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Documents Attestation

# 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 

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Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		

Name & Signature of the Authorised Signatory(ies)

Date 

D	D
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M	M
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Y	Y	Y	Y
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# Supplementary KYC Details Form

South Gujarat ARN: 54854



## PERSONAL DETAILS

Name of Sole/First Unit Holder \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Folio No. \_\_\_\_\_

PAN \_\_\_\_\_ First Unit Holder \_\_\_\_\_ Second Unit Holder \_\_\_\_\_ Third Unit Holder \_\_\_\_\_

## KYC DETAILS

Gross Annual Income (For Individuals and Non Individuals)	For First Applicant/ Guardian	<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
		Net-worth (₹) _____ as on <u>DD/MM/YYYY</u> (Not older than 1 year) (Mandatory for Non-Individuals)
	For Second Applicant	<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
		Net-worth (₹) _____ as on <u>DD/MM/YYYY</u> (Not older than 1 year)
	For Third Applicant	<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
		Net-worth (₹) _____ as on <u>DD/MM/YYYY</u> (Not older than 1 year)
Occupation Details (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <u>Please specify</u>
		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <u>Please specify</u>
	For Second Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <u>Please specify</u>
		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <u>Please specify</u>
	For Third Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <u>Please specify</u>
		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <u>Please specify</u>
Others (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Second Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Third Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
Others (For Non-Individuals only)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company <input type="checkbox"/> YES <input type="checkbox"/> NO (If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)	
	If the Entity involved/providing any of the following services:	
	→ Gaming/Gambling/Lottery/Casino Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
	→ Foreign Exchange/ Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
	→ Money Lending/Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO

## DECLARATIONS & SIGNATURES

I/We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I/We undertake to inform the Fund House of any changes therein immediately.

Sole/First Applicant/Guardian

Second Applicant

Third Applicant

call 1800 2000 400 or 1800 4190 200

email investor.line@lntmf.co.in

www.lntmf.com

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday.

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

CL02346

**FATCA, CRS & UBO DECLARATION  
(For Non Individual Investors)**

South Gujarat ARN: 54854



Please refer to the Instructions for assistance and complete all sections in English. For legibility, please use BLOCK letters in black or dark ink.  
Please seek appropriate advice from a tax professional on FATCA related information applicable to you.

**APPLICANT(S) INFORMATION**Folio No./Application No. Name of the entity Type of address given at KRA : ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA &amp; notify the changes"

City of Incorporation  Country of Incorporation PAN  Date of Incorporation 

Entity Type Please (✓)	Constitution	<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
		<input type="checkbox"/> Trust	<input type="checkbox"/> Liquidator	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Artificial Juridical Person	<input type="checkbox"/> Others	<input type="text"/> 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 <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>\$</sup>.

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 &amp; Definitions

**FATCA & CRS Declaration****PART A** (to be Filled by Financial Institutions or Direct Reporting NFEs)

1	We are a, Financial institution <sup>3</sup> <input type="checkbox"/> or Direct reporting NFE <sup>4</sup> <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> <b>Note:</b> 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 <input type="text"/>
	GIIN not available (please tick as applicable) <input type="checkbox"/> <b>Applied for</b>	
	If the entity is a Financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <input type="text"/> <input type="checkbox"/> 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 (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) No <input type="checkbox"/> 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)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) No <input type="checkbox"/> 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 <sup>1</sup> Non Financial Entity (NFE)	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) No <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 <sup>2</sup> Non Financial Entity (NFE)	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) No <input type="checkbox"/> Nature of Business <input type="text"/>

<sup>1</sup> Refer 2 of Part D | <sup>2</sup> Refer 3(ii) of Part D | <sup>3</sup> Refer 1(i) of Part D | <sup>4</sup> Refer 3(vi) of Part D | <sup>10</sup> Refer 1A of Part D

## UBO Declaration

☐ Others (please specify)☐ Private Trust

Owner-documented FFI's<sup>5</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country%	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code <sup>11</sup> - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Beneficial Interest (%) _____ Type Code _____	Address _____ _____ ZIP <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: _____ Country: _____ Address Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
2. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Beneficial Interest (%) _____ Type Code _____	Address _____ _____ ZIP <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: _____ Country: _____ Address Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
3. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Beneficial Interest (%) _____ Type Code _____	Address _____ _____ ZIP <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: _____ Country: _____ Address Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office

<b>Name &amp; PAN / Any other Identification Number</b> <i>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)</i> <b>City of Birth - Country of Birth</b>	<b>Occupation Type -</b> Service, Business, Others <b>Nationality</b> <b>Father's Name -</b> Mandatory if PAN is not available	<b>DOB - Date of Birth</b> <b>Gender - Male, Female, Other</b>
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1. Name & PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB Gender Male Female Other
2. Name & PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB Gender Male Female Other
3. Name & PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB Gender Male Female Other

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

## FATCA - CRS Terms and Conditions

Should there be any change any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen 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 issued such identification. If no, TIN is yet available or has not 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 FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same.

[illegible]

Date: | D | D | / | M | M | / | Y | Y | Y | Y |