A. Identity Details (please see	BLOCK LETTERS	GVL		South Gujarat ARN: 54854
	e guidelines overleaf)			-
1. Name of Applicant (Please write con	nplete name as per C ertificate of Inco	prporation / Registra	tion; leaving one box blank	between 2 words. Please do not abbreviate the Nam
2. Date of Incorporation $\begin{bmatrix} d & d \end{bmatrix}$ /	_ m m / y y y y	Place of Incorpo	ration	
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)	d. Co. Public Ltd. Co. ment Body Non-Government	Body Corporate t Organisation	Partnership Tri Defence Establishment	ust / Charities / NGOs
5. Permanent Account Number (PAN) (MANDATORY)		Please enclose	a duly attested copy of your PAN Card
B. Address Details (please see	e guidelines overleaf)			
1. Address for Correspondence				
City / Town / Village State			Cou	Postal Code
2. Contact Details			Cou	
Tel. (Off.) (ISD) (STD)			Tel. (Res.) (ISD) (ST	7
Mobile (ISD) (STD) E-Mail Id.			Fax (ISD) (ST	D)
				Postal Code
City / Town / Village			C	
State			Cou	
State State 5. Proof of address to be provide	nd Line)	*Latest Bank specify)	e following valid docu Account Statement	Itry Image: Constraint of the constrai
State	nd Line)	*Latest Bank specify)	e following valid docu Account Statement	ments & tick (\checkmark) against the document atta
State	nd Line) [*Latest Electricity Bill ocument (as listed overleaf).(Please ty/Expiry date of proof of address guidelines overleaf) Jumber, residential address	submitted d	e following valid docu Account Statement	ments & tick (\checkmark) against the document atta
State	nd Line) [*Latest Electricity Bill ocument (as listed overleaf).(Please ty/Expiry date of proof of address guidelines overleaf) Jumber, residential address	submitted d	e following valid docu Account Statement	ments & tick (-/) against the document atta Registered Lease / Sale Agreement of Office Pre
State	nd Line) +Latest Electricity Bill ocument (as listed overleaf).(Please ty/Expiry date of proof of address guidelines overleaf) Jumber, residential address ill in the details) ARATION	a specify) submitted a monotogram	e following valid docu Account Statement	ments & tick (-/) against the document atta Registered Lease / Sale Agreement of Office Pre
State	nd Line) *Latest Electricity Bill ocument (as listed overleaf).(Please ty/Expiry date of proof of address guidelines overleaf) Aumber, residential address ill in the details) ARATION etails furnished above are tri vledge and belief and I/we und erein, immediately. In case any pe false or untrue or mislead	Latest Bank specify) submitted d d and photogra dertake y of the ding or	e following valid docu Account Statement	ments & tick (-/) against the document atta Registered Lease / Sale Agreement of Office Pre y y artners/Karta/Trustees/whole time dire E(S)
State State Sta	Ind Line) *Latest Electricity Bill ocument (as listed overleaf).(Please ty/Expiry date of proof of address guidelines overleaf) Sumber, residential address ill in the details) ARATION etails furnished above are trr vledge and belief and I/we und erein, immediately. In case any be false or untrue or mislead re that I/we may be held liable f	Latest Bank specify) submitted d d and photogra	e following valid docu Account Statement	ments & tick (-/) against the document atta Registered Lease / Sale Agreement of Office Pre y y artners/Karta/Trustees/whole time dire E(S)
State State State State State State State State State Statest Telephone Bill (only La Any other proof of address de Not more than 3 Months old. Validi C. Other Details (please see c Statest Telephone Bill (only La C) Other Details (please see c Statest Telephone Bill (only La C) Other Details (please see c Statest Telephone Bill (only La C) Other Details (please see c Statest Telephone Bill (only La Statest Te	Ind Line) *Latest Electricity Bill ocument (as listed overleaf).(Please ty/Expiry date of proof of address guidelines overleaf) Sumber, residential address ill in the details) ARATION etails furnished above are trr vledge and belief and I/we und erein, immediately. In case any be false or untrue or mislead re that I/we may be held liable f	Latest Bank specify) submitted d d and photogra dertake y of the ding or	e following valid docu Account Statement	ments & tick (-/) against the document atta Registered Lease / Sale Agreement of Office Pre y y artners/Karta/Trustees/whole time dire E(S)

Detai South	Details of Promoters/ Partners South Gujarat ARN: 54854	// Karta / Trustees and whole tim	ne directors formi	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	KYC) Application F	orm for Non-Individuals
Name o	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
Name	Name & Signature of the Authorised Signatory(ies)	y(ies) Date [d d] / [m m] / [y y y		Place for Intermediary Logo		



TAURUS MUTUAL FUND

South Gujarat ARN: 54854

FATCA Declaration for Entities

Details of ultimate beneficial owner including additional FATCA & CRS information (Non Individual Form)

Nam	e of the entity																															
Addr	ess of the Registered office																															
Pinco	de	Τ	Τ			Sta	te															Со	untry	/								
City o	of incorporation																															
Count	try of incorporation																															
Plea	se tick the applicable tax resid	dent	declo	aration	-																											
	1. 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.) Identification Type																															
	Country										Tax I	den	ntification	ı Nur	nbe	r%							l (TIN o	dent or Ot	t ificat i her%, p	ion plea	Type se spec	ify)				
[%] In c	^S In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number.																															
	In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, you are required to submit. Form W-9 and mention Entity's exemption code here FATCA Declaration (Please consult your professional tax advisor for further guidance on FATCA classification)																															
ΡΔΙ	RT A (to be filled by Financial In	istituti	ons or	r Direct	Reportin			e consu	lt you	ur prote	ssional	tax (udvisor for	turthe	er gui	dance on	FAIC	A class	iticati	on)												
1.	We are a,				GIIN	_		T	T			Т			1		_		Γ	Т		Т		_								
	Financial institution ⁶				Note	e: If yo	ou do r	not hav	e a G	IIN but	you are	u are sponsored by another entity, please provide your sponsor's name below																				
	Or Direct reporting NFFE ⁷							indicate soring (or's nam	ie be	below																			
	(please tick as appropriate)																															
	GIIN not available (please tick of Not required to apply for Not obtained –	or - ple	ease s	pecify 2				0			and atta	ch F	Form W8-BI	EN-E,	duly	filled in.					W Yes	/8-BE	N-E att	tache No	1							
PA	RT B (please fill any one as app	oropria	te)																													
1.	Is the Entity a publicly traded of whose shares are regularly traded of securities market)	ompa on an	ny † (establ	(that is, lished	a comp	any							es yes, please speci ime of stock		one sto		n which	the stoc	k is regi	ılarly tra	ded)											
2.	Is the Entity a related entity ² of (a company whose shares are regu established securities market)				compo	iny						Na Na	es ime of listed iture of relat ime of stock	tion:	pany										ange on wi d Compa		he stock is r	egularly t	raded)			
3.	Is the Entity an active NFE ³											Ye Na		ness	N	0			-		BO de) (I	<i>tion in</i> Nention fer 2c d	ı code		ectio	n.)					
4.	Is the Entity a passive NFE ⁴											Ye Nat	es ture of Busi	ness	N	lo 🗌	(If y	es, ple	ease f	ill UB) decla	ratio	n in th	ne ne	xt secti	on.)						
	¹ Refer 2a of Part D		²Ret	fer 2t	o of P	art I	DI	³R€	efer	2c c	of Par	t D) ⁶ F	Refe	er 1	of Par	t D		⁷ R	efer	3(vi	i) o	f Pa	art I	D	10	Refe	r1A	of F	'art D)	

	U	JBO Declarati	on									
Category (Please tick applicable category):	Unlisted Com	npany	Partnersh	ip Firm		Limi	ted Liab	ility P	artnersh	ip Comp	any	
Unincorporated association / body of individuals		Public Charitable	Trust		Relig	ious Tru	ıst			Privat	te Trus	st
Others (please specify))										
Please list below the details of controlling person(s), confirming ALL countries of Numbers for EACH controlling person(s).				i cation								
Owner-documented FFI's ⁵ should provide FFI Owner Reporting Statement and Au Name - Beneficial owner / Controlling person	litor's Letter with require #Tax ID Type - TIN or		Form W8 BEN E									
#Country - Tax Residency* #Tax ID No Or functional equivalent for each country [%]	Beneficial Interest - in #Type Code ¹¹ - of Cont	n percentage		Address - Inclu	ide State, Cou	untry, PIN /	ZIP Code	& Conta	ct Details			
1. Name	Tax ID Type			Address								
Country	Beneficial Interest	t										
Tax ID No.	Type Code			ZIP		State	9:		Count	try:		
2. Name	Tax ID Type			Address								
Country Tax ID No.	Beneficial Interest	t		ZIP		State	. .		Count	trv:		
3. Name Country	Tax ID Type Beneficial Interest	t		Address								
Tax ID No.	Type Code			ZIP		State	e:		Count	try:		
If passive NFE, please provide below additional details.				(Please att	ach additio	nal sheet	s if nece	ssary)				
PAN City of Birth		Occupation Type - s Nationality	tervice, Business,	Others			DO	B - Da	ate of Birth	1		
Country of Birth		Father's Name - Mano	latory if PAN is not a	available			Ger	nder -	- Male, Fe	emale, Othe	r	
1. PAN		Occupation Type					DOE	3	D	D/MM/YY	ſΥΥ	
City of Birth		Nationality					Gen	der	Male	Fen	nale	
Country of Birth		Father's Name								Others		
2. PAN		Occupation Type					DOE	3		D/MM/YY	ſΥΥ	
City of Birth		Nationality					Gen	der	Male	Fen	nale	
Country of Birth		Father's Name							C	Others		
3. PAN		Occupation Type					DOE	- 5	_	D/MM/YY	_	
City of Birth Country of Birth		Nationality Father's Name					Gen	der	Male	Fen Others	nale	
# Additional details to be filled by controlling persons with tax * To include US, where controlling person is a US citizen or gr % In case Tax Identification Number is not available, kindly pro-	een card holder	anent residency / cit	izenship / Gre	en Card in a	ny countr	ry other	than Ind	lia:				
⁴ Refer 3(iii) of Part D ⁵R	efer 3(vi) of Part D	¹¹ Refer 3	3(iv) (A) of	Part D							
	FATCA Ter	ms and Condi	itions									
Towards compliance with tax information sharing laws, such as FATCA, we wou information may be sought either at the time of account opening or any time su your tax residency, please contact your tax advisor. Should there be any change to provide information to any institutions such as withholding agents for the pur authorities, we may also be constrained to withhold and pay out any sums from	ld be required to seek as bsequently. In certain c in any information provi pose of ensuring appro	dditional personal, tax and l sircumstances we may be o ided by you, please ensure priate withholding from the	beneficial owner ir obliged to share in you advise us proi account or any p	formation on yo mptly, i.e., withi	our account v n 30 days. To	with releva owards cor	nt tax auth mpliance v	orities. vith sucl	lf you have h laws, we	any questi may also b	ons abo e require	out ed
If any controlling person of the entity is a US citizen or resident or green card provisions (commonly known as FATCA) are contained in the US Hire Act 20: respond to our request, even if you believe you have already supplied any previo	0.Please note that you	may receive more than or										
Certification												
We have understood the information requirements of this For true, correct, and complete. We also confirm that I have read								on pro	ovided b <u>y</u>	y us on t	his Fo	rm is
Name												
Designation												
Signature >> with relevant Seal						F	lace _			/		



Common Aadhaar Linking Form - Non Individuals

Name of the														
Non-Individual Investor														
PAN of the Non-Individual														

Consent for linking Aadhaar: I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and Regulations made thereunder) and PMLA. I / We hereby provide my / our consent 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 my / our folios with my / our PAN(s).

Details of Aadhaar & PAN of our Authorized Signatories as per Board Resolution: (Kindly use another form in case of >10 signatories.

Category: _____ (specify category, if any) (Pls use separate form for different category of Authorized Signatory)

S. No.	Name of the Authorized Signatory	PAN of the Authorized Signatory	Aadhaar of the Authorized Signatory	Signature of the Authorized Signatory
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Certificate from Company Secretory / any other competent authority of the Organisation

Company Secretary / Competent Authority to issue this certification on behalf of the organization hereby confirm the correctness of the above information. The 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 to KARVY / participating MFs / other RTAs. Above signatories have consented for sharing the above information with KARVY / participating MFs / other RTAs in corporate & individual capacity and also for validating the same with UIDAI whenever 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.

For