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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	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.)	Photograph		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)				
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)				
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)				
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)				
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)				

South Gujarat ARN: 54854 Details of Ultimate Beneficial Owner including additional FATCA & CRS information (For Non-Individuals / Legal Entity) (Form 1B) (All fields are mandatory, please consult your professional tax advisor for further guidance on your tax residency)



			·····				
Name of	the entity						
Туре о	f address given at KRA Residential or Business Re "Address of residence would be tak		Office of any change, please approach KRA & notify the changes"				
PAN	Date of incorporation	D D M M Y Y Y					
City of i	ncorporation	Country of incorporation					
Please t	ick the applicable tax resident declaration:						
1. Is "Er	ntity" a tax resident of any country other than India 🦳 Yes	(If yes, please provide country a	//ies in which the entity is a resident for tax purposes and the ssociated Tax ID number below.)				
	Country Ta	x Identification Number®	Identification Type (TIN or Other, please specify)				
	The Identification Number is not available. Kindly provide it	s functional aquivalent <sup>\$</sup>					
In case In case	Tax Identification Number is not available, kindly provide it: TIN or its functional equivalent is not available, please provident the Entity's Country of Incorporation / Tax residence is U.S. Instruction No. viii)	de Company Identification number or (	-				
	FATC	A & CRS Declaration					
PART	A (to be filled by Financial Institutions or Direct Reporting	g NFEs)					
We are	a, Global Intermediary Identification Number	(GIIN)					
Financia		sponsored by another entity, please provide yo	our sponsor's GIIN above and indicate your sponsor's name below				
Direct r	or eporting NFE <sup>4</sup> Name of sponsoring entity						
(please	tick as appropriate)						
GIIN no	<b>t available</b> (please tick as applicable) 🗌 Applied for						
If the er	ntity is a financial institution $\ \ \square$ Not required to apply for - p	lease specify 2 digits sub-category	Not obtained - Non-participating FI				
PART	$m{B}$ (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).		e stock exchange on which the stock is regularly traded)				
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded	Yes (If yes, please specify name of the listed com	pany and one stock exchange on which the stock is regularly traded)				
	on an established securities market). No	Name of listed company					
		Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company					
3	Is the Entity on active! Non Einaneial Entity (NEE)	Name of stock exchange					
5	Is the Entity an active' Non Financial Entity (NFE) No	Yes D Nature of Business					
		Please specify the sub-category of A	ctive NFE (Mention code-refer 2c of Part D)				
4	Is the Entity a passive <sup>2</sup> Non Financial Entity (NFE)	Yes 🔄 (If yes, please fill UBO decla	aration in the next section.)				
	Νο	Nature of Business					
<sup>1</sup> Refer 2	of Part D   <sup>2</sup> Refer 3(ii) of Part D   <sup>3</sup> Refer 1(i) of Part D   <sup>4</sup>	Refer 3(vi) of Part D					
	AD	DITIONAL KYC INFORMATIC	N				
*Gross	Annual Income (Rs.) [Please tick (✓)] □ Below 1 Lacs □ 1 Crore - 5 Cr	□ 1 Lacs - 5 Lacs □ 5 Lacs - 10 ore □ 5 Crore - 10 Crore □ abov					
*Net-w	orth (Mandatory for Non-Individuals) Rs	as on D D M M	Y Y Y Y (Not older *Mandatory				
In case o	of business / profession, indicate the details (including natu	re of goods/ services dealt in)					
	ividual Investors involved/ providing any of the mentioned						
Fore	ign Exchange / Money Changer Services 🔄 Gaming/Gambl	ing/Lottery/Casino Services Money	y Lending / Pawning None of these				
DECLAR	ATION	nove is/are true correct and complete to	the best of my/our knowledge and belief. In case any of				
the abov immedia required changes service p and othe	eby acknowledge and confirm that the information provided al re specified information is found to be false or untrue or misle tely in writing about any changes/modification to the above i at your end. I/We hereby authorise you to disclose, share, rer updates to such information as and when provided by me/ us to roviders, other SEBI registered intermediaries or any Indian or er investigation agencies without any obligation of advising me/	adding or misrepresenting, I/we shall be nformation in future and also undertake mit in any form, mode or manner, all / a to the Mutual Fund, its Sponsor, Asset Ma foreign governmental or statutory or jud us of the same.	liable for it. I/We also undertake to keep you informed to provide any other additional information as may be any of the information provided by me/ us, including all anagement Company, Trustees, their employees, agents / dicial authorities / agencies, the tax /revenue authorities				

## UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals applicable category)

Details	UBO1	UBO2	UBO3
Name (Beneficial Owner / Controlling Person)			
UBO Type code (refer 3 (iv) (A) of Part (D))			
PAN/ Any other identification Number@			
Type of ID Document@ (If PAN not Provided)			
City of Birth			
Country of Birth			
Occupation Type	Service Business	Service Business	Service Business
Nationality			
Father's Name (Mandatory if PAN is not available)			
Date of Birth	D D M M Y Y Y	D D M M Y Y Y	D D M M Y Y Y
Gender	Male Female Others	Male Female Others	Male Female Others
Percentage of Holding / Beneficial Interest			

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: @ PAN, Aadhaar, Passport, Election Id, Government ID, Driving Licence, NREGA Job Card, Others (Please Specify)

\* To include US, where controlling person is a US citizen or green cardholder.

% In case Tax identification number is not available, kindly provide functional equivalent.

The Central Board of Direct Taxes has notified Rules 114 F 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 withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there by any change in any information provided by you, please ensure you advice 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.

## Name

esignation		
Signature	Signature	Signature

Date D D M M Y Y Y Y

Place