

A. Identity Details (please see guidelines overleaf)

[illegible]

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence																																
City / Town / Village															Country					Postal Code												
State																																
2. Contact Details																																
Tel. (Off.)					(ISD)			(STD)								Tel. (Res.)					(ISD)			(STD)								
Mobile					(ISD)			(STD)								Fax					(ISD)			(STD)								
E-Mail Id.																																
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.																																
<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. Validity/Expiry date of proof of address submitted <table border="1" style="display: inline-table; text-align: center;"> <tr><td>d</td><td>d</td></tr> </table> / <table border="1" style="display: inline-table; text-align: center;"> <tr><td>m</td><td>m</td></tr> </table> / <table border="1" style="display: inline-table; text-align: center;"> <tr><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>																									d	d	m	m	y	y	y	y
d	d																															
m	m																															
y	y	y	y																													
4. Registered Address (If different from above)																																
City / Town / Village															Country					Postal Code												
State																																
5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.																																
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d	d																															
m	m																															
y	y	y	y																													

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 _____

The Application Form should be completed in English and in BLOCK LETTERS only.

a. Existing Unit Holder Information (If you have existing folio, please fill in section 1 and proceed to section 3)

Folio No.	/	The details in our records under the folio number mentioned alongside will apply for this application.
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b. Name Of First / Sole Applicant

[illegible]

Application Form No.

2a. Status of Sole/1st applicant				2b. Occupation Details (please tick ✓)	
1. <input type="checkbox"/> Resident Individual (RI)	5. <input type="checkbox"/> AOP/BOI	10. <input type="checkbox"/> Society	15. <input type="checkbox"/> NRI	1. <input type="checkbox"/> Private sector service	5. <input type="checkbox"/> Housewife
2. <input type="checkbox"/> On behalf of minor <input type="checkbox"/> RI <input type="checkbox"/> NRI	6. <input type="checkbox"/> Partnership Firm	11. <input type="checkbox"/> FIs	16. <input type="checkbox"/> PIO &	2. <input type="checkbox"/> Public Sector / Govt. service	6. <input type="checkbox"/> Retired
3. <input type="checkbox"/> HUF	7. <input type="checkbox"/> Proprietorship Firm	12. <input type="checkbox"/> Government Body	17. <input type="checkbox"/> Others* (pl.specify) _____	3. <input type="checkbox"/> Professional	7. <input type="checkbox"/> Student
4. <input type="checkbox"/> Company	8. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	13. <input type="checkbox"/> Financial Institution		4. <input type="checkbox"/> Business	8. <input type="checkbox"/> Agriculturist
	9. <input type="checkbox"/> Trust	14. <input type="checkbox"/> Banks			9. <input type="checkbox"/> Others (pl. specify) _____

2c. Gross Annual Income (Please tick ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> > 25 Lacs - 1Crore <input type="checkbox"/> > 1 Crore "OR" Net Worth in (Mandatory for Non-Individuals) ₹ _____ as on <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)	2d. For Individuals / HUFs (Please tick ✓)^ <input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am related to Politically Exposed Person <input type="checkbox"/> Not Applicable	2e. For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)^ <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gamin / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Not Applicable
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[&] US and Canada Investors not permitted. [^] If not ticked it will be considered as Not Applicable.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP)* status mentioned under section 2 which was forming part of uniform KYC form may be captured in the application form of the Fund.

The said details are mandatory for both Individual and Non Individual applicants. *PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

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 |



South Gujarat ARN: 54854

Details of FATCA & CRS information For non-Individuals /legal entity

Name of the entity																																
Type of address given at KRA	<input checked="" type="checkbox"/> Residential or Business	<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Business	<input checked="" type="checkbox"/> 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*	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.

FATCA & CRS Declaration

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

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

1. We are a, Financial institution ³ or Direct reporting NFE ⁴ <input checked="" type="checkbox"/> (please tick as appropriate) <input checked="" type="checkbox"/>	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) <input checked="" type="checkbox"/> Applied for If the entity is a financial institution, <input checked="" type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input checked="" type="checkbox"/> Not obtained - Non-participating FI
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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 checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> (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 traded company (a company whose shares are regularly traded on an established securities market) No <input checked="" type="checkbox"/>	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: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ¹ non-financial Entity (NFE) No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> Nature of Business _____ 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 ² NFE No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D |

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	Nationality	Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Country of Birth	Father's Name		Others <input checked="" type="checkbox"/>

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

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

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 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 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

South Gujarat ARN: 54854

[illegible]

Incorporation / Formation in India	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, please specify the countries of Incorporation / Formation / Tax Residency	Country of Incorporation / Formation	Country of Tax Residency
Tax Payer Identification Number (If the country of Incorporation / Formation / Tax Residency is other than India)		

Are you a financial institution (including an FFI) (Refer instructions) If yes, please provide the following information:		
<input type="checkbox"/> an Indian Financial Institution <input type="checkbox"/> a financial institution in another country that has intergovernmental agreement (IGA) with the US on FATCA <input type="checkbox"/> an FFI in a country without an IGA that has registered to obtain a GIIN <input type="checkbox"/> others <hr/> (please specify)	GIIN: <hr/> (Global Intermediary Identification Number)	If GIIN not available (tick any one) <input type="checkbox"/> Applied for _____ (please specify the date) <input type="checkbox"/> Not required to apply/not obtained for the following reasons: <input type="checkbox"/> We are non participating FFI <input type="checkbox"/> We are a certified deemed compliant FFI under US Treasury Regulation <input type="checkbox"/> We are an exempt beneficial owner under US Treasury Regulations <input type="checkbox"/> Any other reason _____ (please specify)

1	Are you a listed company (that is, a company whose shares are regularly traded on a recognized stock exchange)	<input type="checkbox"/> YES <input type="checkbox"/> No If yes, specify the name of the stock exchange(s) where it is regularly traded 1. _____ 2. _____
2	Are you a "Related Entity" of a listed company (Refer instruction b)	<input type="checkbox"/> YES <input type="checkbox"/> No If yes, specify the name of the listed company 1. _____ 2. _____ Specify the name of the stock exchange(s) where it is regularly traded 1. _____ 2. _____
3	Are you an active NFFE (Refer instructions c & d) Details of controlling persons will not be considered for FATCA purpose	<input type="checkbox"/> YES <input type="checkbox"/> No If yes, specify the nature of business _____
4	Are you a passive NFFE (Refer instructions e & g)	<input type="checkbox"/> YES <input type="checkbox"/> No If yes, specify the nature of business _____ For all Controlling Persons who are citizens / tax residents / green card holders other than India, provide their Name, Address, Taxpayer Identification Number and Percentage of Holding by filling UBO Form & enclose additionally

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. 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 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 / updation & 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

Date :

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Place : _____

Sign Here

Names and Signature(s) of Authorized Signatory(ies) with Official Stamp

* Declaration for Ultimate Beneficial Ownership (UBO)

(Mandatory for Non-Individual Applicants/Investors)

South Gujarat ARN: 54854

This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company

A: Applicant Details:-

PAN	<input type="text"/>	CRF No.	<input type="text" value="please specify"/>
Applicant Name	<input type="text"/>		

B: Category (please tick applicable category):-

<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Religious Trust
<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Private Trust / Trust created by a Will	<input type="checkbox"/> Others	<input type="text" value="please specify"/>	

C: Details of Ultimate Beneficial Owners:- (Please list below each controlling person, confirming ALL countries of Tax Residency / permanent address / citizenship and ALL

Tax Identification Numbers for EACH controlling person. Please submit photocopy# of the PAN with photo or any other valid photo identity proof for each of the UBO specified)

If any of the UBO is resident / citizen of a Country other than India or citizen / tax resident / green card holder of United States of America (USA), please provide TaxPayer Identification Number / US Social Security Number (SSN) *						
S.No	Name of Ultimate Beneficiary Owner PAN (for Residents/NRIs) ID Proof (Foreign / PAN Exempt Individuals)	Permanent Address	Country of: Birth (COB), Citizenship (COC), Nationality (CON)	Country of Tax Residency	Tax Identification Number (TIN)	UBO Code @
	Name		COB:	1.	1.	
	PAN		COC:	2.	2.	
	ID Proof		CON:	3.	3.	
	Name		COB:	1.	1.	
	PAN		COC:	2.	2.	
	ID Proof		CON:	3.	3.	
	Name		COB:	1.	1.	
	PAN		COC:	2.	2.	
	ID Proof		CON:	3.	3.	
	Name		COB:	1.	1.	
	PAN		COC:	2.	2.	
	ID Proof		CON:	3.	3.	

* - If the given rows are not sufficient, investor can submit multiple declarations covering all Beneficial Owners.

- Attached document should be self certified by the UBO and certified by the Applicant / Investor's Authorized signatory.

@ - UBO Codes

UBO Code	Description	UBO Code	Description
UBO-1	Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company	UBO-2	Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership
UBO-3	Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person[Investor], where the juridical person is an unincorporated association or body of individuals	UBO-4	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under clause 4 (a) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]
UBO-5	Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]	UBO-6	The settlor(s) of the trust
UBO-7	Trustee(s) of the Trust	UBO-8	The Protector(s) of the Trust [if applicable].
UBO-9	The beneficiaries with 15% or more interest in the trust if they are natural person(s)	UBO-10	Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership

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. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may liable for it. 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. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. 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.

Authorized Signatory(ies) [with Company/Trust/Firm/Body Corporate seal]

Date : ____/_____/____

Place : _____

Ultimate Beneficial Ownership (UBO)

BACKGROUND

Pursuant to SEBI master circular vide ref. no. CIR/ISD/AML/3/2010 dated December 31, 2010 on anti money laundering standards and guidelines on identification of Beneficial Ownership issued by SEBI vide its circular ref. no. CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of Ultimate Beneficial Owner(s) ("UBO(s)") and submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s).

The Ultimate Beneficial Owner means:

● **For Investor other than Trust:**

A 'Natural Person', 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. Controlling ownership interest means ownership of / entitlements to:

- 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 cases where there exists doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity details should be provided of the natural person who is exercising control over the juridical person through other means (i.e. control exercised through voting rights, agreement, arrangements or in any other manner). However, where no natural person is identified, the identity of the relevant natural person who holds the position of senior managing official should be provided.

● **For Trust:**

The settler of the trust, the trustees, the protector, the beneficiaries with 15% or more of interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Exemption in case of listed companies:

The provisions w.r.t. Identification of UBO are not applicable to the investor or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company.

Applicability for foreign investors:

The identification of beneficial ownership in case of Foreign Institutional Investors (FIIs), their sub-accounts and Multilateral Funding Agencies / Bodies Corporate incorporated outside India with the permission of Government of India / Reserve Bank of India may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012.

[illegible][illegible]

Category: (specify category, if any) (Pls use separate form for different category of Authorized Signatory)

Company Seal