

ANNEXURE I - Declaration of Ultimate Beneficial Ownership [UBO] & FATCA

(Mandatory for Non-Individual applicants)

(Please fill in BLOCK Letters) (Please refer to the instructions for the UBO & additional KYC FATCA given after the Annexure I)

1. API	PLICANT	DET	AILS																										
Name (Mr./Ms	s./M/s.)																												
PAN												J																	
2. LIS	TED CON	/IPAN	Y / ITS	SUE	SIDI	ARY C	OI	/IPAN	Υ																				
We hereby declare that[Name of the Inv															estor]														
	Our company is a Listed Company listed on recognized stock exchange in India Name/s of the stock exchange/s where the shares of the company are regularly traded																												
	Our company is a subsidiary of the Listed Company Name of the listed holding company Name/s of the stock exchange/s where the shares of the company are regularly traded																												
	Our company is controlled by a Listed Company Name of the controlling listed company Name/s of the stock exchange/s where the shares of the company are regularly traded																												
	None of	f the at	oove																										
lf ' Non	e of the ab	ove' o	ption is	select	ed, the	e follow	ing	inform	ation	[Par	t 3] sh	ıall be p	orovid	ed ma	andato	rily as	applic	able	-	Securi	ty ISIN								
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Catego	ry [tick app	olicable	catego	ory]:																									
	Unlisted	d Comp	oany											Relig	ious T	rust													
	Partner	ship Fi	rm / Lir	nited L	iability	Partne	ersh	ip Con	npany	y				Priva	te Trus	st													
	Unincor	porate	d asso	ciation	/ body	of indi	vidu	uals						Trust	create	ed by a	Will												
	Public (Charita	ble Tru	st										Othe	rs (ple	ase sp	ecify)_												
Details	of Ultima	te Ber	neficia	y Ow	ners																	_							
Sr. No.	Name &	Desig UBO andato			Taxp Identii Numbe other v proof fo where not ap [Mand KYC pro	oayer fication er / any valid ID or those PAN is plicable to fatour if of is no osed]	9 8 8		ess o BO	of		of Birth poratio	n R	eside / Citi: Nat COCN	try of 1 ency [C zenshi ionality I]/ Cou n [COB	TR] p/ / ntry	UB	O Co	de	of H (% [Ei app	eentage folding 6) #3 nclose ropriate roof]	a	N [F atta cknow copy	C (Ye o) #4 Please ch KY vledge /identi ess pro	C ment ty &	Col	ntrollin Ty		son
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- #1 If UBO is already KYC compliant, KYC Complied proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.
- #2 If any of the UBO is resident / citizen of 'other than India' or citizen/tax resident/green card holder of country [like USA, UK], please provide Taxpayer ID Number/ Social Security Number [SSN]. In case of multiple tax residence, please provide the names of all countries and the associated tax reference no. separated by comma. Please include United States in the foreign country information field along with the US Tax Identification Number.
- #3 Submit documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary
- #4 If UBO is not KYC compliant, UBO shall complete the KYC formalities and submit the KYC acknowledgement copy to Mutual Fund / CAMS.
- Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Attached documents should be self certified by the UBO/ Applicant/ Authorised signatory

4. ADDITIONAL KYC INFORMATION		
	0 Lacs	r. > 1 Cr. OR
Networth in Rs.	as of (date)	[Y] Y]
Is the entity involved in / providing any of the following 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 relating to KYC not covered above[Please specify]:	_	
5. FATCA INFORMATION		
Incorporation/Formation/ Tax residency in India Yes No		
If No, please specify the Country(ies) of Incorporation/Formation/Tax residency and Taxpa	yer Indentification Numbers below :	
Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number (Please enclose supporting documents)	Identification Type (TIN or Other, please specify)
In case Tax Identification Number is not available, kindly provide functional equivalent or C	Company Identification Number or Global Entit	ty Identification Number. In case your Country
of Tax residence/ incorporation is U.S. – you are required to submit a Form W-9. (Please attach additional sheets if necessary). In case 'U.S.' is indicated in Country of Tax	•	,
6. OTHER INFORMATION (SEE INSTRUCTION (d) OVERLEAF)	residency column – you are required to subm	iit Form W-9.
We are a financial institution including an FFI (Foreign Financial Institution) Yes	No. Or Direct reporting NFE	Yes No
2. If Yes, please provide the following information:	_	_
A. We are a [tick any one]		
 a. Financial Institution incorporated in India b, Financial Institution incorporated in another country that has an Inter Governr 	nental Agreement (IGA) with the US on FATC	A
c. FFI in a country without an IGA that has registered to obtain a GIIN	g	
d. Others[please complete]		
B. OW		
B. GIIN: (Global Intermediary Identification Number) If you do not have a GIIN but you are s	nonsored by another entity, please provide vo	our sponsor's GIIN above and indicate your
sponsor's name below:	portsored by arrother entity, piedse provide ye	ar sponsor s dire above and indicate your
Name of sponsoring entity:		
If GIIN not available [tick any one]:		
Applied for on:		
Not required to apply. Please specify sub-category Please provide with Form W8-BEN-E	(refer point no. I in inst	tructions for addtional KYC FATCA)
Not obtain. Non Participating FFI		
We are a listed company [whose shares are regularly traded on a recgnized stock excl	nange] Yes No	
If Yes, specify the name of the Stock Exchange(s) where it is traded regularly:		
1		
2		
4. We are 'Related Entity' of a listed Company Yes No		
If Yes, specify the name of the listed company		
Specify the name of the Stock Exchanges(s) where it is traded regularly:		
1		
5. A. We are an Active NFE Yes No		
If Yes, specify the nature of business		
If Yes, stop at 5A, if No, answer 5B		
Please specify code of Active NFE as per instructions (d) given overleaf		
If reply to above point is No, please answer the below questions:		
B. We are a Passive NFE Yes No		
If Yes, please specify the nature of business		
6. Are you a any one of the following		
	Compliant FFI	
Exempt Beneficial Owner Non-Par	ticipating Financial Institution	

DECLARATION

I/We confirm that the information provided in this form is true & accurate. In the event any of the above information is / are found to be false / incorrect and /or the declaration in not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and / or reverse the allotment of units and the AMC / Trustee / Mutual Fund shall not be liable for the same / I/We will be liable for the consequences arising therefrom. I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; Towards compliance with tax information sharing laws, such as FATCA: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund 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; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency.

Applicants must sign as per mode of holding	⊗	⊗			⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorise	d Signato	ory	3rd Applicant / Authorised Signatory
Date			Place		

INSTRUCTIONS FOR THE ULTIMATE BENEFICIAL OWNERSHIP (UBO)

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No.CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client

D. KYC requirements

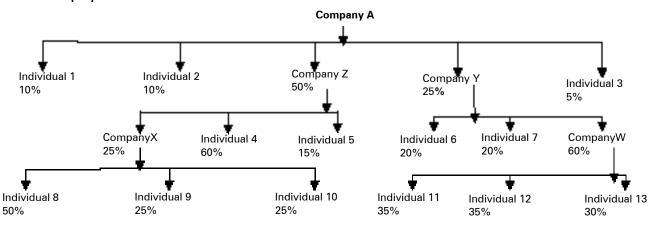
Beneficial Owner(s) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the listed Beneficial Owner(s).

E. UBO Codes:

UBO Code	Description
UBO-1	Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company
UBO-2	Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership
UBO-3	Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals
UBO-4	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under clause UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]
UBO-5	Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]
UBO-6	The settlor(s) of the trust
UBO-7	Trustee(s) of the Trust
UBO-8	The Protector(s) of the Trust [if applicable].
UBO-9	The beneficiaries with 15% or more interest in the trust if they are natural person(s)
UBO-10	Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership

Sample Illustrations for ascertaining beneficial ownership:

Illustration No. 1 - Company A



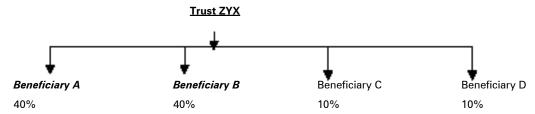
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 30% in Company A. Hence details of Individual 4 has to be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control

Illustration No. 2 - Partner ABC



For Partnership Firm ABC, Partners 1, 2 & 5 are considered as UBO as each of them holds >=15% of capital. KYC proof for these partners needs to be submitted including shareholding

Illustration No. 3 - Trustee ZYX



For Trust ZYX, Beneficiaries A & B are considered as UBO as they are entitled to get benefitted for >15% of funds used KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.



1. APPLICANT DETAILS

ANNEXURE II - Additional KYC-FATCA Form for Individuals

(To be enclosed with fresh purchase application which do not have provision for additional KYC/FATCA informations) (Please fill in BLOCK Letters)

	First Applicant	t / Guardian	S	econd Applicant		Third Applicant								
Applicant Name														
Applicant PAN														
2. ADDITIONAL KYC II	NFORMATION													
Cate	egory	First Applicar	nt / Guardian	Second	Applicant		Third Applicant							
Gross Annual Income in F	₹s.	Below 1 Lakh		Below 1 Lakh			Below 1 Lakh							
		1-5 Lacs		1-5 Lacs			1-5 Lacs							
		5-10 Lacs		5-10 Lacs			5-10 Lacs							
		10-25 Lacs		10-25 Lacs			10-25 Lacs							
		25 Lacs - 1 Cr		25 Lacs - 1 Cr			25 Lacs - 1 Cr							
		_ > 1 Crore		> 1 Crore			> 1 Crore							
Net Worth in Rs.														
Net Worth as of		D D M M	y	D D M M	Y	YY								
Occupation [Diagon tick or	ny ana / ()]	Professional	· · · ·	Professional	, ,									
Occupation [Please tick ar	ny one (🗸)j	Business		Business			Professional Business							
		Government Ser	vice	Government Se	ervice		Government Serv	vice						
		Private Sector S		Private Sector S			Private Sector Se							
		Public Sector Se		Public Sector S			Public Sector Ser							
		Agriculturist		Agriculturist			Agriculturist							
		Retired		Retired			Retired							
		Housewife		Housewife			Housewife							
		Student		Student			Student							
		Forex Dealer		Forex Dealer			Forex Dealer							
		Doctor		Doctor			Doctor							
		Others [Please s	specify]	Others [Please	specify]		Others [Please sp	pecify]						
Delitically France d Description	- IDED1													
Politically Exposed Persor	1 [PEP]	Yes		Yes			Yes							
		No Related to PEP		No Related to PEP)		No Related to PEP							
A	tion to IO/O if anniholds			 										
Any other information rela	ting to KYC if applicable	[Please specify]		[Please specify			[Please specify]							
3. FATCA INFORMAT	TION													
Is your Country of Birth / 0	Citizenship / Nationality / Tax	Residency other than	India? – Ye	s No										
If Yes, please provide the	following information [manda	atory]												
Cat		1												
	egory	First Applica	nt / Guardian	Second	Applicant		Third Ap	plicant						
City of Birth	egory	First Applica	nt / Guardian	Second	Applicant		Third Ap	plicant						
City of Birth	egory	First Applica	nt / Guardian	Second	Applicant		Third Ap	plicant						
City of Birth Country of Birth		First Applica	nt / Guardian	Second	Applicant		Third Ap	plicant						
City of Birth Country of Birth Country of Citizenship / N	ationality (Other than India)	First Applica	nt / Guardian	Second	Applicant		Third Ap	plicant						
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ANNEXURE III - Additional KYC-FATCA Form for Power of Attorney [POA] Holder(s) (Mandatory for POA Holder(s)) (Please fill in BLOCK Letters)

I. APPLICANT & P	ANT & POA HOLDER DETAILS																														
	First Applicant / Guardian											Second Applicant									Third Applicant										
Applicant Name																															
Applicant PAN																															
POA Holder Name																							-		-	-					
POA Holder PAN												1	т -		T	T	\top		Т		+	Т			Т		\top		\top		
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POA Holder Address	POA Holder Address																														
2. ADDITIONAL K																															
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Any other information	relating	to KYC	if ap	plica	able	[F	[Please specify]								[Please specify]								[Please specify]								
3. DECLARATION																															
I/We confirm that the	informat	ion nr	ovide	ed in	this f	form i	s tru	e & ac	curat	e. In	the	even	t anv	of th	e ahc	ove ir	nforr	matio	ı is /	are for	und t	o be	false	/ incc	rrec	t and	or th	ne de	clarat	tion in	
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information provided																															
							sonal, tax and certain certifications and documentation from investors. I/We ensure																								
							ertain circumstances (including if the Fund does not receive a valid self-certification from me) the F uthorities; (c) I/We am aware that the Fund may also be required to provide information to any institu																								
ing agents for the pur																															
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SIGNATURE(S)									\Box																						
Applicants must																															
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