

# Know Your Client (KYC) Application Form (For Non-Individuals Only)

South Gujarat ARN: 54854

Application No. :

Ver. 02-2012

Please fill this form in ENGLISH and in BLOCK LETTERS.

**A. Identity Details (please see guidelines overleaf)****1. 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).
  

**2a. Date of Incorporation**  DD  M  M  Y  Y  Y  Y**2b. Place of Incorporation** **3. Registration No. (e.g. CIN)** **Date of commencement of business** DD  M  M  Y  Y  Y  Y**4. Status**

- ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs  
 Please tick (✓) ☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation  
☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Others *Please specify*

**5. Permanent Account Number (PAN) (MANDATORY)** 

Please enclose a duly attested copy of your PAN Card.

**PHOTOGRAPH**

Please affix  
recent Passport  
size photograph of  
Authorised Signatory.  
Signatory to also sign  
across the Photograph.

**B. Address Details (please see guidelines overleaf)****1. Address for Correspondence**
  
  

City / Town / Village Postal Code State Country **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.

- ☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises  
☐ Any other proof of address document (as listed overleaf) *Please specify* \*Not more than 3 Months old.

**4. Registered Office Address (If different from above)**
  
  

City / Town / Village Postal Code State Country **5. Proof of address to be provided by Applicant.** Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

- ☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises  
☐ Any other proof of address document (as listed overleaf) *Please specify* \*Not more than 3 Months old.

**C. Other Details (please see guidelines overleaf)****1. Gross Annual Income Details** Please tick (✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 Crore ☐ >1 Crore**2. Net-worth in ₹** (\* Net worth should not be older than 1 year)  as on (date)  DD  M  M  Y  Y  Y  Y**3. Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors**

(Please use the Annexure for the details)

**4. Is the entity involved in/providing any of the following services**

- Foreign Exchange / Money Changer Services ☐ YES ☐ NO  
 - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO  
 - Money Lending / Pawning ☐ YES ☐ NO

**5. 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. I / We hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies.

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

Documents Attestation

Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of  
South Gujarat ARN: 54854 Know Your Client (KYC) Application Form for Non-Individuals

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.)	Whether Politically Exposed*	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

\*PEP: Politically Exposed Person  
\*RPEP: Related to Politically Exposed Person

**Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of  
Know Your Client (KYC) Application Form for Non-Individuals (contd.)**

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed*	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

Name & Signature of the Authorised Signatory(ies)

Date 

D	D
M	M
Y	Y
Y	Y

\***PEP:** Politically Exposed Person  
\***RPEP:** Related to Politically Exposed Person



### 3 UBO Declaration

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 ☐ Other (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).

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

<b>Name</b> - Beneficial owner / Controlling person <b>Country</b> - Tax Residency* <b>Tax ID No.</b> - Or functional equivalent for each country <sup>5</sup>	<b>Tax ID Type</b> - TIN or Other, please specify <b>Beneficial Interest</b> - in percentage <b>Type Code</b> <sup>11</sup> - of Controlling	<b>Address</b> - Include State, Country, PIN / ZIP Code & Contact Details <b>Address Type</b> -
Name: <input type="text"/>	Tax ID Type: <input type="text"/>	Address: <input type="text"/>
Country: <input type="text"/>	Type Code: <input type="text"/>	Zip: <input type="text"/>
Tax ID No. : <input type="text"/>	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	State: <input type="text"/>
		Country: <input type="text"/>
Name: <input type="text"/>	Tax ID Type: <input type="text"/>	Address: <input type="text"/>
Country: <input type="text"/>	Type Code: <input type="text"/>	Zip: <input type="text"/>
Tax ID No. : <input type="text"/>	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	State: <input type="text"/>
		Country: <input type="text"/>
Name: <input type="text"/>	Tax ID Type: <input type="text"/>	Address: <input type="text"/>
Country: <input type="text"/>	Type Code: <input type="text"/>	Zip: <input type="text"/>
Tax ID No. : <input type="text"/>	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	State: <input type="text"/>
		Country: <input type="text"/>

**# If passive NFE, please provide below additional details**

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)									Occupation Type: Service, Business, Others						DOB: Date of Birth					
City of Birth - Country of Birth									Nationality:						Gender: Male, Female, Other					
<b>1. PAN:</b> <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"/>									<b>Occupation Type:</b> <input type="text"/>						<b>Date Of Birth:</b> <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y					
<b>City of Birth:</b> <input type="text"/>									<b>Nationality:</b> <input type="text"/>						<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other					
<b>Country of Birth:</b> <input type="text"/>									<b>Father's Name:</b> <input type="text"/>											
<b>2. PAN:</b> <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"/>									<b>Occupation Type:</b> <input type="text"/>						<b>Date Of Birth:</b> <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y					
<b>City of Birth:</b> <input type="text"/>									<b>Nationality:</b> <input type="text"/>						<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other					
<b>Country of Birth:</b> <input type="text"/>									<b>Father's Name:</b> <input type="text"/>											
<b>3. PAN:</b> <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"/>									<b>Occupation Type:</b> <input type="text"/>						<b>Date Of Birth:</b> <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y					
<b>City of Birth:</b> <input type="text"/>									<b>Nationality:</b> <input type="text"/>						<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other					
<b>Country of Birth:</b> <input type="text"/>									<b>Father's Name:</b> <input type="text"/>											

\*Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

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

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

<sup>5</sup>Refer 3(vi), <sup>11</sup>Refer 3(iv) (A) of Section 6.

#### 4 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 Motilal Oswal Mutual Fund or its 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>8</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.

## 5 Certification

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name	F	I	R	S	T								M	I	D	D	L	E												L	A	S	T															
Designation																																																
Signature																Signature																Signature																Place_____
																																																Date_____

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

## 1 APPLICANT/ INVESTORS DETAILS:

Investor Name

Pan No.

## 2 LISTED COMPANY / ITD SUBSIDIARY COMPANY [Part III Details Not Applicable]

We hereby declare that ☐ Our company is a Listed Company listed on recognized stock exchange in India ☐ Our company is a subsidiary of the Listed Company

☐ Our company is controlled by a Listed Company

(ii) Details of Listed Company^ (^The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.)

Stock Exchange on which listed		Security ISIN	
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### 3 NON-INDIVIDUALS OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY

(I) Category [☒ applicable category]:

☐ Unlisted Company   
 ☐ Partnership Firm   
 ☐ Limited Liability Partnership Company   
 ☐ Unincorporated association / body of individuals   
 ☐ Public Charitable Trust  
☐ Religious Trust   
☐ Private Trust   
☐ Trust created by a Will   
☐ Others [please specify]

(ii) Details of Ultimate Beneficiary Owners: (In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Name of UBO & Address [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable / Tax identification number (or functional equivalent) for each country identified in relation to each investor# [Mandatory]	Country of tax residency/ permanent residency	Country of citizenship	UBO Code [Mandatory] [Refer instruction 3]	KYC (Yes/No) [Please attach KYC acknowledgement copy] [Refer instruction 2]
_____ _____ _____					
_____ _____ _____					
_____ _____ _____					
_____ _____ _____					
_____ _____ _____					

#Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

## 4 DECLARATION

We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In the case above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Date: D D M M Y Y Y Y Place:

## GENERAL INFORMATION & INSTRUCTIONS

As per SEBI Master Circular No. CIR/SD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner (UBO) and submit appropriate proof of identity of such UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical persons, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/ entitlement to:
- more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
  - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
  - more than 15% of the property, capital or profits of the juridical person, where the juridical person is an unincorporated association or other entity;

(ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement arrangements or in any other manner

(iii) Where no natural person is identified, the company holds the position of senior managing official.

B. For investors which is a trust:  
The identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

### C. Exemption in case of listed companies / foreign investors

The client or the owner or the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MISD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.

2. KYC requirements

Beneficial Owner(s) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the listed Beneficial Owner(s).

3. UBO Code Description

UBO-1 : Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company • UBO-2 : Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership • UBO-3 : Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association • UBO-4 : Controlling ownership interest of more than 15% of the capital or profits of the juridical person through other means exercised through voting rights, agreement, arrangements and other means. In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests) • UBO-5 : Natural person who holds the position of senior managing official (In case no natural person cannot be identified as above) • UBO-6 : The settlor(s) of the Trust • UBO-7 : Trustee(s) of the Trust • UBO-8 : The Protector(s) of the Trust (if applicable) • UBO-9 : The beneficiaries with 15% or more of the ownership trust (if applicable) • UBO-10 : Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

### ***Aadhaar linking form for Non- Individual***

South Gujarat ARN: 54854

Name of the Non-Individual

[illegible]

(As per Folio Records)

## PAN of the Non-Individual

[illegible]

**Tax Status:** HUF ☐ Company ☐ Body Corporate ☐ Partnership Firm ☐ LLP ☐ Trust ☐

We, the authorised signatories have consented for in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them for sharing/disclosing of their Aadhaar number(s) including demographic information with all SEBI registered Mutual Funds/AMCs and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the corresponding non-individuals folios.

Details of Aadhaar & PAN of our Authorized Signatories: *(Kindly use another form in case of > 10 signatories)*

S. No.	Name of the Authorized Signatory	Date of Birth (as per Aadhaar Card)	PAN of the Authorized Signatory	Aadhaar of the Authorized Signatory	Signature of the Authorized Signatory
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Certificate from Company Secretary/any other competent authority of the Organisation**

I, \_\_\_\_\_, Company Secretary/ Competent Authority to issue this certification on behalf of the organisation hereby confirm the correctness of the above information. The above specified list of personnel covers all authorised signatories on behalf of our organisation. We will let you know the changes/modifications from time to time, if any, through appropriate means to KARVY/Motilal Oswal Asset Management Limited and other Participating MF/ other RTAs.

Place

Company Secretary / Authorized Signatory (ies)

Company Seal