	LOCK LETTERS		South Gujarat ARN: 54854
A. Identity Details (please see			
	-	ration / Registration; leaving one box blank be	etween 2 words. Please do not abbreviate the Name)
2. Date of Incorporation d d/	m <b>/</b> _ y _ y _ y _ y _ PI	lace of Incorporation	
3. Registration No. (e.g. CIN)		Date of commencement of	business d d / m m / y y y
4. Status Please tick (✓) □ Private Ltc □ AOP □ Bank □ Govern Others (Please specify)	I. Co.  Public Ltd. Co.  Boo ment Body  Non-Government Or		/ Charities / NGOs
5. Permanent Account Number (PAN	) (MANDATORY)	Please enclose a c	luly attested copy of your PAN Card
B. Address Details (please see	e guidelines overleaf)		
1. Address for Correspondence	galacines overlealy		
City / Town / Village State		Country	Postal Code
2. Contact Details			
Tel. (Off.) (ISD) (STD) Mobile (ISD) (STD)		Tel. (Res.) (ISD) (STD) Fax (ISD) (STD)	
E-Mail Id.	d hy Applicant Place cubmit AN	IV ONE of the following valid docum	ents & tick ( $\checkmark$ ) against the document attac
<ul> <li>*Latest Telephone Bill (only La</li> <li>Any other proof of address de</li> <li>*Not more than 3 Months old. Validi</li> </ul>	ocument (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub</sup>	ecify)	gistered Lease / Sale Agreement of Office Prem y y
<ul> <li>*Latest Telephone Bill (only Latentia)</li> <li>Any other proof of address detection</li> </ul>	ocument (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub</sup>	ecify)	gistered Lease / Sale Agreement of Office Prem
*Latest Telephone Bill (only La     Any other proof of address du     *Not more than 3 Months old. Validi <b>4. Registered Address (If differ</b> City / Town / Village	ocument (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub</sup>	ecify) mitted d d / m m / y y	y y y
*Latest Telephone Bill (only La     Any other proof of address de     *Not more than 3 Months old. Validi <b>4. Registered Address (If differ</b> City / Town / Village     State	bournent (as listed overleaf).(Please spectry/Expiry date of proof of address sub rent from above)	ecify) pmitted d d / m m / y y	y y y
*Latest Telephone Bill (only La Any other proof of address de *Not more than 3 Months old. Validit 4. Registered Address (If different City / Town / Village 5. Proof of address to be provide *Latest Telephone Bill (only La Any other proof of address de	bournent (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above) d by Applicant. Please submit AN and Line) =*Latest Electricity Bill = bournent (as listed overleaf).(Please spectre)</sup>	ecify) pmitted d d / m m / y y	y y y
*Latest Telephone Bill (only La Any other proof of address de *Not more than 3 Months old. Validit 4. Registered Address (If different City / Town / Village 5. Proof of address to be provide *Latest Telephone Bill (only La Any other proof of address de	bournent (as listed overleaf).(Please spectry/Expiry date of proof of address sub rent from above) d by Applicant. Please submit AM nd Line)Latest Electricity Bill	ecify) pmitted d d / m m / y y	y y y Postal Code Postal Code to the total state of total state of the total state of total state of the total state of total state
*Latest Telephone Bill (only La Any other proof of address de *Not more than 3 Months old. Validit 4. Registered Address (If different City / Town / Village 5. Proof of address to be provide *Latest Telephone Bill (only La Any other proof of address de	bournent (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above) d by Applicant. Please submit AN and Line)Latest Electricity Bill bournent (as listed overleaf).<sup>(Please spectry</sup></sup>	ecify) pmitted d d / m m / y y	y y y Postal Code Postal Code to the total state of total state of the total state of total state of the total state of total state
<ul> <li>*Latest Telephone Bill (only La</li> <li>Any other proof of address de</li> <li>*Not more than 3 Months old. Validi</li> <li>4. Registered Address (If different of the second of the secon</li></ul>	bournent (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above) d by Applicant. Please submit AM ad Line) = *Latest Electricity Bill bocument (as listed overleaf).<sup>(Please spectry/Expiry date of proof of address sub guidelines overleaf)</sup></sup>	ecify) pmitted d d / m m / y y pmitted d d / m m / y y pmitted d d / m m / y y pmitted d d / m m / y y pmitted d d / m m / y y	y y y Postal Code Postal Code to the total state of total state of the total state of total state of the total state of total state
<ul> <li>*Latest Telephone Bill (only La</li> <li>Any other proof of address de</li> <li>*Not more than 3 Months old. Validit</li> <li>4. Registered Address (If different of the second of the seco</li></ul>	bournent (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above) d by Applicant. Please submit AM ad Line) = *Latest Electricity Bill bocument (as listed overleaf).<sup>(Please spectry/Expiry date of proof of address sub guidelines overleaf)</sup></sup>	ecify) pmitted d d / m m / y y pmitted d d / m m / y y pmitted d d / m m / y y pmitted d d / m m / y y pmitted d d / m m / y y	y     y       y     y       y     y       y     y       y     y       y     y       y     y       y     y       y     y       y     y       y     y
<ul> <li>*Latest Telephone Bill (only La</li> <li>Any other proof of address de</li> <li>*Not more than 3 Months old. Validit</li> <li>4. Registered Address (If different of the second of the seco</li></ul>	bournent (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above) d by Applicant. Please submit AM ad Line) = *Latest Electricity Bill bocument (as listed overleaf).<sup>(Please spectry/Expiry date of proof of address sub guidelines overleaf)</sup></sup>	ecify) pmitted d d / m m / y y pmitted d d / m m / y y pmitted d d / m m / y y pmitted d d / m m / y y pmitted d d / m m / y y	y     y       y     y       y     y       y     y       y     y       y     y       y     y       y     y       y     y       y     y       y     y
*Latest Telephone Bill (only La Any other proof of address de *Not more than 3 Months old. Validit 4. Registered Address (If differed	bournent (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above) d by Applicant. Please submit AN ad Line)tatest Electricity Bill bournent (as listed overleaf).<sup>(Please spectry/Expiry date of proof of address sub guidelines overleaf) Humber, residential address ar Il in the details) ARATION etails furnished above are true</sup></sup>	ecify) pmitted d d / m m / y y pmitted d d / m m / y y country PV ONE of the following valid docume *Latest Bank Account Statement Re ecify) pmitted d d / m m / y y mnd photographs of Promoters/Par and take	y y y y y y y y y y y y y y y y y y y
*Latest Telephone Bill (only La Any other proof of address de *Not more than 3 Months old. Validit 4. Registered Address (If different address (If different address) 6. Proof of address to be provide 5. Proof of address to be provide *Latest Telephone Bill (only La Any other proof of address de *Not more than 3 Months old. Validit C. Other Details (please see gent address) 1. Name, PAN, DIN/Aadhaar M (Please use the Annexure to ferent address) DECLA IWWe hereby declare that the decorrect to the best of my/our know to inform you of any changes the above information is found to be address of the provide address of the p	bournent (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above) d by Applicant. Please submit AN and Line) =*Latest Electricity Bill = bournent (as listed overleaf).<sup>(Please spectry/Expiry date of proof of address sub submet, residential address ar Il in the details) ARATION etails furnished above are true vledge and belief and I/we under rein, immediately. In case any of pe false or untrue or misleading</sup></sup>	and take f the g or t.	y y y y y y y y y y y y y y y y y y y
*Latest Telephone Bill (only La Any other proof of address de *Not more than 3 Months old. Validir 4. Registered Address (If different (City / Town / Village) 5. Proof of address to be provide State 5. Proof of address to be provide *Latest Telephone Bill (only La) 6. Any other proof of address de *Not more than 3 Months old. Validir C. Other Details (please see content) 1. Name, PAN, DIN/Aadhaar M (Please use the Annexure to ferent) 2. Any other information: DECLA I/We hereby declare that the decorrect to the best of my/our know to inform you of any changes the above information is found to the misrepresenting, I am/we are aware	bournent (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above) d by Applicant. Please submit AN and Line) =*Latest Electricity Bill = bournent (as listed overleaf).<sup>(Please spectry/Expiry date of proof of address sub submet, residential address ar Il in the details) ARATION etails furnished above are true vledge and belief and I/we under rein, immediately. In case any of pe false or untrue or misleading</sup></sup>	ecify) pritted d d / m m / y y private d d d d / m m / y y private d d d d / m m / y y private d d d d d d d d d d d d private d d d d d d d private d d d d d d d private d d d d d d private d d d d d private d d d d private d d d d d private d d d private d d d d private d d private d d d private d d private d d priva	y y y y y y y y y y y y y y y y y y y
*Latest Telephone Bill (only La Any other proof of address de *Not more than 3 Months old. Validi 4. Registered Address (If different of the second of the seco	bournent (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above) d by Applicant. Please submit AN and Line) =*Latest Electricity Bill = bournent (as listed overleaf).<sup>(Please spectry/Expiry date of proof of address sub submet, residential address ar Il in the details) ARATION etails furnished above are true vledge and belief and I/we under rein, immediately. In case any of pe false or untrue or misleading</sup></sup>	and take f the g or t.	y y y y y y y y y y y y y y y y y y y
*Latest Telephone Bill (only La Any other proof of address de *Not more than 3 Months old. Validi 4. Registered Address (If different of the second of the seco	comment (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above)  d by Applicant. Please submit AN nd Line)*Latest Electricity Bill comment (as listed overleaf).<sup>(Please spectry/Expiry date of proof of address sub guidelines overleaf)  lumber, residential address ar ll in the details)  ARATION  ARATION  Arails furnished above are true vledge and belief and I/we under rein, immediately. In case any of be false or untrue or misleading e that I/we may be held liable for i </sup></sup>	and take f the g or t.	y y y y y y y y y y y y y y y y y y y
<ul> <li>*Latest Telephone Bill (only La</li> <li>Any other proof of address de</li> <li>*Not more than 3 Months old. Validit</li> <li>4. Registered Address (If different of the second of the seco</li></ul>	comment (as listed overleaf). <sup>(Please spectry/Expiry date of proof of address sub rent from above)  d by Applicant. Please submit AN nd Line)*Latest Electricity Bill comment (as listed overleaf).<sup>(Please spectry/Expiry date of proof of address sub guidelines overleaf)  lumber, residential address ar ll in the details)  ARATION  ARATION  Arails furnished above are true vledge and belief and I/we under rein, immediately. In case any of be false or untrue or misleading e that I/we may be held liable for i </sup></sup>	ecify) pmitted d d / m m / y y pmitted d d / m m / y y country PM ONE of the following valid docum and take f the g or it. NAME & SIGNATURE OF AUTHORISED PERSON(S)	y y y y y y y y y y y y y y y y y y y

orm for Non-Individuals	PAN of the Applicant	Photograph			
KYC) Application F	PAN of the Applicant	Relationship with Applicant (i.e. promoters, whole time directors etc.)			
ng 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 Guiarat ARN: 54854		Name			
s of Promoters/ Partners	Name of Applicant	PAN			
Detail South G	Name of	Sr. No.			

Date [d ] d ] / [m ] m ] / [y | y | y ] y ]

Name & Signature of the Authorised Signatory(ies)



#### TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021 FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)



South Gujarat ARN: 54854

#### 1. Entity Details

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 KRA database. In case of any change, please approach KRA & notify the changes					
Application No.			Folio No.			
PAN Number			Date of Incorporation			
City of Incorporation			Country of Incorporation			
Entity Constitution       Partnership Firm       HUF       Private Limited Company       Public Limited Company       Society       A         Type       Trust       Liquidator       Limited Liability Partnership       Artificial Juridical Person       Others specify						
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other than India: Yes No					
Country Tax Identification Number <sup>%</sup> Identification Type (TIN or Other, please specify)						
	tion Number is not available, tional equivalent is not availab			or Global Entity Identification Number or GIIN, etc.		
In case the Entity's Coun	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					

Please refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions

#### 2. FATCA & CRS Declaration

PART	A (to be Filled by Financial Institutions or Dir	ect Reporting NFEs)
1	We are a, Financial institution <sup>3</sup> or Direct reporting NFE <sup>4</sup> (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	) 🗌 Applied for
	If the entity is a Financial institution,	□ Not required to apply for - please specify 2 digits sub-category <sup>10</sup>
		Not obtained - Non-participating FI
PART	<b>B</b> (please fill any one as appropriate "to be fil	led by NFEs other than Direct Reporting NFEs")
1	Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges)	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 entity of a listed company (a company whose shares are regularly traded on an established stock exchanges)	Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where
3	Is the Entity an active <sup>1</sup> NFE	Yes No Nature of Business Please specify the sub-category of Active NFE
4	Is the Entity a passive <sup>2</sup> NFE	Yes No (If yes, please fill UBO declaration in the next section.) Nature of Business

<sup>1</sup> Refer 2 of Part D | <sup>2</sup> Refer 3(ii) of Part D | <sup>3</sup> Refer 1(i) of Part D | <sup>4</sup> Refer 3(vi) of Part D | <sup>10</sup> Refer 1 A of Part D

#### 3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE

Name	Occupation Type -	DOB - Date of Birth
PAN / Any other Identification Number	Service, Business, Others	Gender - Male, Female, Other
(PAN, Aadhar, Passport, Election ID, Govt. ID,	Nationality	
Driving Licence, NREGA Job Card, Others)	Father's Name -	
City of Birth - Country of Birth	Mandatory if PAN is not available	
1. Name	Occupation Type	
PAN	Nationality	
		Gender Male Female Other
City of Birth	_ Father's Name	-
Country of Birth	-	
2. Name	Occupation Type	
PAN	_ Nationality	
		Gender Male Female Other
City of Birth	_ Father's Name	-
Country of Birth	-	
3. Name	Occupation Type	<b>DOB</b> D D / M M / Y Y Y Y Y
PAN	Nationality	
City of Birth	_ Father's Name	
Country of Birth		

# 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.

#### 4. FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested 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 any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen or Green card holder, please include United States in the foreign country information 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 issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

#### 5. Declaration and Signatures

I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same.

ume	
signation	

Place: \_\_\_\_\_

Date: D D / M M / Y Y Y Y

### **SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM** The Application Form should be completed in English and in BLOCK LETTERS only.

ΤΛΤΛ IUTUAL FUND

South Gujarat ARN: 54854 Annexure to Application Form No.		Date : D D / M M / Y Y
I. UNITHOLDER INFORMATION		
a. Name of First / Sole applicant Mr.	Мs М/s.	
2. FIRST/ SOLE APPLICANT OTHER DETAILS (Mand	latory) (Refer instruction 1)	
Individual Non - Individual Is the company a Listed Company or Subsidiar	y of Listed Company or or Controlled by a Listed Company: (if No	o, please attach mandatory UBO declaration): 🗌 Yes 🗌 No
	nor NRI 🗌 Trust 🗌 Proprietorship 🗌 LLP 🗌 Partnership 🗌 P :hers (please specify)	ublic Ltd. Co. 🗌 Pvt. Ltd. Co. 🗌 Non Profit Organisation
b. Occupation Details [Please tick (✓)] □ Private Sector Service □ Public Sector Service □ Business □ Others (please specify)	Retired Government Sector Agriculturist Profes	sional 🗆 Forex Dealer 🗌 Housewife 📄 Student
c. Gross Annual Income (Rs.) [Please tick (√)] Below   Lac   1-5 Lacs   5-10 Lacs   10-2 Networth in (Mandatory for Non-individual) ₹	25 Lacs >25 Lacs-I crore >I crore OR	D / M M / Y Y (not older than I year)
d. Politically Exposed Person (PEP) Status: (Also applicable for authorised signatories/ Promoters/ Karta/ T		to PEP 🔲 Not Applicable
e. For Non-Individual Investors involved/providing any of Foreign Exchange/Money Changer Services Gaming / G	the mentioned services: ambling / Lottery / Casino Services — Money Lending / Pawnin	g 🗌 None of the above
3. DETAILS OF SECOND APPLICANT, IF ANY (Refer Instr a. Name of Second applicant Mr. M b. PAN / PEKRN M a n d a t o r		
c. Occupation Details [Please tick (√)]     Private Sector Service □ Public Sector Service □ Business     Others (please specify)	Retired Government Sector Agriculturist Profes	sional 🗌 Forex Dealer 🗌 Housewife 👘 Student
d. Gross Annual Income (Rs.) [Please tick (√)] □ Below   Lac □ 1-5 Lacs □ 5-10 Lacs □ 10-2 Networth in (Mandatory for Non-individual) ₹		D / M M / Y Y (not older than I year)
e. Politically Exposed Person (PEP) Status : I am PEP	I am Related to PEP Not Applicable	
4. DETAILS OF THIRD APPLICANT, IF ANY (Refer Instruc a. Name of Third applicant Mr. Ms.	tion I) M/s.	
<b>b. PAN / PEKRN</b> M a n d a t o r		
c. Occupation Details [Please tick $(\checkmark)$ ]	Retired Government Sector Agriculturist Profes	sional 🗌 Forex Dealer 🗌 Housewife 🛛 Student
d. Gross Annual Income (Rs.) [Please tick (√)]         Below   Lac       1-5 Lacs         5-10 Lacs       10-7         Networth in (Mandatory for Non-individual) ₹         Belivially Expanded Barran (/EEP) Status = 1 an PEP.	as on	D / M M / Y Y (not older than I year)
e. Politically Exposed Person (PEP) Status : I am PEP		
5. DECLARATION I/We declare that the information is to the best of my/our knowledge of any change in the information. In case any of the above informatio		
Ist Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

TATA	MUTUAL

Name of the Non-Individual

## TATA MUTUAL FUND South Gujarat ARN: 54854 Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021 Form for Aadhaar seeding for Authorized Signatories

**G**¥

PAN/F	PAN/PEKRN				
Detail	Details of Aadhaar & PAN of our Authorized Signatories: (kindly use the Annexure for providing details for more signatories)	se the Annexure for I	providing details for	more signatories)	
S. No.	S. No. Name of the Authorized Signatory (AS)	PAN of AS	Aadhaar of AS	Proof enclosed	Photo of AS
				Self-attested copy of the Aadhaar card*	
				Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	
				Self-attested copy of the Aadhaar card*	
				Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	
				Self-attested copy of the Aadhaar card*	
				Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	

\* suggest to specify the purpose of providing this copy of the Aadhaar card with date

# Certificate from Company Secretary / any other competent authority of the Organization

consented for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the said folios with above mentioned PAN and also for validating the same with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is required under any law / regulatory purpose. Company Secretary / Competent Authority to issue this certification on behalf of the organization hereby confirm the correctness of the above information. The consented for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. They have above specified list of personnel covers all authorized signatories on behalf our organization. We will let you know the changes/modifications from time to time, if any through appropriate means. Above signatories have

Regards For

(Name of the Non-Individual

Company Secretary / Authorized Signatory (ies) Enclosed: As above

Company Seal

Annexure for providing information for additional personnel

	Photo of AS							
	Proof enclosed	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	Self-attested copy of the Aadhaar card* <ul> <li>Letter issued by UIDAI containing Aadhaar Number/</li> <li>Proof of 'Applied for Aadhaar enrolment'</li> </ul>
	Aadhaar of AS							
	PAN of AS							
PAN/PEKRN	vo. Name of the Authorized Signatory (AS)							
PAN,	S. No.							

Sign & Seal with date