

### A. Identity Details (please see guidelines overleaf)

[illegible]

## B. Address Details (please see guidelines overleaf)

<b>1. Address for Correspondence</b>																								
City / Town / Village															Postal Code									
State															Country									
<b>2. Contact Details</b>																								
Tel. (Off.)					(ISD)			(STD)			Tel. (Res.)					(ISD)			(STD)					
Mobile					(ISD)			(STD)			Fax					(ISD)			(STD)					
E-Mail Id.																								
<b>3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents &amp; tick (✓) against the document attached.</b>																								
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises <input type="checkbox"/> Any other proof of address document (as listed overleaf).(Please specify)																								
*Not more than 3 Months old. <b>Validity/Expiry date of proof of address submitted</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">d</div> <div style="border: 1px solid black; padding: 2px 5px;">d</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px 5px;">m</div> <div style="border: 1px solid black; padding: 2px 5px;">m</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px 5px;">y</div> <div style="border: 1px solid black; padding: 2px 5px;">y</div> <div style="border: 1px solid black; padding: 2px 5px;">y</div> <div style="border: 1px solid black; padding: 2px 5px;">y</div> </div>																								
<b>4. Registered Address (If different from above)</b>																								
City / Town / Village															Postal Code									
State															Country									
<b>5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents &amp; tick (✓) against the document attached.</b>																								
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### C. Other Details (please see guidelines overleaf)

**1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors**  
(Please use the Annexure to fill in the details)

**2. Any other information:**

## DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**NAME & SIGNATURE(S)  
OF AUTHORISED  
PERSON(S)**

**FOR OFFICE USE ONLY**

AMC/Intermediary name **OR** code

- ☐ (Originals Verified) Self Certified Document copies received
- ☐ (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

## FATCA, CRS & UBO Declaration

South Gujarat ARN: 54854



### FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Entities

*Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance*

PART – A			
<b>PAN</b>			
<b>Name</b>			
<b>Address Type</b> <small>[for KYC address]</small>	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Registered Office	
<b>Place of Incorporation</b>			<b>Country of Incorporation</b>
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore	Net Worth in INR in Lacs  Net Worth as of	_____  dd/mm/yyyy
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning	Any other information <small>[if applicable]</small>	<small>[Please specify]</small>

Is your [Entity] Country of Tax Residency other than India— ☐ Yes ☐ No

If 'Yes', please specify the ~~list~~ of all countries where you [Entity] hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency	Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type <small>[TIN or other, please specify]</small>
1			
2			
3			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code here \_\_\_\_\_ (Refer Instructions o)

## FATCA, CRS & UBO Declaration

### Part B [to be filled by Financial Institutions or Direct Reporting NFFEs]

<p>We are a</p> <p><input type="radio"/> Financial Institution / FFI <small>[refer instructions a.]</small></p> <p><input type="radio"/> Direct Reporting NFFE <small>[refer instructions b.]</small></p>	<p><b>GIIN</b> (Global Intermediary Identification Number):</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><small><b>Note:</b> 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</small></p> <p><b>Name of the sponsoring entity</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p><b>GIIN not available</b> <small>[tick any one]:</small></p> <p><input type="checkbox"/> Applied For</p> <p><input type="checkbox"/> Not required to apply for – specify sub-category code <span style="border: 1px solid black; padding: 0 5px;">  </span> <small>[refer instructions c.]</small></p> <p><input type="checkbox"/> Not obtained - Non-participating FFI</p>																				

### Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]

1	<p>Is the entity is a listed company <small>[whose shares are regularly traded on a recognized stock exchange]</small> <small>[refer instructions d.]</small></p>	<p>Yes <input type="checkbox"/> <small>(Please specify the name of the Stock Exchange(s) where it is traded regularly )</small></p> <p>1. _____</p> <p>2. _____</p>
2	<p>Is the entity a 'Related Entity' of a listed company <small>[whose shares are regularly traded on a recognized stock exchange]</small> <small>[refer instructions e.]</small></p>	<p>Yes <input type="checkbox"/> <small>(Please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly)</small></p> <p>Name of the listed company: _____</p> <p>Name of the Stock Exchange: _____</p>
3	<p>Is the entity an Active NFE?</p>	<p>Yes - Nature of business _____</p> <p>Please specify sub-category of Active NFE <span style="border: 1px solid black; padding: 0 5px;">  </span> <small>[refer instructions g.]</small></p>
4	<p>If the entity a Passive NFE: <small>[refer instructions h.]</small></p>	<p>Yes - Nature of business _____</p> <p>Also submit UBO Form <small>[provided separately]</small></p>

## FATCA, CRS & UBO Declaration

### Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize India Infoline Asset Management Company Limited/ India Infoline Mutual Fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to India Infoline Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at youFund's end. As may be required by domestic or overseas regulators/ tax authorities, I authorize India Infoline Asset Management Company Limited/ IndiaInfoline Mutual Fund to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date:

Place:

I: Investor details:

\* If PAN is not available, specify Folio No. (s)

☐ Our company is a Listed Company listed / Subsidiary or Controlled by a Listed Company [If this category is selected, no need to provide UBO details]

☐ Religious Trust      ☐ Trust created by a Will      ☐ Others *[please specify]*

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## FATCA, CRS & UBO Declaration

# Mandatory fields

\* Address Type should either Residence or Business

or Registered Office

\$ Mandatory if PAN of UBO/Controlling persons is not provided

Note: If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory

**\*Note that some of the Mutual Funds may call for additional information/documentation wherever required or if the given information is not clear / incomplete / incorrect and you may to have provide the same as and when solicited**

### Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals, read & understood the FATCA terms and conditions. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to India Infoline Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required at your end

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Place: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

## FATCA, CRS & UBO Declaration

South Gujarat ARN: 54854



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	<input type="checkbox"/> Business		<input type="checkbox"/> Registered Office						
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Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh		<input type="checkbox"/> 1-5 Lacs		Net Worth in INR in Lacs	_____			
	<input type="checkbox"/> 5-10 Lacs		<input type="checkbox"/> 10-25 Lacs		Net Worth as of	dd/mm/yyyy			
	<input type="checkbox"/> 25 Lacs - 1 Cr		<input type="checkbox"/> > 1 Crore						
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning				Any other information <small>[if applicable]</small>	[Please specify]			

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S No	Country of Tax Residency	Tax Payer Identification Number/ <small>Functional Equivalent / Company Identification Number or Global Entity Identification Number</small>	Identification Type <small>[TIN or other, please specify]</small>
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## FATCA, CRS & UBO Declaration

### Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize India Infoline Asset Management Company Limited/ India Infoline Mutual Fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to India Infoline Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at youFund's end. As may be required by domestic or overseas regulators/ tax authorities, I authorize India Infoline Asset Management Company Limited/ IndiaInfoline Mutual Fund to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date:

Place:



## FATCA, CRS & UBO Declaration

# Mandatory fields

\* Address Type should either Residence or Business

or Registered Office

\$ Mandatory if PAN of UBO/Controlling persons is not provided

Note: If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory

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Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Place: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

# AADHAAR Number Updation Form for Non Individuals

**IIFL Asset Management Ltd.**  
(Formerly India Infoline Asset Management Company Ltd.)  
**Registered Office:** IIFL Centre, 6th Floor,  
Kamala City, S.B. Marg, Lower Parel,  
Mumbai - 400 013 • www.iiflmmf.com

South Gujarat ARN: 54854

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017, carried out amendments to prevention of Money Laundering (Maintenance of Records) Rules, 2005.

As per the new rules, linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders. Failing which, the folios will be frozen by 31/12/2017.

We, at IIFL Mutual Fund have enabled several easy modes of Aadhaar number linking across all IIFL Mutual Fund investments.

**Please fill in your details below:**

Folio No.

OR Application No.

Applicant Name: \_\_\_\_\_

Authorised Signatories Names	PAN	AADHAAR
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

## Consent by unit holders for collection, storage, using/sharing of Aadhaar data

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/disclosing 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.

Signature

DATE          
DD MM YYYY

Place \_\_\_\_\_

## ACKNOWLEDGEMENT SLIP - AADHAAR UPDATION

(To be filled by Applicant)

DATE          
DD MM YYYY

Folio Number  
Investor's Name

\_\_\_\_\_ OR Application No. \_\_\_\_\_  
\_\_\_\_\_

Please retain this Acknowledgement Slip for future reference

Official Acceptance Point Stamp & Sign