

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 <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div>									
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.									
<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)									
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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 _____

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 ultimate beneficial owner including additional FATCA & CRS information

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																	
"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"																									
Customer ID / Folio Number																									
PAN						Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y									
City of incorporation																									
Country of incorporation																									
Entity Constitution Type	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <i>Please tick as appropriate</i>																								
	<input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify _____																								

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 equivalent⁸.

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

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 institution⁶ ☒
 or
 Direct reporting NFE⁷ ☒
 (please tick as appropriate)

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 a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	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 ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input checked="" 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 checked="" type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company
	Name of stock exchange _____
3. Is the Entity an active ³ NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.)
	Nature of Business _____
	Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part D)
4. Is the Entity a passive ⁴ NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.)
	Nature of Business _____

Common Aadhaar linking form across Karvy Serviced Mutual Funds / other RTAs

INFORMATION TO INVESTORS

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.

The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws / rules / regulations and provision of the said data is mandatory as per applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.

We, at Karvy enabled several convenient modes of Aadhaar number linking across all Karvy serviced Mutual Funds / other RTAs.

Please fill in your details below:

PAN

Aadhaar No.

Name

Gender

"Please submit these details separately for All Holders"

Consent

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, 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 there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose 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 / our PAN.

Signature

Date

Place

For investor convenience, Karvy Computershare is collecting this mandatory information for authentication and seeding across all participating Karvy Serviced Mutual Funds / other RTAs listed above where you are already an investor or would become an investor in future.

Please submit the form duly filled, signed, for all the holders, separately, and submit at your nearest Karvy Computershare branch or you can dispatch the hard copy to -

**Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B
Unit – CPZ - Aadhaar Updation
Plot Nos. 31 & 32 | Financial District | Nanakramguda
Serilingampally Mandal | Hyderabad - 500032 | India**

ACKNOWLEDGEMENT

PAN

Date

From Mr/Mrs/Ms:

Signature of Karvy Branch Official