Please fill in ENGLISH and in BLOCK LETTERS	South Culoret ADN: E40E4
	South Gujarat ARN: 54854
 A. Identity Details (please see guidelines overleaf) 1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Re 	pairtratian: Jawing and hav blank between 2 words. Diases do not abbreviate the Nac
2. Date of Incorporation d d / m m / y y y y Place of Incorporation	corporation
3. Registration No. (e.g. CIN)	Date of commencement of business ddd/mmm//yyy
4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate ☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP ☐ Bank ☐ Defence Establishment ☐ Body of Individuals ☐ Society □ LLP	
5. Permanent Account Number (PAN) (MANDATORY)	Please enclose a duly attested copy of your PAN Card
B. Address Details (please see guidelines overleaf)	
1. Address for Correspondence	
City / Town / Village	Postal Code Country
2. Contact Details	County
Tel. (Off.) (ISD) (STD)	Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD) E-Mail Id.	Fax (ISD) (STD)
3. Proof of address to be provided by Applicant. Please submit ANY ONE of	of the following valid documents & tick (\checkmark) against the document at
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill Any other proof of address document (as listed overleaf). 	Bank Account statement. Thegistered Lease / sale Agreement of Office Pr
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted	d d / m m / y y y y
4. Registered Address (If different from above)	
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Detail South 6	Details of Promoters/ South Guiarat ARN: 54854	Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals	hole time directors	s forming a part of Know	Your Client (KYC)	Application F	orm for Non-Individuals
Name of	Name of Applicant				PAN 0	PAN of the Applicant	
Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						DEP	
						RPEP	
						DEP	
						C RPEP	
						ON	
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Name &	Name & Signature of the Authorised Signatory(ies)	ised Signatory(ies) Date <u>ddd</u> / mm// <u>by by</u>	/ y y y		PEP: Politically Exposed Person		RPEP: Related to Politically Exposed Person



Details of FATCA & CRS information

For non-individuals / legal entity South Gujarat ARN: 54854

Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021 | Website: www.idbimutual.co.in

Name of the entity																													
Type of address give	n at K	RA		Resi	dent	tial o	r Bu	sine	SS		Re	side	ntia	al			Bu	sine	ess				Re	gist	ere	d Of	fice		
PAN													Da	te o	f In	cor	pora	atio	n	D		N		/	()	Y	Y	Y	
City of Incorporation	1																												
Country of Incorpora	ation																												
Please tick the appli	cable t	tax re	esid	ent d	lecla	aratio	on -																						
1. Is "Entity" a tax r	esider	nt of	any	, cou	ntry	othe	er th	an I	ndia	Ye	es		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*	Identification Type (TIN or Other, Please specify)

[%]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

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

	(Please const		& CRS Declaration visor for further guidance on FATCA & CRS classification)
PAF	RT A (to be filled by Financial Institutions or Direc	ct Reporting NFEs)	
1.	Financial institution ³ or Direct reporting NFE ⁴ (please tick as appropriate) GIIN not available (please tick as applicable	Note : If you do not have GIIN I sponsor's name below Name of Sponsoring Enti	
	Not obtained - Non-participating FI		
1.	RT B (Please fill any one as appropriate "to be fill Is the Entity a publicly traded company (t shares are regularly traded on an establish	hat is, a company whose	Yes (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 company whose shares are regularly trade securities market)		Yes (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 Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange
3.	Is the Entity an <i>active¹ Non-financial enti</i>	<i>ty (</i> NFE) No 🗌	Yes Nature of Business Please specify the sub-category of active NFE (Mention code - refer 2c of Part D)
4.	Is the Entity an <i>passive</i> ² NFE No		Yes (If yes, please fill UBO declaration in the next section) Nature of Business
¹ Ref	er 2 of Part D ² Refer 3(ii) of Part D ³ Refe	r 1(i) of Part D ⁴ Refer 3(vi)	of Part D

If passive NFE, please provide below additional details for each of Controlling person.

(Please attached additional sheets if necessary)

Name and PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License, 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 City of Birth	Occupation Type Nationality	DOB D D M M Y Y Y Y Gender Male Female
Country of Birth	Father's Name	Gender Male Female Others
2. Name & PAN	Occupation Type	DOB D D M M Y Y Y Y
City of Birth	Nationality	Gender Male Female
Country of Birth	Father's Name	Others
3. Name & PAN	Occupation Type	DOB D D M M Y Y Y Y
City of Birth	Nationality	Gender Male Female
Country of Birth	Father's Name	Others

Additional details to be filled by controlling persons with tax residency / permanent residency / 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 ownder information and certain certifications and doucmentation 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 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.

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 : Certification

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	



Details of Ultimate Beneficial Owner

(For Non Individual)

South Gujarat ARN: 54854

Name of the entity	IDBI Asset Manage CIN: U65100MH2010PLC Registered Office: IDBI To Tel: (022) 66442800 Fax:	199319 ower, W	/TC Cor	nple									5th Floor	r, Mal	fatla	al Cen	tre, N	larin	nan Po	int,	Mumba	i - 400	021.			
Indicorported secución / body of individual Indicorported secución /						Τ											Τ									
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