#Additional details to be filled by controlling persons with tax residency / permanent residence / 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

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 with holding 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

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.

## PART C : Cerification

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.

Date:    /    /   

Name

Designation

Signature

Signature

Signature



(Please fill in all column in BLOCK CAPITAL LETTERS.)

ICICI Prudential Mutual Fund

[illegible]

SIGNATURE

Date:

D

D

M

M

Y

Y

Y

Y

1. The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.
2. Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. In case of mismatch, request is liable to be rejected.
3. For Non-individual investors, Aadhaar and PAN needs to be submitted for all individuals forming part of Authorized Signatory List (ASL), Company Secretary, Director and Authorized Officials.
4. While providing Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios" sign on the copy with date.
5. Please ensure that the requisite details and documents have been provided. All forms should be submitted only at the designated Investor Service Center of ICICI Prudential Mutual Fund.
6. Investors are advised to retain the acknowledgement slip signed/stamped by the collection Centre where they submit the form.
7. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.



PAN No :

Recieved ICICI Prudential MF Branch/  
Registrar's Stamp with Date & Signature

Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063. India.  
**TOLL FREE NUMBER** 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) **EMAIL** enquiry@icicipruamc.com **WEBSITE** www.icicipruamc.com



Annexure 1

Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL)

| Sr. No. | Name | PAN | Aadhaar No.<br>(Refer Instruction No. 4) | Signature *** |
|---------|------|-----|--|---------------|
|         |      |     |  |               |
|         |      |     |  |               |
|         |      |     |  |               |
|         |      |     |  |               |
|         |      |     |  |               |

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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 (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.  
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 Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.  
I have read, understood and agree to abide by the guidelines as on the reverse of this form.