	CK LETTERS	CVL	ermediary Logo	South Gujarat ARN: 54854
A. Identity Details (please see g	uidelines overleaf)			
1. Name of Applicant (Please write complet	e name as per Certificate of Incor	poration / Registration; I	eaving one box blank be	tween 2 words. Please do not abbreviate the Nam
2. Date of Incorporation d d / m	ı m / y y y y	Place of Incorporation	n	
3. Registration No. (e.g. CIN)		Date	of commencement of	business d d / m m / y y
4. Status Please tick (✓) □ Private Ltd. Co □ AOP □ Bank □ Governmen Others (Please specify)				/ Charities / NGOs FI FI II Body of Individuals Society LLP
5. Permanent Account Number (PAN) (M	IANDATORY)		Please enclose a d	uly attested copy of your PAN Card
B. Address Details (please see gu	uidelines overleaf)			
1. Address for Correspondence				
City / Town / Village State			Country	Postal Code
2. Contact Details			Country	
Tel. (Off.) (ISD) (STD)		Te	I. (Res.) (ISD) (STD)	
Mobile (ISD) (STD) E-Mail Id.			Fax (ISD) (STD)	
City / Town / Village				Postal Code
State			Country	
	ine) ====================================	*Latest Bank Acco		ents & tick () against the document att<br gistered Lease / Sale Agreement of Office Pre y y
C. Other Details (please see guid	lelines overleaf)			
1. Name, PAN, DIN/Aadhaar Num (Please use the Annexure to fill in		and photographs	of Promoters/Par	tners/Karta/Trustees/whole time dire
2. Any other information:				
•				
DECLARA				
DECLARA We hereby declare that the detail correct to the best of my/our knowled to inform you of any changes therein above information is found to be f misrepresenting, I am/we are aware the Place:	s furnished above are tru Ige and belief and I/we und n, immediately. In case any alse or untrue or mislead	ertake of the ing or or it.	& SIGNATURE(AUTHORISED PERSON(S)	S)
DECLARA We hereby declare that the detail correct to the best of my/our knowled to inform you of any changes therein above information is found to be f misrepresenting, I am/we are aware the Place:	s furnished above are tru lge and belief and l/we unden n, immediately. In case any alse or untrue or mislead lat l/we may be held liable fo	ertake of the ing or or it.	AUTHORISED PERSON(S)	(S)
-	s furnished above are tru lge and belief and l/we unden n, immediately. In case any alse or untrue or mislead lat l/we may be held liable fo	ertake of the ing or or it.	AUTHORISED PERSON(S)	Seal/Stamp of the intermediary should c

Detai South	Details of Promoters/ Partners South Gujarat ARN: 54854	// Karta / Trustees and whole tim	ne directors formi	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	KYC) Application F	orm for Non-Individuals
Name o	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
Name {	Name & Signature of the Authorised Signatory(ies)	y(ies) Date [d d] / [m m] / [y y y	v v	Place for Intermediary Logo		



Details of ultimate beneficial owner including additional FATCA & CRS information

South Gujarat ARN: 54854

000	In Oujarat ANN. 34034		
Nar	ne of the entity		
Тур	e of address given at KRA 🛛 🗸 Residential or E	Business 🖌 Residential 🖌 Business 🖌 Registered Office	
	"Address of tax residence would be taken as available in KRA	A database. In case of any change, please approach KRA & notify the changes"	
Cus	stomer ID / Folio Number		
PA	N I I I I I I I I I I I I I I I I I I I	Date of incorporation D D / M M / Y Y Y	
City	of incorporation		
Cou	Intry of incorporation		
Entity Constitution Type a Partnership Firm b HUF c Private Limited Company d Public Limited Company e Society f AOP/BOI Please tick as appropriate g Trust H Liquidator h Limited Liability Partnership i Artificial Juridical Person z Others specify			
Ple	ase tick the applicable tax resident declaration -		
1. Is "Entity" a tax resident of any country other than India resonance of the entity is a resident for tax purposes and the associated Tax ID number below.)			
(II ye		entification Number [%] Identification Type	
		(TIN or Other , please specify)	
%Ir	n case Tax Identification Number is not available, kindly provide its functio	nal aquivalant ⁶	
		na equivalent . npany 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, GIIN		
		a GIIN but you are sponsored by another entity, please provide your sponsor's	
	Direct reporting NEF ⁷	your sponsor's name below	
	(please tick as appropriate)		
	GIIN not available (please tick as applicable) Applie If the entity is a financial institution, Not required to app	d for Ily for - please specify 2 digits sub-category ¹⁰	
	Not obtained – Nor		
PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")			
1.	Is the Entity a <i>publicly traded company¹(that is, a company</i>		
	whose shares are regularly traded on an established securities market)	Name of stock exchange	
2.	Is the Entity a <i>related entity</i> ² of a publicly traded compan	(if yoo, plagas appoint of the listed semanty and one steak synhomes on which the steak is requirely traded	
	(a company whose shares are regularly traded on an Name of listed company		
		Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange	
3.	Is the Entity an <i>active</i> ³ NFE	Yes v (If yes, please fill UBO declaration in the next section.)	
		Nature of Business	
		Please specify the sub-category of Active NFE refer 2c of Part D	
4.	Is the Entity a <i>passive</i> ⁴ NFE	Yes // (If yes, please fill UBO declaration in the next section.) Nature of Business	
'Re	fer 2a of Part D ² Refer 2b of Part D ³ Refer 2c of Part D	⁴ Refer 3(ii) of Part D ⁶ Refer 1 of Part D ⁷ Refer 3(vii) of Part D ¹⁰ Refer1A of Part D	

UBO Declaration				
Category (Please tick applicable category):	✓ Unlisted Cor	mpany Vartnersł	nip Firm 🗸 Limited	d Liability Partnership Company
 Unincorporated association / body of individuals 		Public Charitable Trust	√ Religious Trus	st VPrivate Trust
Others (please specify)	, and the second s	
Please list below the details of controlling person(s),	confirming ALL	countries of tax residency / p	permanent residency / citize	enship and ALL Tax Identification
Numbers for EACH controlling person(s). Owner-documented FFI's ⁵ should provide FFI Owner	Penarting Stat	ement and Auditor's Letter w	ith required details as men	tioned in Form W8 BEN F
Name - Beneficial owner / Controlling person		IN or Other, please specify		IIIII WO BEN E
Country - Tax Residency*	Beneficial Inte	rest - in percentage	Address - Include State, Country, Address Type -	, PIN / ZIP Code & Contact Details
Tax ID No Or functional equivalent for each country [™]	Type Code ¹¹ -of	f Controlling person		
1. Name	Tax ID Type		Address	
Country Tax ID No. [%]	Type Code	o Desidence o Dusiness		
	AddressType	 Residence Business Registered office 	ZIP State:	Country:
2. Name	Tax ID Type		Address	
Country	Type Code			
Tax ID No. [%]	AddressType	 Residence Business 		
		Registered office	ZIP State:	Country:
3. Name	Tax ID Type		Address	
Country	Type Code			
Tax ID No. [®]	AddressType	 Residence Business Registered office 	ZIP State:	Country:
# If passive NFE, please provide below additiona	l details.		(Please attach additional sheets if	f necessary)
PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving LicenceNREGA Job Card, Othe	rol	Occupation Type - Service, Busi	ness, Others	DOB - Date of Birth
City of Birth - Country of Birth	(5)	Nationality Father's Name - Mandatory if PAI	V is not available	Gender - Male, Female, Other
1. PAN		Occupation Type		DOB DD/MM/YYYY
City of Birth		Nationality		Gender Male 🗸 Female 🗸
Country of Birth		Father's Name		Others 🗸
2. PAN		Occupation Type		DOB DD/MM/YYYY
City of Birth		Nationality		Gender Male 🗸 Female 🗸
Country of Birth		Father's Name		Others 🗸
3. PAN		Occupation Type		DOB DD/MM/YYYY
City of Birth		Nationality		Gender Male 🗸 Female 🗸
Country of Birth		Father's Name		Others 🗸
# Additional details to be filled by controlling persons v	vith tax residen	icy / permanent residency / c	itizenship / Green Card in a	any country other than India:
* To include US, where controlling person is a US citiz	0			
[*] In case Tax Identification Number is not available, kin *Refer 3(iii)		efer 3(vi) of Part D ¹¹ Refer 3	3(iv) (A) of Part D	
		S Terms and Cond		
The Central Board of Direct Taxes has notified Rules 114F to 114H, as beneficial owner information and certain certifications and documentat compliance, we may also be required to provide information to any institu Should there be any change in any information provided by you, please e	ion from all our acco tions such as withhol	ount holders. In relevant cases, informa Iding agents for the purpose of ensuring	ation will have to be reported to tax a	authorities/ appointed agencies. Towards
Please note that you may receive more than one request for information	if you have multiple r		s group entities. Therefore, it is impor	rtant that you respond to our request, even
if you believe you have already supplied any previously requested inform If you have any questions about your tax residency, please contact your		ontrolling person of the entity is a US citi:	zen or resident or green card holder, j	please include United States in the foreign
country information field along with the US Tax Identification Number. ⁵ It is mandatory to supply a TIN or functional equivalent if the country in	which you are tax re	sident issues such identifiers. If no TIN	is yet available or has not yet been is	ssued, please provide an explanation and
attach this to the form.				
Certification				
I / We have understood the information requirements provided by me / us on this Form is true, correct, and co below and hereby accept the same.				
Name				
Designation				
	· _ · _ ·			
			Plac	e
Signature	Si	ignature	Signature	Date / /
		<u> </u>		



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 M F O			
"Please submit these details separately for All Holders"			
Consent			
(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 d m m y y y 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			
Computershare ACKNOWLEDGEMENT			
PAN I			
From Mr/Mrs/Ms			
From Mr/Mrs/Ms: Signature of Karvy Branch Official Received subject to verification with UIDAI and seeding the Aadhaar for your Mutual Fund Investments. Signature of Karvy Branch Official			