



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

## SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

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

Name of the entity					
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	
PAN			Date of incorporation	D D / M M / Y Y Y Y	
City of incorporation					
Country of incorporation					
ADDITIONAL KYC INFORMATION					
Gross Annual Income (Rs.) [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 - 1 Crore
<input type="checkbox"/> >1 Crore					

OR	
Net-worth	Rs. _____ as on DD MM YYYY (Not older than 1 year)
Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable	
*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.	
Non-Individual Investors involved/ providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above

FATCA & CRS Declaration
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.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

\*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

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

1. We are a, Financial institution <input type="checkbox"/> or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input type="text"/> 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 type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (Refer 1 A of Part C)

### 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) (Refer 2a of Part C)	Yes <input 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) (Refer 2b of Part C)	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 _____ Nature of relation: <input 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 NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

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

Category (Please tick applicable category):

☐

Unlisted Company

☐

Partnership Firm

☐

Limited Liability Partnership Company

☐

Unincorporated association / body of individuals

☐

Public Charitable Trust

☐

Religious Trust

☐

Private Trust

☐

Others (please specify \_\_\_\_\_)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN <sup>#</sup>			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID <sup>%</sup>			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) <sup>\$</sup>			

\* To include US, where controlling person is a US citizen or green card holder

#If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

%In case Tax Identification Number is not available, kindly provide functional equivalent

\$Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

**FATCA - CRS Terms and Conditions**

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.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. 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.

<sup>†</sup>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.

**Certification**

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Kotak Asset Management Company Limited/ Kotak Mahindra Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Name			
Designation			
<div>Signature</div>	<div>Signature</div>	<div>Signature</div>	<div>Place _____ Date ____/ ____/ ____</div>



Think Investments. Think Kotak®  
South Gujarat ARN: 54854

## AADHAAR NUMBER UPDATION FORM FOR NON INDIVIDUALS

6th Floor, Kotak Infinity, Building No. 21,  
Infinity Park, Off. Western Express Highway,  
Gen.A.K. Vaidya Marg, Malad (E)  
Mumbai - 400 097.  
☎ 022-6115 2100, Toll Free 1800 222 626  
✉ mutual@kotak.com  
🌐 assetmanagement.kotak.com

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 Kotak Mutual Funds have enabled several easy modes of Aadhaar number linking across all Kotak Mutual Funds investments.

**Please fill in your details below:**

Folio No.

OR Application No.

Applicant Name:

Authorised Signatories Names	PAN	Aadhaar No.
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 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/discard 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

OR Application No.

Investor's Name

Please retain this Acknowledgement Slip for future reference

Official Acceptance Point Stamp & Sign