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South Detai Name e	South Gujarat ARN: 54854 Details of Promoters/ I Name of Applicant	South Gujarat ARN: 54854 Details of Promoters/ Partners/ Karta / Trustees and whole time Name of Applicant		directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals PAN of the Applicant	'our Client (KYC) /	YC) Application Fo	rm for Non-Individuals
Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						□ PEP □ RPEP □ NO	
						□ PEP □ RPEP □ NO	
						□ PEP □ RPEP □ NO	
						□ PEP □ RPEP □ NO	
						□ PEP □ RPEP □ NO	
Name {	Name & Signature of the Authorised Signatory(ies)	ised Signatory(ies) Date d d / m m / y y y			PEP: Politically Exposed Person		RPEP: Related to Politically Exposed Person

			FUND	Application No. :
Please fill in ENGLISH and	in BLOCK LETTERS			South Gujarat ARN: 54854
A. Identity Details (pleas	se see guidelines overleaf)			
	ite complete name as per Certificate of Incorp	oration / Registration; leaving one	e box blank between	2 words. Please do not abbreviate the Name)
2. Date of Incorporation	d / m m / y y y y	Place of Incorporation		
3. Registration No. (e.g. CIN)		Date of comm	encement of busir	ness d d / m m / y y y
 4. Status Please tick (✓) □ Priv □ FPI Category I □ FPI Category I □ Priv □ Defence Establishment 	ategory II 🗌 FPI Category III 🗌 AOP	/ Corporate Partnership Bank Government LLP Others (Please spe		/ NGOs HUF FI FI FI
5. Permanent Account Number	r (PAN) (MANDATORY)	Pleas	e enclose a duly at	tested copy of your PAN Card
B. Address Details (pleas	se see guidelines overleaf)			
1. Address for Correspondence				
City / Town / Village				Postal Code
State			Country	
2. Contact Details Tel. (Off.) (ISD) (STD)		Tel. (Res.)	SD) (STD)	
Mobile (ISD) (STD)		Fax (I		
E-Mail Id.				
2 I	ress document (as listed overleaf) <u>(Please sp</u> Validity/Expiry date of proof of address su different from above)	pecify)	/ <u>y y y y</u>	<u>y</u>
Any other proof of add *Not more than 3 Months old. 4. Registered Address (If	Validity/Expiry date of proof of address su	pecify)		
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MUTUAL FUND

APP No.:

South (Gujarat	ARN:	54854
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Details of FATCA & CRS information

For No	n-Ind	ivid	luals /	/ Lega	l Entity
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Name of the entity						
Type of address given at KRA	0	Residential	or Business	Residential	Business	Registered Office
PAN				Date of incorporati	ion D D /	/ M M / Y Y Y
City of incorporation						
Country of incorporation						
Please tick the applicable tax reside	nt decl	aration-				

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 %	Identification Type (TIN or Other, please specify)

⁶Incase Tax Identification Number is not available, kindly provide its functional equivalent^s

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIN, etc.

Incase 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)

1.	We are a,	Global Intermediary Identification Number (GIIN)								
	Financial institution ³	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								
	Direct reporting NFE ⁴	Name of sponsoring entity								
	Clibi not munilable (Diagon tick or									

GIIN not available (Please tick as applicable) Applied for If the entity is financial institution, Not required to apply for- please specify 2 digits sub- category ¹⁰

Not obtained – Non-participating FI

PART B (Please fill any one as appropriate "to be filled by NEFs other than Direct Reporting NEFs

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	Yes O (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	Yes O [If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company
established securities market)	Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company
	Name of stock exchange
3. Is the Entity an active ¹ non-financial Entity (NFE)	Yes 🔘
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 NFE No 🔘	Yes (If yes, please fill UBO declaration in the next section.)
	Nature of Business
[*] Refer 2 of Part D ² Refer 3(ii) of Part D ³ Refer 1(I) ⁴ Refer 3(vi) of	Fart D

* If passive NFE, please provide below additional details	for each of Controlling person. (Please attach additional she	eets if necessary)
Name and PAN / Any other Identification Number (PAN, Aadhaar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth) Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. Name & PAN	Occupation Type	DOB D D M M Y Y Y Y
City of Birth	Nationality	Gender Male 🔘 Female 🔘
Country of Birth	Father's Name	Others 🔘
1. Name & PAN	Occupation Type	DOB D D M M Y Y Y Y
City of Birth	Nationality	Gender Male 🔘 Female 🔘
Country of Birth	Father's Name	Others
1. Name & PAN	Occupation Type	
City of Birth	Nationality	Gender Male 🔘 Female 🔘
Country of Birth	Father's Name	Others 🔘
[%] Incase Tax Identification Number is not available, kindly pro The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Ir information and certain certifications and documentation from all our account I required to provide information to any institutions such as withholding agents for Should there be any change in any information provided by you, please ensure you If any controlling person of the entity is a US citizen or resident or green card holde ⁵ It is mandatory to supply a TIN or functional equivalent if the country in which you form.	TCA – CRS Terms and Conditions ncome-tax Rules, 1962, which Rules require Indian financial institutions su holders. In relevant cases, information will have to be reported to tax aut the purpose of ensuring appropriate withholding from the account or any p ou advise us promptly, i.e., within 30 days. er, please include United States in the foreign country information field along	horities/ appointed agencies. Towards compliance, we may also be roceeds in relation thereto. with the US Tax Identification Number.
Part C : Certification I / We have understood the information requirements of thi by me /us on this Form is true, correct, and complete. I /W here by accept the same. Date: /		, , ,
Name		
Designation		
Signature		· · · · · · · · · · · · ·
SIGN First / Sole Applicant / Guardian/ HERE Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant/ Authorised Signatory