

South Gujarat ARN: 54854

Name of Applicant

PAN of the Applicant

**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.)	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)		
	(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
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ANNEXURE I - DETAILS OF ULTIMATE BENEFICIAL OWNER/ CONTROLLING PERSON INCLUDING ADDITIONAL FATCA & CRS INFORMATION

Name of the Entity

Customer ID / Folio Number

PAN

Date of incorporation

D D / M M / Y Y Y Y

Type of address given at KRA

Residential

Business

Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

Type of Identification Document given at KRA

Identification Document No.

Document Issuing Country

Place of incorporation

Country of incorporation

Entity Constitution Type

☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company ☐ Society ☐ AOP/BOI

Please tick as appropriate

☐ Trust ☐ Liquidator ☐ Limited Liability Partnership ☐ Artificial Juridical Person ☐ Others specify _____

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 all countries 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)

* In case Tax Identification Number is not available, kindly provide its functional equivalent. 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
 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 code⁸ here

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: GIIN

Financial institution¹ ☐ 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

or

Direct reporting NFE² ☐

(please tick as appropriate)

Name of sponsoring entity

GIIN not available (please tick as applicable) ☐ Applied for

(Applicable only for Financial Institutions) ☐ Not required to apply for - please specify 2 digits sub-category³

☐ Not obtained – Non-participating FI

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 company⁴ (that is, a company whose shares are regularly traded on an established securities market) Yes ☐ (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 entity⁵ of a publicly traded company (a company whose shares are regularly traded on an established securities market) Yes ☐ (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: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company
 Name of stock exchange

3. Is the Entity an active⁶ NFE Yes ☐ (If yes, please fill UBO declaration in the next section.)
 Nature of Business
 Please specify the sub-category of Active NFE (Mention code – refer 2c of Part D)

4. Is the Entity a passive⁷ NFE Yes ☐ (If yes, please fill UBO declaration in the next section.)
 Nature of Business

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 details of each controlling person(s)¹⁰, 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).

S.No.	1	2	3
Name of Beneficial Owner / Controlling Person			
Percentage of Beneficial Interest			
Gender			
Date of Birth			
Father's Name			
Country of Birth			
Place of Birth			
Nationality			
PAN			
Country of Tax Residency *			
Tax ID No Or Equivalent for each country %			
Tax ID Type (TIN or Other)			
Type Code (CP/UBO Code) ⁹			
Occupation Type			
Address Type			
Address			
ZIP			
State			
Country			

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

*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

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/Mutual Fund 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 SBI 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.

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions and Definitions) 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																	1st Authorised Signatory			
Designation																				
Name																	2nd Authorised Signatory			
Designation																				
Name																	3rd Authorised Signatory			
Designation																				
Place																	Date	/	/	

Place _____