Know Your Client (KYC) Application Form (For Non-Individuals Only)



Place for Intermediary Logo

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS	CVL		South Gu	ujarat ARN: 54854					
A. Identity Details (please see guidelines overleaf)									
1. Name of Applicant (Please write complete name as per Certificate of Incorporate	tion / Registrat	ion; leaving one box bla	nk between 2 words.	Please do not abbreviate the Name).					
2. Date of Incorporation d d d / m m / y y y y Place	e of Incorpor	ration							
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 ☐ HUF ☐ FI☐ FI☐ FI☐ FI☐ FI☐ FP☐ Category ☐ FP☐ Category ☐ FP☐ Category ☐ 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		1111							
City / Town / Village				Portal Codo					
City / Town / Village State		Co	ountry	Postal Code					
2. Contact Details Tel. (Off.) (ISD) (STD)		Tel. (Res.) (ISD) ((STD)						
Mobile (ISD) (STD) E-Mail Id.			STD)						
	fy)		Registered Lease y y y y	/ Sale Agreement of Office Premises					
City / Town / Village				Postal Code					
State		Co	ountry	1 33(3)					
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. Validity/Expiry date of proof of address submitted d d / m m / y y y y									
C. Other Details (please see guidelines overleaf)									
1. Name, PAN, DIN/Aadhaar Number, residential address and (Please use the Annexure to fill in the details)	l photogra	phs of Promoters	/Partners/Karta/	Trustees/whole time directors					
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. NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)									
Place:		,							
Date:									
	OFFICE U	SE ONLY							
AMC/Intermediary name OR code			Seal/Stam	np of the intermediary should contain					

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Staff Name Designation Name of the Organization

> Signature Date

ividuals	_			
Form for Non-Individu	Photograph			
KYC) Application F	Relationship with Applicant (i.e. promoters, whole time directors etc.)			
ing a part of Know Your Client (Residential / Registered Address			
e directors formi	DIN (For Directors) / Aadhaar Number (For Others)			
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			
Details of Promoters/ Partne South Gujarat ARN: 54854 Name of Applicant	PAN			
Detail South (Sr. No.			

Place for Intermediary Logo

Date | d | d | / | m | m | / | y | y | y | y |

Name & Signature of the Authorised Signatory(ies)



www.sundarammutual.com

SUNDARAM MUTUAL KYC additional details & FATCA-CRS Annexure for Entities including UBO

Details of Ultimate Beneficial Owner (UBO) including additional FATCA & CRS information (please include other references for completeness sake) South Gujarat ARN: 54854

Name	of the entity:														
"Addı	of address given a ress of tax residence	ce wou	ıld be tai	ken as avail		database.		_	isiness nge, pleas	_	Registered roach KRA		he chan	ges"	
	omer ID / Foio Num									Date	of incorn	oration	,	/	
	of incorporation:										•				
-	try of incorporation														
	/orth in INR. In ₹ La	akhs [let Worth as				YYY	(Date should	not be old	der than one	e year)
	e entity involved			ange Yes	0	/ Gamblin	0 100		loney	Yes	Any	other inform	ation [if	applicabl	e]
	e services:		ney Cha Services		casinos, be	Services [e tting syndi			ndering / wning	No					
Entity	Constitution Type:						ted Compan								
Plase	e tick the applicab				-	-artifiersi il	p o Artilicia	Juriuk	cai reisoi	I K O	illers spec	۱۱ y)
	e tick the applicab itity" a tax resident					e 🗆 No									
	s, please provide co						purposes ar	nd the a	associated	d Tax IE	D Number	below)			
(y 00	Coun					Tax Identification Number%			Identification Type (TIN or Other%, please specify)					ify)	
	se Tax Identification Nu e TIN or its functional							ımber o	r Global En	ntitv Ider	ntification N	lumber or GIIN	l etc.		
				,		,				,					
	se the Entity's C	_		•	/ Tax resid	ence is l	J.S. but En	tity is	not a S	pecifie	d U.S. P	erson, men	tion En	tity's exe	mption
	here:														
FAT	CA & CRS declara	ation (Please c	onsult your	professional	tax adviso	or for further	guidan	ce on FAT	TCA &	CRS class	sification)			
				Part A (to	be filled by	Financia	I Institution	s or Di	rect Repo	orting	NFEs)				
			I				IN but you	(2)	IN not ava	ailable	(please tic	k as applica	ble):		
	We are a						se provide y		Applied	for					
1	Financial institu					nd indicate	your spons	or's	the entity	is a Fir	nancial Ins	stitutions:			
'	Direct reporting please tick as app		to)	<i>name below</i> Name of sp	of sponsoring entity:				Not required to apply for					1	
									(Please specify 2 digits sub-category3 Not obtained – Non-participating FI)	
		Dowl	D (nlass						-4646	Dina	at Damani	tina AIFFail			
						•	be filled by								
1	Is the Entity a pub is, a company who	ose sh	ares are	regularly	at Yes	∐ No	(If yes,	please	specify any	one st	ock exchan	ge on which tl	ne stock i	is regularly	traded)
	traded on an estal	blished	d securiti	ies market)	Name of	the stock	exchange								
					☐ Yes	☐ No	(If yes, please s	pecify nar	me of the liste	d compar	ny and one sto	ick exchange on v	vhich the st	tock is regular	ly traded)
	Is the Entity a relational traded company ⁵				Name of	the listed	company								
2	are regularly trade securities market)	d on a				f relation:	☐ Subsidi	any of t	he listed (compa	iny or \square	Controlled h	v a liste	d compa	nv
	securities markety				rtataro o	r rolation.	Cubbiai	ary or t	ino notou v	oompa	y 0	Controlled b	y a noto	a compa	·y
					Name of	the stock	exchange								
					☐ Yes	☐ No					(If yes,	please, fill UBO	decleratio	n in the next	section)
3	Is the Entity an ac	tive N	=E6		Nature o	f business	3								
	-						sub-categor		tive NFE:						
			 7		☐ Yes	☐ No		,			(If yes,	please, fill UBO	decleratio	n in the next	section)
4	Is the Entity a pas	sive N	FE'		Nature o	f business	·								
¹ Refe	r 1 of Part D ² F	Refer 3(vii) of Par	t D 3 Refer	1A. of Part D	⁴ Refer	2a of Part D	⁵ Re	efer 2b of F	Part D	⁶ Refer 2	2c of Part D	⁷ Refe	er 3(ii) of Pa	art D

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Sundaram Asset Management

KYC additional details & FATCA-CRS Annexure for Entities including UBO

UBO Declaration									
Category (Please tick applicable category): Unlisted	y (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partner								
☐ Unincorporated association / body of individuals									
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's ⁸ should provide FFI Owner Re	eporting Sta	tement and A	uditor's Lette	er with require	d details as mer	tioned in Forms W8 BEN E			
Name - Beneficial Owner / Controlling person Country - Tax Residency*	Beneficial	De - TIN or Other Interest - in p e ⁹ - of controllin	ercentage	Address - Ir Address Ty		PIN / ZIP Code & Contact Details			
Tax ID No Or functional equivalent for each country*									
1. Name	Beneficial Inte	erest		Address					
Country	Type Code . Address Type								
Tax ID No. [%]		☐ Business ☐ Re	gistered Office	ZIP	State:	Country:			
2. Name		erest		Address					
Country									
Tax ID No. [%]	Address Type	□ B		ZIP 🗆		Country:			
		☐ Business ☐ Re		211	Otato				
3. Name		erest		Address					
Country				·					
Tax ID No. [%]	Address Type	☐ Business ☐ Re	nistared Office	ZIP		Country:			
# If Passive NFE, please provide below additional details		_ Dusiness _ ne	gistered Office		(Please attach	additional sheets if necessary)			
PAN / Any other Identification number		Occupation	Type - Service	e, Business Others					
PAN , Aadhar, Election ID, Govt ID, Driving Licence, NREGA Job Card, O	thers)	Nationality			Gende	· Date of Birth er - Male, Female, Other			
City of Birth - Country of Birth				/ if PAN is not avail					
1. PAN		•	Туре		DOB	DD/MM/YYYY			
City of Birth Country of Birth		Nationality Father's Nar	ne		Gende	Male Female Others			
2. PAN		Occupation	Туре		DOB	D D / M M / Y Y Y Y			
City of Birth		Nationality							
Country of Birth		Father's Nar	ne			Others			
3. PAN		Occupation	Туре		DOB	DD/MM/YYYY			
City of Birth		Nationality			Gende	r Male Female			
Country of Birth		Father's Nar				Others			
# 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 persons is a US citizen or green card holder									
% Incase Tax identification is not available, kindly provide function									
⁸ Refer 3(vi) of Part D ⁹ Refer 3(iv) (A) of Part D									
	FATCA -	CRS Terms	and Condition	ns					
The Central Board of Direct Taxes has notified Bules 114F to 1	14H as part o	of the Income-t	ax Rules 1962	which Rules re	equire Indian financ	ial institutions such as the Bank to			
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 to seek additional personal tax and beneficial owner information and certain certifications and documentations 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 Sundaram Asset Management Company/Sundaram 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 country of Tax Residence 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 understood the information requirements of 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 also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.									
Name									
Designation									
					Place				
					FIACE				
Signature	Signatu	ire		Signature	Date	//			
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