

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 |

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:

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office
"Address of tax residence would be taken as available in KRS database. In case of any change, please approach KRA and notify the changes"

Customer ID / Foio Number:

PAN..... Date of incorporation/...../.....

City of incorporation:.....

Country of incorporation:.....

Net Worth in INR. In ₹ Lakhs Net Worth as on (Date should not be older than one year)

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	Yes No	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	Yes No	Money Laundering / Pawning	Yes No	Any other information [if applicable]
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Entity Constitution Type: **A** Partnership Firm **B** HUF **C** Private Limited Company **D** Public Limited Company **E** Society **F** AOP/BOI **G** Trust
H Liquidator **I** Limited Liability Partnership **J** Artificial Juridical Person **K** Others specify.....

Please tick the applicable tax resident declaration:

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)

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

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 code 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 <input type="checkbox"/> Financial institution ¹ or <input type="checkbox"/> Direct reporting NFE ² (please tick as appropriate)	GIIN:..... 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: Name of sponsoring entity:	GIIN not available (please tick as applicable): <input type="checkbox"/> Applied for If the entity is a Financial Institutions: <input type="checkbox"/> Not required to apply for (Please specify 2 digits sub-category ³) <input type="checkbox"/> 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 company ⁴ (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify any one stock exchange on which the stock is regularly traded)	Name of the stock exchange
2	Is the Entity a related entity of a publicly traded company ⁵ (a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)	Name of the listed company..... Nature of relation: <input type="checkbox"/> Subsidiary of the listed company or <input type="checkbox"/> Controlled by a listed company Name of the stock exchange
3	Is the Entity an active NFE ⁶	<input type="checkbox"/> Yes <input type="checkbox"/> No (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 passive NFE ⁷	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please, fill UBO declaration in the next section)	Nature of business

¹ Refer 1 of Part D

² Refer 3(vii) of Part D

³ Refer 1A. of Part D

⁴ Refer 2a of Part D

⁵ Refer 2b of Part D

⁶ Refer 2c of Part D

⁷ Refer 3(ii) of Part D

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

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
☐ 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's⁸ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Forms W8 BEN E

Name - Beneficial Owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country*	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ⁹ - of controlling person	Address - Include State Country, PIN / ZIP Code & Contact Details Address Type -
1. Name Country Tax ID No.%	Tax ID Type..... Beneficial Interest Type Code Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address..... ZIP [][][][][][] State:.....Country:.....
2. Name Country Tax ID No.%	Tax ID Type..... Beneficial Interest Type Code Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address..... ZIP [][][][][][] State:.....Country:.....
3. Name Country Tax ID No.%	Tax ID Type..... Beneficial Interest Type Code Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address..... ZIP [][][][][][] State:.....Country:.....

If Passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification number PAN, Aadhar, 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. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D / M M / Y Y Y Y Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D / M M / Y Y Y Y Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D / M M / Y Y Y Y Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>

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

% In case Tax identification is not available, kindly provide functional equivalent

⁸ Refer 3(vi) of Part D ⁹ Refer 3(iv) (A) of Part D

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 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			
Signature	Signature	Signature	Place
			Date