

Please fill in ENGLISH and in BLOCK LETTERS

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. Date of Incorporation | d | d | / | m | m | / | y | y | y | y | Place of Incorporation | | | | | | | | | | | | | | | | | | | | | |

3. Registration No. (e.g. CIN)		Date of commencement of business	d	d	/	m	m	/	y	y	y	y
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4. **Status** Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ FI ☐ FII ☐ HUF
☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP
 Others (Please specify) _____

5. Permanent Account Number (PAN) (MANDATORY)	Please enclose a duly attested copy of your PAN Card
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[illegible]

City / Town / Village

State

Country

Postal Code

[illegible]

F-Mail Id

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises

☐ Any other proof of address document (as listed overleaf). (Please specify)

*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** | d | d | / | m | m | / | y | y | y | y

City / Town / Village

State

Country

Postal Code

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf). (Please specify)

*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

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)

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: _____

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

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 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



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

Details of FATCA & CRS Information

Indiabulls

ASSET MANAGEMENT

South Gujarat ARN: 54854

For non-Individuals / Legal entity

Name of the entity

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

PAN

Date of Incorporation

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 the resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country of tax Residency	Tax Identification Number [%]	Identification Type [TIN or other, please specify]
1.			
2.			

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent⁵

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 and Definitions.

FATCA & CRS Declaration

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

PART A (to be filled by Financial Institutions of Direct Reporting NFEs)

1. We are a, ☐ Financial institution³ or ☐ Direct reporting NFE⁴ (Please tick as appropriate)

Global Intermediary Identification Number (GIIN)
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

Name of sponsoring entity

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-category¹⁰
☐ 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 is 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) Name of stock exchange <input type="text"/>
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 name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3.	Is the Entity an active ¹ non-financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code - refer 2c of Part D)
4.	Is the Entity a passive ² NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section) Nature of Business <input type="text"/>

¹Refer 2 of Part D

²Refer 3(ii) of Part D

³Refer 1(i) of Part D

⁴Refer 3(vi) of Part D

Name and PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt ID, Driving Licence, NREGA Job Card, Others)		Occupation Type - (Service, Business, Others)	DOB - Date of Birth									
City of Birth - Country of Birth		Nationality	Gender - Male / Female / Other									
Father's Name - Mandatory if PAN is not available												
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>										
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%In case Tax Identification Number is not available, kindly provide functional equivalent.

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.

PART C: Certification

Date: / /

[illegible][illegible]

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO)

Indiabulls

ASSET MANAGEMENT

South Gujarat ARN: 54854

A. For clients other than individuals or trusts:

I/ We hereby certify that below mentioned is the latest and updated list of natural persons, who whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest as follows:

- More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- In case, if there exists doubt under the above points (i) to (iii), as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exercises control through ownership interests, the identity of the natural person exercising control over the juridical person through voting rights, agreement, arrangements or in any other manner.
- Where no natural person is identified under the above points (i) to (iv), the identity of the relevant natural person who holds the position of senior managing official.

Sr. No.	NAME	% of Holding	PAN	KRA Completed/ applied


B. For client which is a trust:

I/ We hereby certify that following are the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership as follows:

Sr. No.	NAME	% of Holding	PAN	KRA Completed/ applied

DECLARATION UBO

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the Investment Manager/Fund/Trustee shall reserve the right to reject the application and/or reverse the allotment of units and the Investment Manager/Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. 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 as may be required at your end.



Signature with Stamp

Name: _____

Designation: ☐ Company Secretary ☐ Managing Director ☐ Whole Time Director
☐ Other _____

Date: / / 20

Place: _____

Note: The Listed Company and its subsidiaries are exempt from providing the UBO Declaration

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