

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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Details of FATCA-CRS Information

For Non-Individuals/ Legal entity

Name of the Entity

Type of address given at KRA (✓) ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

PAN

Date of Incorporation

City of Incorporation

Country of Incorporation

Entity Constitution Type (✓) ☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company ☐ Society ☐ AOP/BOI ☐ Trust ☐ Liquidator ☐ Limited Liability Partnership ☐ Artificial Juridical Person ☐ Others

Please (✓) the applicable tax resident declaration -

Is "Entity" a tax resident of any country other than India? (✓) ☐ Yes ☐ No

(If yes, please provide country/countries in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number [%] (TIN)	Identification Type (TIN or Others, please specify)
<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"/>

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent⁵.

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 & Definitions.

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)

We are a (✓),

Global Intermediary Identification Number (GIIN)

Financial institution³ ☐

OR

Direct reporting NFE⁴ ☐

(Please tick as appropriate)

GIIN not available (please (✓) as applicable)

If the entity is a financial institution,

☐ Applied for

☐ Not required to apply for - please specify 2 digits sub-category¹⁰

☐ Not obtained - Non-participating FI

(Refer 1 A of Part D)

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) <input type="checkbox"/> No <input type="checkbox"/>	Yes (✓) <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) 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) <input type="checkbox"/> No <input type="checkbox"/>	Yes (✓) <input 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 <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 ¹ non-financial Entity (NFE) <input type="checkbox"/> No <input type="checkbox"/>	Yes (✓) <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> Mention code - refer 2 (c) of Part D
4	Is the Entity a passive ² NFE <input type="checkbox"/> No <input type="checkbox"/>	Yes (✓) <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>

1 Refer 2 of Part D | 2 Refer 3(ii) of Part D | 3 Refer 1(i) of Part D | 4 Refer 3(vi) of Part D |

Please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

UBO Declaration

Category (✓) ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company ☐ Unincorporated association / body of individuals ☐ Religious Trust ☐ Private Trust ☐ Public Charitable Trust ☐ Others

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) (Please attach additional sheets, if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO 1	UBO 2	UBO 3
Name of UBO	<input type="text"/>	<input type="text"/>	<input type="text"/>
UBO Code Refer 3 (iv) (A)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency ⁸	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN ⁹	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Address, Zip, State, Country	Address, Zip, State, Country	Address, Zip, State, Country
Address Type	Residence/Business/Registered office	Residence/Business/Registered office	Residence/Business/Registered office

(Continued on next page)

Details	UBO 1	UBO 2	UBO 3
Tax ID [®]			
Tax ID Type			
City of Birth			
Country of Birth			
Occupation Type	Service/Business/Others	Service/Business/Others	Service/Business/Others
Nationality			
Father's Name	Mandatory if PAN is not available	Mandatory if PAN is not available	Mandatory if PAN is not available
Gender	Male/Female /Others	Male/Female /Others	Male/Female /Others
Date of Birth			
Percentage of Holding (%) [*]			

@ In case Tax Identification Number is not available, kindly provide its functional equivalent.\$

Country of Tax Residency is mandatory for all and if the controlling person is a US citizen or green card holder, please mention U.S.A

^ If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached (Pan, Aadhar, Passport, Election ID, Govi. ID, Driving Licence, NREGA Job Card, Others). Position/Designation like Director/Settlor of Trust/Protector of Trust to be specified wherever applicable.

* Attach valid documentary proof like shareholding pattern, self attested by authorised signatory/company secretary.

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

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.

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.

\$ 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.

Part C: 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			
Designation			
Signature	Signature	Signature	
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Place	<input type="text"/>

PART D (FATCA Instructions & Definitions)

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

- 1 (i) Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
 - (ii) Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
 - (iii) Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
 - (i) The three financial years preceding the year in which determination is made; or (ii) The period during which the entity has been in existence, whichever is less.
 - (iv) Investment entity is any entity:
 - (a) That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or Individual and collective portfolio management; or
 - (ii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons; **OR**
 - (b) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:
 - (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
 - (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07 - refer point 2c.

- (v) Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.
- (vi) FI not required to apply for GILN: Refer Rule 114F(5) of Income Tax Rules, 1962 for the conditions to be satisfied as "non-reporting financial institution an guidance issued by CBDT in this regard.

A. Reasons why FI not required to apply for GILN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trust
09	Non-registering local banks
10	FFI with only Low-Value Accounts
11	Sponsored investment entity and controlled foreign corporation
12	Sponsored, Closely Held Investment Vehicle

Certificate from Company Secretary/any other competent authority of the Organization

To

Mahindra Mutual Fund
1st Floor, Sadhana House,
570 P B Marg, Worli
Mumbai 400018

Name of the Non Individual										
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PAN										
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I/We, _____, Company Secretary / Competent Authority (to issue this certification on behalf of the organization) hereby confirm that enclosed list of personnel covers all authorized signatories (associated with MF investments and allied activities) on behalf our organization. These signatories have consented 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.

This information is provided to comply with the PMLA requirements including sharing of information with regulatory/statutory authorities and should not be used for any other purpose unless it is required under any law / regulatory purpose. We hereby confirm that given information is true, reliable and also assure you to share the changes / modifications from time to time, if any through appropriate means to Mahindra Mutual Fund and /or its Registrar and Transfer Agent for updates and onward sharing.

Regards

For _____
(Name of the Non-Individual)

<Company Secretary / Competent Authority (Name & Sign with stamp/seal)>

Enclosed: List of Authorized Signatories

[illegible]

*where PAN & Aadhaar is not applicable (in case of Foreign Directors), any other officially valid document (like Passport) to be submitted along with photograph to be affixed

Signature of Company Secretary / Competent Authority & with Stamp, Seal & date