

### A. Identity Details (please see guidelines overleaf)

**B. Address Details (please see guidelines overleaf)**

### C. Other Details (please see guidelines overleaf)

Date \_\_\_\_\_

South Gujarat ARN: 54854

**PAN of the Applicant**

Place for  
Intermediary Logo



Date     d   d   /   m   m   /   y   y   y   y

# SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM

South Gujarat ARN: 54854



(Complete the relevant section legibly in black/ dark coloured ink and in BLOCK LETTERS.)

1.	<b>EXISTING UNIT HOLDER INFORMATION</b>	<b>*Mandatory</b>
Unitholder's Name		Folio No.

2.	<b>FIRST APPLICANT'S INFORMATION*</b> [Please shade (●)]			
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.		NAME	PAN	<input type="radio"/> KYC
<b>Status*</b> <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Sole Proprietorship <input type="radio"/> HUF				
<input type="radio"/> Partnership Firm <input type="radio"/> Limited Partnership (LLP) <input type="radio"/> Listed Company <input type="radio"/> Unlisted Company <input type="radio"/> Body Corporate <input type="radio"/> Bank/FI <input type="radio"/> Insurance Company				
<input type="radio"/> Government Body <input type="radio"/> AOP/BOI <input type="radio"/> Trust <input type="radio"/> Society <input type="radio"/> Provident Fund <input type="radio"/> Superannuation/Pension Fund <input type="radio"/> Gratuity Fund <input type="radio"/> FII <input type="radio"/> Others (Please Specify)				
<b>Occupation*</b> <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)				
<b>Gross Annual Income*</b> <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore				
<b>Net-worth in ₹</b> _____ as on DDMMYY (Not older than 1 year)				
<b>Please shade (●)*</b>		<b>For Non - Individual Investors*</b> (Is the entity involved in / providing any of the following services)		
<input type="radio"/> Politically Exposed Person		Foreign Exchange / Money Changer Services <input type="radio"/> Yes <input type="radio"/> No		
<input type="radio"/> Related to Politically Exposed Person		Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] <input type="radio"/> Yes <input type="radio"/> No		
<input type="radio"/> Not Applicable		Money Lending / Pawning <input type="radio"/> Yes <input type="radio"/> No		
Any other information [Please specify]: _____				

3.	<b>SECOND APPLICANT'S INFORMATION*</b> [Please shade (●)]		
<input type="radio"/> Mr. <input type="radio"/> Ms.		PAN	<input type="radio"/> KYC
<b>Status*</b> <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)			
<b>Occupation*</b> <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)			
<b>Gross Annual Income*</b> <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore <b>Net-worth in ₹</b> _____			
<b>Other Details*</b> <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable			

4.	<b>THIRD APPLICANT'S/ GUARDIAN/ POWER OF ATTORNEY INFORMATION*</b> [Please shade (●)]		
<input type="radio"/> Mr. <input type="radio"/> Ms.		PAN	<input type="radio"/> KYC
<b>Status*</b> <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)			
<b>Occupation*</b> <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)			
<b>Gross Annual Income*</b> <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore <b>Net-worth in ₹</b> _____			
<b>Other Details*</b> <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable			

5.	<b>DECLARATION</b>	
<p>I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it. I have read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund (formerly Union KBC Mutual Fund) and the terms and conditions and policies on the website.</p>		
<div>Signature Sole/ First Applicant/ Guardian</div> <div>Signature Second Applicant</div> <div>Signature Third Applicant</div>		

## NOTE

In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP) status which were forming a part of uniform KYC form is now captured in the application form of the Fund. Also, the detail regarding nature of services viz. Foreign Exchange/ Gaming/ Money Lending, etc., (applicable for first/sole applicant) is required to be provided as part of Client Due Diligence (CDD) Process of the Fund.

The said details are mandatory for both Individual and Non Individual applicants.

*(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)*



**Union**  
MUTUAL FUNDS  
Your Bridge to Responsible Investing

**Please seek advice from a tax professional on FATCA/ Foreign Tax Laws/ UBO related information**

Part C [to be filled by NFEs other than Direct Reporting NFFEs]		
1	We are a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.]	Yes <input type="radio"/> No <input type="radio"/> (If Yes, please specify the name of the Stock Exchange(s) where it is traded regularly) 1. _____ 2. _____
2	We are a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions f.]	Yes <input type="radio"/> No <input type="radio"/> (If Yes, please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly) Name of the listed company: _____ Name of the Stock Exchange: _____
3	We are an Active NFE	Yes <input type="radio"/> No <input type="radio"/> If Yes, specify nature of business _____ Please specify sub-category of Active NFE <input type="text"/> <input type="text"/> [refer instructions h.]
4	We are a Passive NFE [refer instructions i.]	Yes <input type="radio"/> No <input type="radio"/> If Yes, specify nature of business _____

**DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO) (Refer instructions on UBO)**

**Category** [Please shade (●)]

We hereby declare that:

- ☐ Our company is a Listed Company listed on a recognised stock exchange/ Subsidiary or Controlled by a Listed Company *[If this category is selected, no need to provide UBO details]*
- ☐ Unlisted Company      ☐ Partnership Firm / LLP      ☐ Unincorporated association / body of individuals      ☐ Public Charitable Trust      ☐ Private Trust
- ☐ Religious Trust      ☐ Trust created by a Will      ☐ Others [please specify] \_\_\_\_\_

**Details of Ultimate Beneficiary Owners ^ :**

Name of UBO#				
Country of Tax Residency#				
Taxpayer Identification Number / PAN / Equivalent ID Number#				
Identification Type#				
% of beneficial interest#				
Controlling Person type/ UBO Code#				
Place & Country of Birth#				
Date of Birth [dd-mmm-yyyy]\$				
Address & Contact details [include City, Pincode, State, Country]				
Address Type	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office
Gender [Male, Female, others]\$				
Father's Name\$				
Nationality\$				
Occupation [Service, Business, etc.]				

# Mandatory fields

\$ Mandatory if PAN of UBO/Controlling persons is not provided

Note: If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Note that we may call for additional information/documentation wherever required or if the given information is not clear / incomplete / incorrect and you may have provide the same as and when solicited.

**Declaration**

I/ We have read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund (formerly Union KBC Mutual Fund) and the terms and conditions and policies on the website and FATCA/ CRS terms and conditions before investing. I/ We acknowledge and confirm that the information provided above is/ are true and correct to the best of my/ our knowledge and belief and provided after consulting necessary tax professionals, read & understood the FATCA terms and conditions. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ we am/ are aware that I/ we may be liable for it. I/ We hereby authorize you to disclose, share, remit in any form, mode or manner, all/ any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Union Mutual Fund, its Sponsor, Union Asset Management Company Pvt. Ltd. (formerly Union KBC Asset Management Company Private Limited), trustees, their employees/ associated parties/ Registrar and Transfer Agents (RTAs) ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/ revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/ us of the same. Further, I/ we, authorize you to share the given information to other SEBI Registered Intermediaries to facilitate single submission/ update & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes/ modification to the above information in future and also undertake to provide any other additional information/ documentary proof as may be required at your end. As may be required by domestic or overseas regulators/ tax authorities, I/ we authorize Union Mutual Fund/ AMC/ RTA to withhold and pay out any sums from my/ our account(s) or close or suspend my/ our account(s) without any obligation of advising me/ us of the same.

**Authorized Signatories** [with Company/Trust/Firm/Body Corporate seal]

Signature	Signature	Signature
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South Gujarat ARN: 54854



To,  
Union Mutual Fund

[illegible]

I/We, \_\_\_\_\_, Company Secretary / Competent Authority (to issue this certification on behalf of the organization) hereby confirm that enclosed list of personnel covers all authorized signatories (associated with MF investments and allied activities) on behalf our organization. These signatories have consented in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating/seeding their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them for sharing/disclosed of their Aadhaar number(s) including demographic information with all SEBI registered Mutual Funds/AMCs and their Registrar and Transfer Agents (RTAs) and KYC Registration Agencies (KRAs) for the purpose of updating the same in the corresponding non-individuals folios.

I/ We hereby confirm that given information is true, reliable and also assure to share the changes / modifications from time to time, if any through appropriate means to SEBI registered Mutual Funds/AMCs/RTAs/KRAs for updates and onward sharing.

[illegible]

1. The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.
2. Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. Incase of mismatch, request is liable to be rejected.
3. For Non-individual investors, Aadhaar and PAN needs to be submitted for Directors/Company Secretary/Authorized Officials & all individuals forming part of Authorized Signatory List (ASL)
4. While providing Self Attested Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios" and sign on the copy with date.
5. Please ensure that the requisite details and documents have been provided. The form should be submitted only at the designated Investor Service Centres of Union Mutual Fund.
6. Investors are advised to retain the acknowledgement slip signed/stamped by the collection Centre where they submit the form.
7. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.

**Union Asset Management Company Pvt. Ltd.** (formerly Union KBC Asset Management Company Private Limited)  
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059.  
**Toll Free:** 1800 200 2268 | **Tel No.:** 022 67483333 | **Website:** [www.unionmf.com](http://www.unionmf.com) | **Email:** [investorcare@unionmf.com](mailto:investorcare@unionmf.com)



Collection centre's stamp with date and time of receipt

Annexure 1

Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL)

Sr. No.	Name as per Aadhaar Card	PAN	Aadhaar No. (Refer Instruction No. 4)	Signature ***

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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/ seeding 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/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agents (RTAs) and KYC Registration Agencies (KRAs) for the purpose of updating the same in my/our folios.

I/ We have read, understood and agree to abide by the guidelines as on the reverse of this form.