

A. Identity Details (please see guidelines overleaf)

[illegible]

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence																																		
City / Town / Village															Postal Code																			
State															Country																			
2. Contact Details																																		
Tel. (Off.)					(ISD)			(STD)			Tel. (Res.)					(ISD)			(STD)															
Mobile					(ISD)			(STD)			Fax					(ISD)			(STD)															
E-Mail Id.																																		
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.																																		
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises <input type="checkbox"/> 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 <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">d</td> <td style="border: 1px solid black; width: 20px; text-align: center;">d</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">m</td> <td style="border: 1px solid black; width: 20px; text-align: center;">m</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> </tr> </table>																									d	d	/	m	m	/	y	y	y	y
d	d	/	m	m	/	y	y	y	y																									
4. Registered Address (If different from above)																																		
City / Town / Village															Postal 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.																																		
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises <input type="checkbox"/> Any other proof of address document (as listed overleaf).(Please specify)																																		
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d	d	/	m	m	/	y	y	y	y																									

C. Other Details (please see guidelines overleaf)

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

2. Any other information:

DECLARATION

I/We 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: _____

Date: _____

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

FOR OFFICE USE ONLY

AMC/Intermediary name **OR** code

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

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date _____

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)/ Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Place for
Intermediary Logo



Name & Signature of the Authorised Signatory(ies) Date d | d | / m | m | / y | y | y | y |



¹Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁶Refer 1 of Part D | ⁷Refer 3(vii) of Part D | ¹⁰Refer 1A of Part D

UBO Declaration

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

☐ Listed Company (Need not provide UBO details sought under) ☐ 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).

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person #Country - Tax Residency* #Tax ID No. - Or functional equivalent for each country ⁶		#Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Type Code ¹¹ - of Controlling person		Address - Include State, Country, PIN / ZIP Code & Contact Details	
1. Name		Tax ID Type		Address	
Country		Beneficial Interest			
Tax ID No.		Type Code		ZIP	<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"/> <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
2. Name		Tax ID Type		Address	
Country		Beneficial Interest			
Tax ID No.		Type Code		ZIP	<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"/> <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
3. Name		Tax ID Type		Address	
Country		Beneficial Interest			
Tax ID No.		Type Code		ZIP	<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"/> <input type="text"/> State: <input type="text"/> Country: <input type="text"/>

If passive NFE, please provide below additional details. *(Please attach additional sheets if necessary)*

PAN City of Birth Country of Birth		Occupation Type - <i>Service, Business, Others</i> Nationality Father's Name - <i>Mandatory if PAN is not available</i>		DOB - <i>Date of Birth</i> Gender - <i>Male, Female, Other</i>	
1. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	<div>Male</div> <div>Female</div>
Country of Birth		Father's Name			<div>Others</div>
2. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	<div>Male</div> <div>Female</div>
Country of Birth		Father's Name			<div>Others</div>
3. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	<div>Male</div> <div>Female</div>
Country of Birth		Father's Name			<div>Others</div>

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

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

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

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

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. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification

I have understood the information requirements of this Form (*read along with the Instructions & Definitions*) and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

[illegible][illegible]

Signature >> Place _____

Signature >> Place _____ Date ____/____/____

Signature >>		Date / /
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