Know Your Client (KYC) Application Form (For Non-Individuals Only) South Gujarat ARN: 54854

Application No.:



Please fill this form in ENGLISH and in BLOCK LETTERS.

www.camskra.com

A. Identity Details (please see guidelines overleaf)																																	
Name of Applicant (Please write complete name as per Certificate of Incorporation/Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).																																	
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B. Address Details (please see guidelines overleaf)																																	
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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		
Traine of Applicantes		

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

Supplementary KYC Details Form





PERSONAL DETAILS															
Name of Sole/First Unit Holder First Name Middle Name Last Name Folio No.															
PAN	First Unit Holder			Second U	nit Holder		Third Unit Holde	er							
KYC DETAILS	KYC DETAILS														
	For First Applicant/		Below 1 lac	☐ 1-5 Lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	25 Lacs - 1 crore	☐ > 1 Crore							
Gross Annual	Guardian	Net-wor	h (₹)	as on	D D / M M / Y Y	Y Y (Not older tha	n 1 year) (Mandatory for	Non-Individuals)							
Income	For Occasion Application		Below 1 lac	1-5 Lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	25 Lacs - 1 crore	□ > 1 Crore							
(For Individuals and Non	For Second Applicant	Net-work	:h (₹)	as on	D / M M / Y Y	(Not older than	n 1 year)								
Individuals)			Below 1 lac	1-5 Lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	25 Lacs - 1 crore	□ > 1 Crore							
	For Third Applicant	Net-wor	:h (₹)	as on D	D / M M / Y Y	(Not older than	n 1 year)								
Occupation	For First Applicant/ Guardian		te Sector Service		Service Governm		iness Professiona	al Please specify							
Details (For Individuals only)	For Second Applicant		te Sector Service		Service Governm Forex De	nent Service Bus aler Agri	iness Professiona culturist Others	Please specify							
only)	For Third Applicant		te Sector Service ewife Retired		Service Governm Forex De		iness Professiona culturist Others	Please specify							
Others	For First Applicant/ Gua	ardian	☐ I am political	ly Exposed Person	☐ I am Relate	ed to Politically Expo	sed Person	t Applicable							
(For Individuals only)	For Second Applicant		☐ I am political	ly Exposed Person	☐ I am Relate	ed to Politically Expo	sed Person No	t Applicable							
Only)	For Third Applicant		☐ I am political	ly Exposed Person	☐ I am Relate	ed to Politically Expo	sed Person	t Applicable							
Others	Is the company a Listed (If No, please attach UI		•		•	isted Company	☐ YES ☐ NO								
(For Non-Individuals only)	If the Entity involved/pr → Gaming/Gambling, → Foreign Exchange, → Money Lending/Pa	/Lottery/C / Money C	asino Services	YES	□ NO □ NO □ 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.				⊠ Second			🗷 Third Applic								

call 1800 2000 400 or 1800 4190 200

email investor.line@Intmf.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.

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.

APPLI	ICANT(S) INFORMATION													
Folio No	o./Application No.													
Name of	f the entity													
Type of a	•	ial or Busine	ss Residential Busines											
City of Ir	ncorporation		Country of Incorporation											
PAN			Date of Incorporation											
Entity Type Please (
Please	tick the applicable tax resident declaration	on -												
	Entity" a tax resident of any country oth please provide country/ies in which the		ia: Yes No No In the Associated Tax ID numbers and the Associated Tax ID numbers.	ber below.)										
	Country		Tax Identification Number%	Identification Type (TIN or Other, please specify)										
%In case	e Tax Identification Number is not availal	ble, kindly pr	ovide its functional equivalent\$.											
	•		e provide Company Identification number or Global En											
In case t	the Entity's Country of Incorporation / Tax	x residence i	s U.S. but Entity is not a Specified U.S. Person, mentio	n Entity's exemption code here										
Please r	refer to para 3(vii) exemption code for U.	S. persons u	nder part D of FATCA Instructions & Definitions											
FATO	CA & CRS Declaration													
PART A	A (to be Filled by Financial Institutions or	r Direct Rend	ortina NFFs)											
1	We are a	IIN	/g											
	Financial inetitution ³		n not have a GIIN but you are sponsored by another er	ntity please provide your sponsor's GIIN above and indicate										
			o not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate s name below											
	Direct reporting NFE ⁴ (please tick as appropriate)	ame of spon	soring entity											
	GIIN not available (please tick as appl	licable)	Applied for											
	1		red to apply for - please specify 2 digits sub-category ¹⁰											
	L	Not obtain	ned – Non-participating FI											
PART E	B (please fill any one as appropriate "to l	be filled by ∧	IFEs other than Direct Reporting NFEs")											
1	Is the Entity a publicly traded compan company whose shares are regularly tr established securities market)		(ii you, ploade apooliy arry one atook exchange on which the atook is regularly traded)											
2	Is the Entity a related entity of a pub company (a company whose shares a	•	Yes (If yes, please specify name of the listed com	pany and one stock exchange on which the stock is regularly										
	traded on an established securities man	0 ,	traded) No Name of listed company											
			Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Co											
3	Is the Entity an active ¹ Non Financial E	intity (NFE)	Name of stock exchange Yes (If yes, please fill UBO declaration in the nex	tt section.) No										
			Nature of Business											
			Please specify the sub-category of Active NFE	(Mention code – Refer 2C of Part D)										
4	Is the Entity a passive ² Non Financial E	Entity (NFE)	Yes (If yes, please fill UBO declaration in the nex	tt section.) No										
			Nature of Business											

 $^{^{1}}$ Refer 2 of Part D \mid 2 Refer 3(ii) of Part D \mid 3 Refer 1(i) of Part D \mid 4 Refer 3(vi) of Part D \mid 10 Refer 1A of Part D

UBO Declaration																			
Category (Please tick applicable category): Unliste	ed Company		Pa	ırtnersh	nip Firn	n			Limited	d Liab	ility P	artne	rship	Com	npany	/			
Unincorporated association / body of individuals			Pu	ıblic Ch	ıaritabl	e Trust			Religio	ous Tr	ust			Priva	ate Tr	rust			
Others (please specify								_)											
Please list below the details of controlling person(s), controlling person(s).										·					ation	Nu	mbei	rs for	
Owner-documented FFI's ⁵ should provide FFI Owner F																	_		
Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No Or functional equivalent for each country%	Tax ID Type - Ti Beneficial Intere Type Code ¹¹ - of	ecify	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -										ails						
1. Name	Tax ID Type					Addre	ss												
Country	Beneficial Intere	est (%) _																	
Tax ID No.%	Type Code					ZIP													
						State:					Co	untry:							
						Address Type Residence Business Registered office													
2. Name	Tax ID Type					Addre													
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f If passive NFE, please provide below additional details	s for each of cont	trollina pe	ersons.	(Pleas	e attac	ch additi	ional s	sheets	s if nec	essar	v)								
Name & PAN / Any other Identification Number		Occupa), ОВ -	Date	of Bi	rth					
(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving L	icence, NREGA				thers						ende				le, Ot	her			
Job Card, Others)		Nationa	ality																
City of Birth - Country of Birth		Father' Mandat			not ava	ilable													
1. Name & PAN		Occupa	ation T	ma															
City of Birth							D	ОВ											
·		- e							Gender Male Female										
Country of Birth			Other								r 🗀								
2. Name & PAN		Occupa	ation Ty	/pe							DOB DD / MM / YYYY								
City of Birth		Nationa	ality							-	ende	r	Male	, 🔲	Fem	ale			
Country of Birth		Father's	s Name											Other	r 🔲				
3. Name & PAN		Occupa	ation Ty	ре _															
City of Birth		Nationa	ality								Gender Male Female								
Country of Birth		Father's	s Name			enue	Other Other												
# Additional details to be filled by controlling persons with controlling person is a US citizen or green card holder. % In case Tax Identification Number is not available, kin				•	itizens	ship / Gr	een C	Card in	any co	ountry	othe	r than	India	a: * To	o inclu	ude	US,	where	
FATCA - CRS Terms and Conditions																			
The Central Board of Direct Taxes has notified Rules 1	14F & 114H, as p	art of the	Incom	e Tax F	≀ules-	1962, w	hich r	ules re	equired	d India	ın fina	ncial	Instit	ution	such	ı as	the b	ank	
to seek additional personal, tax and beneficial owner in																			
have to be reported to Tax authorities/appointed agen				-				ovide	inform	ation	to any	/ insti	tutior	ns su	ch as	s wit	hhol	ding	
agents for the purpose of ensuring appropriate withhole Should there be any change any information provided	Ü		, ,					0 dav	9										
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If any controlling person of any utility is US citizen of Identification number.	r Green card hol	lder, plea	ase inc	lude U	nited S	States ir	n the	foreig	n coun	ntry in	forma	tion f	ield a	along	with	the	US	Tax	
It is mandatory to supply a TIN or functional equivaler issued, please provide an explanation and attach this	-	n which y	you are	tax re	sident	issued	such	identi	fication	n. If no	o, TIN	is ye	t ava	ailable	e or h	nas i	not b	een	
	to the form.																		
Part C: Certification We have understood the information requirements of the form is true, correct & complete. I/We also confirm that		-													-	me /	us c	on this	
Name											L								
Designation																			
																		_	
Authorized Signatory	R	s Auth		d Sign						Ø									
Place:	Date: D D																		