

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).

[illegible]

COLOUR
PHOTOGRAPH

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

- 2a. Date of Incorporation | | | | | | | | 2b. Place of Incorporation _____

- 3. Registration No. (e.g. CIN)** | | | | | | | | | |

Date of commencement of business | D | D | / | M | M | / | Y | Y | Y | Y |

4. **Status** Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs
☐ FI ☐ FII ☐ HUF ☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ 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.

B. Address Details (please see guidelines overleaf)

- ### 1. Address for Correspondence

A large rectangular grid consisting of 20 columns and 5 rows, intended for drawing a picture.

City / Town / Village

Pin Code	
----------	--

State

Country

2. Contact Details

[illegible]

- 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) / Overseas Address-Mandatory for FII's**

[illegible]

City / Town / Village

Pin 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. Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors**
(Please use the Annexure to fill in the details)

DECLARATION

We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. We hereby declare that we are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/direction issued by governmental or statutory authority from time to time. We hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies/SEBI Registered Intermediaries.

Place : _____ Date : _____

**NAME &
SIGNATURE(S)
OF
AUTHORISED
PERSON(S)**

FOR OFFICE USE ONLY

AMC/Intermediaryname OR code

- ☐ (Originals Verified) Self Certified Document copies received
- ☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Emp.No./ARN, No

Name of the Organization

Signature

Date

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

--	--	--	--	--	--	--	--	--	--

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
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Name of the entity															
Type of address given at KRA	<input type="checkbox"/> Residential or Business		<input type="checkbox"/> Residential		<input type="checkbox"/> Business		<input type="checkbox"/> Registered Office								
PAN						Date of Incorporation		D	D	M	M	Y	Y	Y	Y
City of incorporation															
Country of incorporation															

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) [Please tick (P)]	<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										
OR																
Net-worth	Rs. _____ as on					D	D	M	M	Y	Y	Y	Y	(Not older than 1 year)		
Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)														<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> Not Applicable

*PEP are defined as individuals who are or have been entrusted with prominent public functions e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials etc.

Non-Individual Investors involved/ providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange / Money Changer Services	<input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services
	<input type="checkbox"/> Money Lending / Pawning	<input type="checkbox"/> None of the above

FATCA & CRS Declaration

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.)

Sr. No.	Country	Tax Identification Number *	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

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

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

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1.	We are a, Financial institution <input type="checkbox"/> or Direct reporting NFE <input type="checkbox"/> (Refer 3(viii) of Part C) (please tick as appropriate)	GIIN <input type="text"/>
		Note: 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 _____
GIIN not available (please tick as applicable)		<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (Refer 1 A of Part C)

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) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	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 _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(iii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

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

☐

Others (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). (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	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN [‡]			
Address Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID [§]			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type <input checked="" type="checkbox"/> Service <input type="checkbox"/> Business <input checked="" type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

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

If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

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

\$ Attach valid documentary proof like Shareholding pattern under duly self attested by Authorized Signatory / Company Secretary

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 require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit 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 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.

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.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in 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 hereby agree and confirm to inform PPFAS Asset Management Private Limited/PPFAS Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Name			
Designation			
<div>Signature</div>	<div>Signature</div>	<div>Signature</div>	Place _____ Date ____/____/____