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2. Date of Incorporat	ion d d / m	n m / y y y	y Pla	ce of Incor	poration								
3. Registration No. (e	.g. CIN)				Date o	f comme	encemer	nt of bus	iness d	d /	mn	n /	, y
4. Status Please tick (↓ ☐ FPI Category I ☐ Defence Establish	FPI Category II			Bank	Partne	ernment	Body		s / NGOs Governme] FII
5. Permanent Accoun	t Number (PAN) (N	/IANDATORY)				Please	e enclose	e a duly a	attested co	opy of yo	ur PAN	Card	
B. Address Detail	s (please see g	uidelines overleaf)											
1. Address for Corres	pondence												
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Detai South	ils of Promoters/ Partners 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		

SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM

South Gujarat ARN: 54854



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

EXISTING UNIT HOLDER INFORMATION		*Manda
Unitholder's Name	Folio No.	
FIRST APPLICANT'S INFORMATION* (Plea	se shade (●)1	
		(
○ Mr. ○ Ms. ○ M/s.		
Status* O Resident Individual	\bigcirc Minor \bigcirc NRI (Repatriable) \bigcirc NRI (Non-Repatriable) \bigcirc Sole Proprietorship \bigcirc HL	JF
O Partnership Firm O Limited Partnership	(LLP) O Listed Company O Unlisted Company O Body Corporate O Bank/FI O Insura	ance Comp
○ Government Body ○ AOP/BOI ○ Trust	Society O Provident Fund O Superannuation/Pension Fund O Gratuity Fund O FII O Other	S (Please S
Occupation* O Pvt. Sector O Public Sector	⊖ Govt. Service ⊖ Business ⊖ Professional ⊖ Agriculturist ⊖ Retired ⊖ Housewife ⊖ Student ⊖ Others	(Please Spe
Gross Annual Income* O Below	w 1 Lac 0 1-5 Lacs 0 5-10 Lacs 0 10-25 Lacs 0 >25 Lacs - 1 Crore	○ >1 0
Net-worth in ₹	as on D D M M Y Y Y Y (Not older than	1 vear)
Please shade (●)*	For Non - Individual Investors* (Is the entity involved in / providing any of the following services)	, jour)
 Politically Exposed Person 		Yes ONo
Related to Politically Exposed Person		Yes O No
O Not Applicable		Yes O No
	Any other information [Please specify]:	
SECOND APPLICANT'S INFORMATION* [P		
⊖ Mr. ⊖ Ms.	PAN	(
Status* OResident Individual	○ NRI (Repatriable)	Specify)
Occupation* O Pvt. Sector O Public Sector O	\supset Govt. Service \bigcirc Business \bigcirc Professional \bigcirc Agriculturist \bigcirc Retired \bigcirc Housewife \bigcirc Student \bigcirc Others $_$	(Please Spe
Gross Annual Income* O Below 1 Lac O 1-	-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore Net-worth in ₹	
Other Details* O I am Politically Exposed	Person O I am Related to Politically Exposed Person O Not Applicable	
THIRD APPLICANT'S/ GUARDIAN/ POWER	CF ATTORNEY INFORMATION* [Please shade (●)]	
	PAN	(
○ Mr. ○ Ms.		
Status* OResident Individual	ONRI (Repatriable) ONRI (Non-Repatriable) Others (Please	Specify)
Occupation* O Pvt. Sector O Public Sector	Govt. Service O Business O Professional O Agriculturist O Retired O Housewife O Student O Others	(Please Spe
	-5 Lacs ⊖ 5-10 Lacs ⊖ 10-25 Lacs ⊖ >25 Lacs - 1 Crore ⊖ >1 Crore Net-worth in ₹	
Other Details* OI am Politically Exposed		
DECLARATION		
I berefy declare that the details furnished at	pove are true and correct to the best of my knowledge and belief and I undertake to inform you of any ch	nancies the
	tion is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I	
understood the contents of the Scheme Inform	mation Document, Statement of Additional Information, Key Information Memorandum, Instructions and add	enda issue
	al Fund) and the terms and conditions and policies on the website.	
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	Signature Signature	
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Union Mutual Fund (formerly Union KBC Mutua Signature		

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.

ADDITIONAL KNOW YOUR CLIENT (KYC) INFORMATION, FATCA, CRS & ULTIMATE BENEFICIAL

OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

South Gujarat ARN: 54854



To be filled in BLOCK LETTERS [Please refer instructions overleaf. Please strike off sections that are not applicable]. Please seek advice from a tax professional on FATCA/ Foreign Tax Laws/ UBO related information

Name OM/s.										
PAN	Address Type	OBusiness	OResident	ial / Business	Registered Office					
Country of Incorporation Place/ City of Incorporation										
Additional VVC Information										
Additional KYC Information										
Gross Annual Income* O Below 1 Lac O 1-5 Lacs O 5-10 Lacs O 10-25 Lacs O >25 Lacs - 1 Crore O >										
Net-worth in ₹ as on D D M M Y Y Y Y Y (Not older than 1 year)										
Please shade (●)*	For Non -	Individual Investo	ors* (Is the entity invo	lved in / providing any	of the following services)					
Politically Exposed Person Foreign Exchange / Money Changer Services										
O Related to Politically Exposed Person	n Gaming / G	Gambling / Lottery	Services [eg. casinos	s, betting syndicates]		○ Yes ○ No				
○ Not Applicable	Money Ler	nding / Pawning				○Yes ○No				
	Any other	nformation [Please	e specify]:							

FATCA & CRS Declaration

Part A

Is your [Entity] Country of Tax Residency other than India – 🛛 Yes 🔹 No

If 'Yes', please specify the details of all countries where you [Entity] hold tax residency and its Tax Identification Number & type

Sr. No.	Country of Tax Residency	Tax Payer Identification Number*	Identification Type [TIN or other, please specify]
1			
2			
3			

* In case Tax Payer Identification Number is not available, please provide its functional equivalent or Company Identification Number or Global Entity Identification Number

	Part B [to be filled by Financial Institutions or Direct Reporting NFFEs]									
Sr. No.	Information	Additional Information to be provided								
1	We are a Financial Institution/ FFI [refer instructions b.] Direct Reporting NFFE [refer instructions c.] (Please shade as appropriate)	GIIN (Global Intermediary Identification Number): Output 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 the sponsoring entity GIIN not available [shade any one]: Applied for on D M Y Not required to apply for - specify sub-category code [refer instructions d.] Not obtained - Non-participating FFI								
	F	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 No (If Yes, please specify the name of the Stock Exchange(s) where it is traded regularly) 1.								
2	We are a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions f.]	Yes No (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:								
3	We are an Active NFE	Yes No If Yes, specify nature of business Please specify sub-category of Active NFE [refer instructions h.]								
4	We are a Passive NFE [refer instructions i.]	Yes 🔿 No 🔿 If Yes, specify nature of business								

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO) (Refer instructions on UBO) Category [Please shade (●)]												
We hereby declare that:			<i></i>									
			mpany [If this category is selected, no ne									
O Unlisted Company O Partr	nership Firm / LLP O Unincorporate	ed association / body of individuals	Public Charitable Trust Priva	ate Trust								
○ Religious Trust ○ Trust cre	eated by a Will O Others [please sp	pecify]										
Details of Ultimate Beneficiary Own	ers^:			-								
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	 Residential Business Residential/ Business Registered Office 	 Residential Business Residential/ Business Registered Office 	 Residential Business Residential/ Business Registered Office 	 Residential Business Residential/ Business Registered Office 								
Gender [Male, Female, others]\$												
Father's Name\$												
Nationality\$												
Occupation [Service, Business, etc.]												
-	ht, required information in the given format		ly signed by Authorized Signatory. rcomplete / incorrect and you may to have p	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

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal)

Signature

Signature

Signature

FORM FOR UPDATION OF AADHAAR (NON-INDIVIDUAL)

"Aadhaar Linking of Authorised Signatories" South Gujarat ARN: 54854



Please read the instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.

ro, Union Mutual Fund																		
Name of the Non-individual Investor:																		
PAN																		

Consent & Signature

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 (ii) 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/disclosing 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.

Signature

										-	-		
				Da	ate:	D	D	Μ	Μ	Y	Y	Υ	Υ
Place:													

Instructions & Guidelines

- 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.

ACKNOWLEDGEMENT SLIF	(To be filled in by the investor)
----------------------	-----------------------------------

Received, subject to verification Form for Updation of AADHAAR

from M/s :

PAN :



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 | Email : investorcare@unionmf.com



Collection centre's stamp with date and time of receipt I/We have read, understood and agree to abide by the guidelines as on the reverse of this form.

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

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.

Registration Agencies (KRAs) for the purpose of updating the same in my/our folios.

South Gujarat ARN: 54854

No.

Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL) Annexure 1

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