	Application No. :
Please fill in ENGLISH and in BLOCK LETTERS	South Gujarat ARN: 54854
A. Identity Details (please see guidelines overleaf)	
1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box b	lank between 2 words. Please do not abbreviate the Name
2. Date of Incorporation d d / m m / y y y Place of Incorporation	
3. Registration No. (e.g. CIN) Date of commencem	ent of business ddd/mmm/yyyy
4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership △ AOP Bank Government Body Non-Government Organisation Defence Establishmen Others (Please specify)	Trust / Charities / NGOs FI FI K Body of Individuals Society LLP
5. Permanent Account Number (PAN) (MANDATORY)	ose a duly attested copy of your PAN Card
B. Address Details (please see guidelines overleaf)	
1. Address for Correspondence	
City / Town / Village	Postal Code
	Country
2. Contact Details Fel. (Off.) (ISD) (STD) (ISD) (ISD) <th(isd)< th=""> (ISD) <th(isd)< td=""><td>(STD)</td></th(isd)<></th(isd)<>	(STD)
Ref. (017) (150) (310) Mobile (ISD) (SD)	(STD)
E-Mail ld. 3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d	
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y	УУУ
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y 4. Registered Address (If different from above)	y y y
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4. Registered Address (If different from above)	Country against the document atta
 4. Registered Address (If different from above) City / Town / Village State 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d *Latest Telephone Bill (only Land Line) 	Country against the document atta
 4. Registered Address (If different from above) 	Country countr
 4. Registered Address (If different from above) City / Town / Village State 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d *Latest Telephone Bill (only Land Line) =*Latest Electricity Bill =*Latest Bank Account Statement Any other proof of address document (as listed overleaf).(Please specify) *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y C. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoter	Country countr
4. Registered Address (If different from above)	Country countr
4. Registered Address (If different from above) City / bwn / Village Image: City / bwn / Village State Image: City / bwn / Village Any other proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d Any other proof of address document (as listed overleaf). 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoter (Please use the Annexure to fill in the details) 2. Any other information: DECLARATION WWe 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	Country countr
4. Registered Address (If different from above) 4. Registered Address (If different from above) 6. Registered Address (If different from above) 6. City / bwn / Vilage 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d State 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d	Country
4. Registered Address (If different from above) 4. Registered Address (If different from above) 6. Registered Address (If different from above) City / own / Village 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d State 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d State 6. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d State 7. Name, Pan, DiN/Aadhaar Number, residential address submitted 9. C. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoter (Please use the Annexure to fill in the details) 2. Any other information: DECLARATION WWe 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 forit. Place:	Country
4. Registered Address (If different from above) 4. Registered Address (If different from above) 6. Registered Address (If different from above) 6. Gity / Dwn / Village 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d 6. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d 6. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d 6. Proof of address document (as listed overleaf). (Please specify) *Not more than 3 Months old. Validity/Expiry date of proof of address submitted 7. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoter (Please use the Annexure to fill in the details) 2. Any other information: DECLARATION WWe hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and l/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. Place:	Country
4. Registered Address (If different from above) 4. Registered Address (If different from above) 6. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d Attest Telephone Bill (only Land Line) *Latest Electricity Bill *Attest Telephone Bill (only Land Line) *Latest Electricity Bill *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d d /mm Y C. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoter (Please use the Annexure to fill in the details) 2. Any other information: DECLARATION WWe 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. Place:	Country counters & tick (-/) against the document atta Registered Lease / Sale Agreement of Office Pren y y y s/Partners/Karta/Trustees/whole time direct URE(S) SED
4. Registered Address (If different from above) 4. Registered Address (If different from above) 6. Registered Address (If different from above) 6. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d Any other proof of address document (as listed overleaf).(Please specify) *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d C. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoter (Please use the Annexure to fill in the details) 2. Any other information: DECLARATION WWe hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and l/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. Place:	Country

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	PAN Name		Residential Address	tial Address Relationship with Applicant (i.e. promoters, whole time directors etc.)							
	(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)								
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)								

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)		

Date D D M M M Y Y Y Y



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	ANNEXURE I - DETAILS	OF	ULTIM		BEN	EFIC	CIAL	ow	/NEF	र/ C0	ONT	ROL	LING	PE	ERS	ON	INC	LUD	ING	AD	DITIO	NA	l FA	ATC/	A &	CRS	S INF	OR	MAT	ION	
Nai	ne of the Entity																										<u> </u>				
Cu	stomer ID / Folio Numbe	r																													
PAI	N															Dat	e of	fince	orpo	rati	on	D	D	/	Μ	М	/	Υ	Υ	Υ	Υ
Тур	e of address given at Kl	RA				Re	eside	ntial							Bus	ines	s							Reg	giste	red	Offic	e			
"Ada	ress of tax residence would be take	en as a	available	in KRA (databa	ase. Ir	se. In case of any change, please approach KRA & notify the changes"																								
	e of Identification Docu		nt giver	n at K	RA																										
	ntification Document No					_																									
	cument Issuing Country	_			1					1								1									1	1			
Pla	ce of incorporation																														
Co	untry of incorporation																														
Ent	ity Constitution Type		Partner	ship Fi	rm		HUF	-		Priv	ate L	imite	d Com	par	лy		Ρι	ublic I	Limite	ed C	ompar	ny [5	Socie	ty		AOP/	BOI			
Plea	se tick as appropriate		Trust	Liqui	dato	r 🗆	HUF Private Limited Company Public Limited Company Society AOP/BOI Limited Liability Partnership Artificial Juridical Person Others specify																								
Ple	ase tick the applicable t	ax re	esiden	t decl	arat	ion	_																								
	s "Entity" a tax resident							ndia	1	🗆 Y	'es		🗆 N	0																	
(If yes, please provide all cour	ntries	in which	h the e	ntity	is a r	eside	ent fo	r tax	purpo	oses	and t	he ass	soci	ated	Tax	ID nı	umbe	r belo	ow.)											
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																					()		. 0	anei	, p r	cus	c sp	conj	·/		
						_																									
	[%] 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																														
	are tax resident issues suc ase TIN or its functional eq																														
In c	ase the Entity's Country of	of Inc	cornora	ation /	Tay	rosi	donc	o is	us	but	Entif	vie	not a	Sn	ocifi	l ha	ISI	Pors	on n	non	tion F	ntit	v's 6	yon	nnti	on c	aho	her	2		
	use the Entity's country t	51 1110	corport		Tux	1031	uene	.0 13				-	Decla					1 013	011, 11	nen			y 3 c	Acti	npu		ouc	ner	•		
		(Pl	lease c	onsul	t yoı	ur pr	ofess	siona									on F	ATC	4 & C	CRS	class	sifica	atior	1)							
PA	RTA (to be filled by Fin	anci	ial Insti	tutions	sor	Dire	ct Re	eport	ting N	VFEs	5)																				
1.	We are a:			GI	IN									Γ			Т			Τ		Τ	1								
	Financial institution ¹			No	ote: I	f you	u do u	not ł	nave	aG	IIN b	out yo	ou are	e sp	oons	ored	d by	anot	ther (enti	ty, ple	ase	pro	vide	e you	ur sp	ons	or's (GIIN	abo	ve
	or			an	d ind	dicat	e yo	ur sp	oons	or's	nam	e be	low																		
	Direct reporting NFE ²			Na	me	of sp	oons	oring	g ent	ity																					
	(please tick as appropria	ate)		[_					T																	٦
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	RT B (please fill any one																														
1.	Is the Entity a publicly transformer are regularly transformer and the second s												lf yes,																		
	· · · · · · · · · · · · · · · · · · ·									·	Nar	ne o	f stoc	k e	xcha	ange	·														
2.	Is the Entity a related en										Yes		(If yes,	plea	ase sp	pecify	nam	e of th	e liste	d cor	npany a	and o	ne st	ock e	xcha	nge c	on whie	ch the	stock	is	
	(a company whose shar	es ai	re regu	larly t	rade	d on	n an e	estal	blish	ed			regular	ly tra	aded))															
securities market)										f liste of re						ftha	Lioto	d Co				Con	trollo	d by	<u></u>	had C					
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3.	Is the Entity an <i>active</i> ⁶ N	VFF											f stoc (If ye:			-		decla	aratio	n in	the ne	xt se	ectio	n)	-						
0.													of Bus				000	00010	ai atio				50110	,							
													specif			ub-c	ated	gory	of Ac	tive	NFE						ntion c	ode -	refer	2c of	
4.	Is the Entity a passive ⁷ I	NFF									Yes		(If yes										ctior	n.)		Part	ט)				
																	20					50	2001	,							
¹ Re	er 1 of Part D ² Refer 3(vii) of P	Part D	³ Refe	'1A o	of Par	rt D I	⁴Ref	er 2a	of P			of Bus tefer 2				⁶ F	Refer	2c of	Pa	t D I	⁷ Ref	er 3	(ii) o	f Pai	rt D	⁸ Ref	er 3(viii) o	of Pa	rt D
	,																•							. , ,				-1	,.		

PART C UBO / Controlling Person Declaration											
Category (Please tick applicable category):		•	Liability Partnership Company								
Unincorporated association / body of individua Others (please specify	als Public Charitable T	rust Religious Trus	t Private Trust								
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 per			• •								
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											
*Additional details to be filled by controlling persons with tax * To include US, where controlling person is a US citizen or g %It is mandatory to supply a TIN or functional equivalent if th please provide an explanation and attach this to the form	green card holder										
⁹ Refer 3(iv) (A) of Part D ¹⁰ Refer 3(iv) of part D											
The Central Board of Direct Taxes has notified Rules Bank/Mutual Fund to seek additional personal, tax and cases, information will have to be reported to tax auth such as withholding agents for the purpose of ensuring Should there be any change in any information provide	beneficial owner information and certa orities/ appointed agencies. Towards c appropriate withholding from the accou	x Rules, 1962, which Rules require Inc in certifications and documentation fro ompliance, we may also be required to nt or any proceeds in relation thereto.	m all our account holders. In relevant								
Please note that you may receive more than one reques	t for information if you have multiple related	tionships with SBI Mutual Fund or its gro	oupentities. Therefore, it is important								
that you respond to our request, even if you believe you If you have any questions about your tax residency, pl			izen or resident or green card holder,								
please include United States in the foreign country info	prmation field along with the US Tax Iden	tification Number.									
I / We have understood the information requirements of provided by me / us on this Form is true, correct, and comp accept the same.											

Name											
Designation										1s	Authorised Signatory
Name											
Designation										2n	d Authorised Signatory
Name											
Designation										3rc	Authorised Signatory
Place	 									Date	/ /