

Portfolio Management Services

Account Opening Form

Investor's Name : _____

Client Code : _____

Scheme Name / Strategy : _____

Investment Channel : _____

Investment Amount : _____



Application No.: _____

	Discretionary / Non-Discretionary / Advisory	
	Channel: Direct / Through Distributor	
	Channel Partners Details	
1.	Name	
2.	SEBI Registration/ARN Code	
3.	Relationship Manager Name	
	Email ID	
	Location	
4.	Service RM Name	
	Email ID	
	Location	
5.	Commission/fees paid to the distributor	

Remarks:

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INSTRUCTIONS/CHECKLIST FOR SUPPORTING DOCUMENTS TO BE OBTAINED

IMPORTANT POINTS

Copies of all documents that are submitted need to be compulsorily self-attested by the Holder

PAN card is mandatory

If any document is submitted in foreign language, then translation into English is required

Sole-proprietor shall make the application in his/her individual capacity

Any corrections on the forms should be countersigned by all the account holders/authorized signatories with Firm/Company Stamp

All Photographs should be affixed in the relevant boxes and signature should be half on the photograph and half on the Form

In case of minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.

In case of Merchant Navy, NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted

In absence of DIN for the directors, their passport copy should be given

Proof of Identity (POI)- Any one of the Following:

- Passport/Voter ID Card/Driving License/Aadhaar Card/ E-Aadhaar*
- Identity card/document with Contributor's photo, issued by any of the following: Central/State Government and its departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional bodies such as ICAI, ICWAI, ICSI, BAR Council etc., to their Members; and Credit/Debit Cards issued by Banks.

Proof of Address (POA)- Any one of the following:

- Passport/Voter ID Card/Driving License/Aadhaar Card/ E-Aadhaar*
- Utility bill (Maintenance bill, Landline bill, Electricity bill, Gas bill, Not older than 3 months#.
- Self-declaration by High Court and Supreme Court Judges, giving the new address in respect of their own accounts.
- Proof of Address issued by: Bank Managers of Scheduled Commercial Banks/Scheduled Co-operative Bank/Multinational Foreign Banks/ Gazette Officer/Notary Public/Elected Representatives to the Legislative Assembly/ Parliament/ Documents issues by any Government or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional bodies such as ICAI, ICWAI, ICSI, BAR Council etc., to their Members; and Credit/Debit Cards issued by Banks

Bank Account Proof – Any one of the following

- Banker Attested Bank Statement/ Passbook for last six months
- Cancelled cheque with name of Account Holder printed on the Cheque.
- Duly certified letter by the bank giving account details and source of funds

Proof of payment of the Contribution made:

- Copy of the cheque issued (in case of cheque payments) or copy of the fund transfer/RTGS/NEFT slip with UTR no. mentioned, issued by the bank (in case of payment by fund transfer/RTGS/ NEFT etc.)

Demat Account Proof (Applicable only in case of Securities transfer) - Any one of the following:

- Holding or Transaction Statement
- Client Master List
- Letter by the Depository Participant (DP) giving the account details

*Accredited Investor (including Joint Holders) shall give a copy of Accreditation Certificate issued by the Accreditation Agency

Positive Pay System (CPPS)

- In case of funding through Cheque, please note that the Reserve Bank of India (RBI) has made it mandatory for cheques worth Rs 5 lakh or above to follow the Positive Pay System (CPPS) to be encashed. If the rules are not followed, the banks are allowed to refuse clearance of such cheques. Such information can be provided electronically, through channels like SMS, mobile app, internet banking, ATM, etc. For further details on said process you can please connect with your Relationship Manager or the bank from which the said cheque have issued.

Important Note: New KRA KYC - Aadhaar Validation

Basis SEBI regulation for the New KRA KYC Norms for Aadhaar Validation effective date of 1st Nov 2022 below mentioned process will be followed. Key points as per mandate by SEBI

1. KRAs shall be independently validating records of those clients (existing as well as new) whose KYC has been completed using Aadhaar as an OVD (Officially Valid Document, as ID / address proof).
2. The records of those clients who have completed KYC document as per OVD except Aadhaar shall be validated only upon receiving the Aadhaar Number.
3. KRAs shall validate the following details:
 - a. Aadhaar through Unique Identification Authority of India (UIDAI) authentication/verification mechanism.
 - b. Mobile number and e-mail ID using OTP validation (only in cases where mobile number and e-mail ID provided by client are not seeded with Aadhaar)
 - c. PAN using the Income Tax Database.
4. The KYC records of new clients (who have used Aadhaar as an OVD) shall be validated within 2 days of receipt of KYC records by KRAs.
5. KYC records of all existing clients (who have used Aadhaar as an OVD) shall be validated within a period of 180 days from November 01, 2022 (as per extension granted on 27th June 2022).

Clients whose KYC records are not found to be valid by KRA after the validation process shall be allowed to transact in securities market only after their KYC is validated. The KRA will communicate this to us, and we shall take it up the intermediary to take it forward with investors to resolve

* E-Aadhaar shall be valid for the period of 1 month from the date of issue. # Applicable only in-case of Non-Individuals.

FOR ALL APPLICANTS, JOINT APPLICANTS (INDIVIDUAL AND NON-INDIVIDUAL)	PMS	DEMAT	TOTAL COPIES	YES/NO
Photographs <i>(Applicants, Joint Applicants, Karta, Authorized Signatories, Nominee, Guardian, Partner, Trustees/Directors)</i>	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
PAN Card <i>(Applicants, Joint Applicants, Karta, Authorized Signatories, Nominee, Guardian, Partner, Trustees/Directors)</i>	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Proof of Identity (POI)	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Proof of Address (POA) to be given for Present as well as Permanent address/Corporate as well as Registered Office	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Bank Account Proof	1	-	1	<input type="checkbox"/> <input type="checkbox"/>
Demat Account Proof	1	-	1	<input type="checkbox"/> <input type="checkbox"/>
CKYC	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
ADDITIONAL DOCUMENTS FOR NON - RESIDENT INDIAN (Existing PIS Account)				
Visa and Passport/PIOCard/OCI Card and Overseas Address Proof	1	3	4	<input type="checkbox"/> <input type="checkbox"/>
Immigration stamp copy	1	3	4	<input type="checkbox"/> <input type="checkbox"/>
Form 10F	1	-	1	<input type="checkbox"/> <input type="checkbox"/>
Tax Residency Certificate (TRC) applicable for investors residing in DTAA countries	1	-	1	<input type="checkbox"/> <input type="checkbox"/>
Permanent Establishment (PE) Certificate	1	-	1	<input type="checkbox"/> <input type="checkbox"/>
If NRE/NRO account, NRE/NRO declaration from bank on bank's letterhead	1	-	1	<input type="checkbox"/> <input type="checkbox"/>
ADDITIONAL DOCUMENTS FOR ALL NON - INDIVIDUAL				
Audited Financial Statements for last 2 years	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Ultimate Beneficial Owner Declaration <i>(In Trust, Companies, LLP, AOP, Partnership Firm, Society holding more than 10% or holding less than 10% but having control over the entity)</i>	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
List of authorized signatories containing Name, DIN/DPIN <i>(if available)</i> , Photographs and specimen signature	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
ADDITIONAL DOCUMENTS FOR PARTNERSHIP FIRM				
Certificate of registration <i>(for registered Partnership Firms only)</i> /LLP Registration Certificate	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Copy of Partnership Deed	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
List of Partner along with Photograph, POI, POA and PAN	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
ADDITIONAL DOCUMENTS FOR TRUST				
Certificate of registration <i>(for registered trusts only)</i>	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Copy of Trust Deed	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
List of Trustees along with Photograph, POI, POA and PAN	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
ADDITIONAL DOCUMENTS FOR HINDU UNDIVIDED FAMILY (HUF)				
Deed of declaration of HUF/List of Coparceners with date	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Photograph, POI, POA and PAN of Karta	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
ADDITIONAL DOCUMENTS FOR BODY OF INDIVIDUALS OR UNINCORPORATED ASSOCIATION				
Proof of Existence / Constitution document	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Resolution of the managing body and Power of Attorney granted to transact business on its behalf	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
ADDITIONAL DOCUMENTS FOR ARMY / GOVERNMENT BODIES				
Self - certification on letterhead	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
ADDITIONAL DOCUMENTS FOR REGISTERED COMPANY				
Copies of Memorandum and Articles of Association <i>(MOA and AOA)</i> or such other Charter document	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Certificate of Incorporation	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Photograph, POI, POA, PAN, DIN of individual promoters holding control - either directly or indirectly	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Copy of Latest Shareholding Pattern including list of all those holding control, either directly or indirectly, in the Company, duly certified by company secretary/whole time director/Managing director	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
Board Resolution for investment in securities market	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
List of Whole - time directors/ two directors along with their POI, POA and PAN	1	1	2	<input type="checkbox"/> <input type="checkbox"/>
ADDITIONAL DOCUMENTS FOR STUDENT AND HOUSEWIFE				
In case of House wife and Student, 1-year bank statement or ITR required to identify source of funds as per PMLA guidelines.	1	1	2	<input type="checkbox"/> <input type="checkbox"/>

PART I - APPLICATION FORM - FOR INDIVIDUAL - FIRST HOLDER

[Know Your Customer (KYC) Application Form] Individual

For office use only

(To be filled by financial institution)

Application Type* New Update

CKYC Number (Mandatory for KYC update request)

Account Type* Normal Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS* (* Indicates Mandatory)

	Prefix	First Name	Middle Name	Last Name
Name* (same as PAN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/ Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth* DDMMYYYY Gender* M-Male F-Female O-Others

Form 60 furnished

2. PROOF OF IDENTITY & ADDRESS* (* Indicates Mandatory)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

	Expiry Date
A-Passport Number	<input type="text"/> DDMMYYYY
B-Driving Licence	<input type="text"/> DDMMYYYY
C-Voter ID Card	<input type="text"/>
D-NREGA Job Card	<input type="text"/>
E-National Population Register Letter	<input type="text"/>
F-Proof of Possession of Aadhaar	<input type="text"/>
II E-KYC Authentication	<input type="text"/>
III Offline Verification of Aadhaar	<input type="text"/>

Please affix the recent passport size Photograph and sign across photograph

1st Applicant Signature across photograph

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Zip/Post Code* State/UT Code* ISO 3166 Country Code*

GSTIN Number:

Place of Supply

3. CURRENT ADDRESS DETAILS

Same as above mentioned address (In such cases address details as below need not be provided)

A-Passport Number	<input type="text"/>
B-Voter ID Card	<input type="text"/>
C-Driving Licence	<input type="text"/>
D-NREGA Job Card	<input type="text"/>
E-National Population Register Letter	<input type="text"/>
F-Proof of Possession of Aadhaar	<input type="text"/>
II E-KYC Authentication	<input type="text"/>
III Offline Verification of Aadhaar	<input type="text"/>
IV Deemed Proof of Address (Not more than 2 months old) - Document Type code	<input type="text"/>

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Zip/Post Code* State/UT Code* ISO 3166 Country Code*

4. CONTACT DETAILS* (By default, all communications will be sent to 1st holder mobile/email/postal address)

	Prefix	First Name	Middle Name	Last Name
Contact Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel (Off)	<input type="text"/>	<input type="text"/>		Mobile 1 <input type="text"/> - <input type="text"/>
Tel (Res)	<input type="text"/>	<input type="text"/>		Mobile 2 <input type="text"/> - <input type="text"/>
Email	<input type="text"/>			

5. MODE OF OPERATION

Singly
 Jointly
 Either-or Survivor

6. OTHER PERSONAL DETAILS* (* Indicates Mandatory)

Citizenship IN - Indian Others - Country _____ Nationality _____

Place & Country of Birth

Residential Status Resident Non Resident Foreign National Overseas Citizen of India (OCI)

Occupation Type Service Private Sector Public Sector Government Sector Others Professional

Self Employed Retired Housewife Student Business Not Categorised

Please tick Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) NA

7. OVERSEAS ADDRESS DETAILS* (Mandatory if NRI/Foreign National/OCI is selected in Residential Status)

Line 1

Line 2

Line 3 City/Town/Village*

District Zip/Post Code State/UT Code

State/UT Country Country Code

Address Type Residential / Business Residential Business Registered Office Unspecified

8. GROSS ANNUAL INCOME/NET-WORTH* (* Indicates Mandatory)

a) Income Range per annum Below Rs. 25,00,000 Rs. 25,00,001 to Rs. 50,00,000 Rs. 50,00,001 to Rs. 100,00,000

More than Rs. 1,00,00,000 OR

b) Net-worth Rs. _____ as on (Net-worth should not be older than one year)

PART I - APPLICATION FORM - FOR INDIVIDUAL - SECOND HOLDER

[Know Your Customer (KYC) Application Form] Individual

For office use only

(To be filled by financial institution)

Application Type* New Update

CKYC Number (Mandatory for KYC update request)

Account Type* Normal Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS* (* Indicates Mandatory)

	Prefix	First Name	Middle Name	Last Name
Name* (same as PAN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/ Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth* DDMMYYYY Gender* M-Male F-Female O-Others

Form 60 furnished

2. PROOF OF IDENTITY & ADDRESS* (* Indicates Mandatory)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

	Expiry Date
A-Passport Number	<input type="text"/> DDMMYYYY
B-Driving Licence	<input type="text"/> DDMMYYYY
C-Voter ID Card	<input type="text"/>
D-NREGA Job Card	<input type="text"/>
E-National Population Register Letter	<input type="text"/>
F-Proof of Possession of Aadhaar	<input type="text"/>
II E-KYC Authentication	<input type="text"/>
III Offline Verification of Aadhaar	<input type="text"/>

Please affix the recent passport size Photograph and sign across photograph

2nd Applicant Signature across photograph

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Zip/Post Code* State/UT Code* ISO 3166 Country Code*

GSTIN Number:

Place of Supply

3. CURRENT ADDRESS DETAILS

Same as above mentioned address (In such cases address details as below need not be provided)

A-Passport Number	<input type="text"/>
B-Voter ID Card	<input type="text"/>
C-Driving Licence	<input type="text"/>
D-NREGA Job Card	<input type="text"/>
E-National Population Register Letter	<input type="text"/>
F-Proof of Possession of Aadhaar	<input type="text"/>
II Offline Verification of Aadhaar	<input type="text"/>
III Deemed Proof of Address (Not more than 2 months old) - Document Type code	<input type="text"/>

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Zip/Post Code* State/UT Code* ISO 3166 Country Code*

4. CONTACT DETAILS* (By default, all communications will be sent to 1st holder mobile/email/postal address)

	Prefix	First Name	Middle Name	Last Name
Contact Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel (Off)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile 1 <input type="text"/> - <input type="text"/>
Tel (Res)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile 2 <input type="text"/> - <input type="text"/>
Email	<input type="text"/>			

5. OTHER PERSONAL DETAILS* (* Indicates Mandatory)

Citizenship IN - Indian Others - Country _____ Nationality _____

Place & Country of Birth

Residential Status Resident Non Resident Foreign National Overseas Citizen of India (OCI)

Occupation Type Service Private Sector Public Sector Government Sector Others Professional

Self Employed Retired Housewife Student Business Not Categorised

Please tick Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) NA

6. OVERSEAS ADDRESS DETAILS* (Mandatory if NRI/Foreign National/OCI is selected in Residential Status)

Line 1

Line 2

Line 3 City/Town/Village*

District Zip/Post Code State/UT Code

State/UT Country Country Code

Address Type Residential / Business Residential Business Registered Office Unspecified

7. GROSS ANNUAL INCOME/NET-WORTH* (* Indicates Mandatory)

a) Income Range per annum Below Rs. 25,00,000 Rs. 25,00,001 to Rs. 50,00,000 Rs. 50,00,001 to Rs. 100,00,000 More than Rs. 1,00,00,000 OR

b) Net-worth Rs. _____ as on (Net-worth should not be older than one year)

PART I - APPLICATION FORM - FOR INDIVIDUAL - THIRD HOLDER

[Know Your Customer (KYC) Application Form] Individual

For office use only

(To be filled by financial institution)

Application Type* New Update

CKYC Number (Mandatory for KYC update request)

Account Type* Normal Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS* (* Indicates Mandatory)

	Prefix	First Name	Middle Name	Last Name
Name* (same as PAN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/ Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth* DDMMYYYY Gender* M-Male F-Female O-Others

Form 60 furnished

2. PROOF OF IDENTITY & ADDRESS* (* Indicates Mandatory)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

	Expiry Date
A-Passport Number	<input type="text"/> DDMMYYYY
B-Driving Licence	<input type="text"/> DDMMYYYY
C-Voter ID Card	<input type="text"/>
D-NREGA Job Card	<input type="text"/>
E-National Population Register Letter	<input type="text"/>
F-Proof of Possession of Aadhaar	<input type="text"/>
II E-KYC Authentication	<input type="text"/>
III Offline Verification of Aadhaar	<input type="text"/>

Please affix the recent passport size Photograph and sign across photograph

3rd Applicant Signature across photograph

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Zip/Post Code* State/UT Code* ISO 3166 Country Code*

GSTIN Number:

Place of Supply

3. CURRENT ADDRESS DETAILS

Same as above mentioned address (In such cases address details as below need not be provided)

A-Passport Number

B-Voter ID Card

C-Driving Licence

D-NREGA Job Card

E-National Population Register Letter

F-Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline Verification of Aadhaar

IV Deemed Proof of Address (Not more than 2 months old) - Document Type code

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Zip/Post Code* State/UT Code* ISO 3166 Country Code*

4. CONTACT DETAILS* (By default, all communications will be sent to 1st holder mobile/email/postal address)

	Prefix	First Name	Middle Name	Last Name
Contact Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel (Off)	<input type="text"/>	<input type="text"/>		Mobile 1 <input type="text"/> - <input type="text"/>
Tel (Res)	<input type="text"/>	<input type="text"/>		Mobile 2 <input type="text"/> - <input type="text"/>
Email	<input type="text"/>			

5. OTHER PERSONAL DETAILS* (* Indicates Mandatory)

Citizenship IN - Indian Others - Country _____ Nationality _____

Place & Country of Birth

Residential Status Resident Non Resident Foreign National Overseas Citizen of India (OCI)

Occupation Type Service Private Sector Public Sector Government Sector Others Professional

Self Employed Retired Housewife Student Business Not Categorised

Please tick Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) NA

6. OVERSEAS ADDRESS DETAILS* (Mandatory if NRI/Foreign National/OCI is selected in Residential Status)

Line 1

Line 2

Line 3 City/Town/Village*

District Zip/Post Code State/UT Code

State/UT Country Country Code

Address Type Residential / Business Residential Business Registered Office Unspecified

7. GROSS ANNUAL INCOME/NET-WORTH* (* Indicates Mandatory)

a) Income Range per annum Below Rs. 25,00,000 Rs. 25,00,001 to Rs. 50,00,000 Rs. 50,00,001 to Rs. 100,00,000

More than Rs. 1,00,00,000 OR

b) Net-worth Rs. _____ as on (Net-worth should not be older than one year)

FATCA - CRS Declaration & Supplementary KYC Information - Declaration Form for First Holder

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PART - A									
PAN									
Name									
Address Type (for KYC address)		<input type="checkbox"/> Residential		<input type="checkbox"/> Business		<input type="checkbox"/> Residential/Business		<input type="checkbox"/> Registered Office	
Date of Birth				City and Country of Birth					
Gross Annual Income Details in INR				Net-worth in INR in Lacs		Net-worth as of			
		<input type="checkbox"/> Below 1 Lakh		<input type="checkbox"/> 1-5 Lacs		D		D	
		<input type="checkbox"/> 5-10 Lacs		<input type="checkbox"/> 10-25 Lacs		M		M	
		<input type="checkbox"/> 25 Lacs1Cr		<input type="checkbox"/> > 1 Crore		Y		Y	
Is the individual involved in / providing any of the following services:		<input type="checkbox"/> Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery Services (e.g/ casinos, betting syndicates)		Any other information (if applicable)		(Please specify)			
		<input type="checkbox"/> Money Laundering / Pawning							

Is the Country of Tax Residency other than India - Yes No

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

Sr. No.	Country of Tax Residency	Tax Payer Identification Number / Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other please specify]
1			
2			
3			

In case the's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code.

First Holder Sign

First Holder

Date:

Place:

FATCA - CRS Declaration & Supplementary KYC Information - Declaration Form for Second Holder

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PART - A									
PAN									
Name									
Address Type (for KYC address)		<input type="checkbox"/> Residential		<input type="checkbox"/> Business		<input type="checkbox"/> Residential/Business		<input type="checkbox"/> Registered Office	
Date of Birth				City and Country of Birth					
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh		<input type="checkbox"/> 1-5 Lacs		Net-worth in INR in Lacs			
		<input type="checkbox"/> 5-10 Lacs		<input type="checkbox"/> 10-25 Lacs		Net-worth as of			
		<input type="checkbox"/> 25 Lacs1Cr		<input type="checkbox"/> > 1 Crore					
Is the individual involved in / providing any of the following services:		<input type="checkbox"/> Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery Services (e.g/ casinos, betting syndicates)		Any other information (if applicable)		(Please specify)			
		<input type="checkbox"/> Money Laundering / Pawning							

Is the Country of Tax Residency other than India - Yes No

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

Sr. No.	Country of Tax Residency	Tax Payer Identification Number / Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other please specify]
1			
2			
3			

In case the's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code.

←

Second Holder Sign

Second Holder

Date:

Place

FATCA - CRS Declaration & Supplementary KYC Information - Declaration Form for Third Holder

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PART - A																	
PAN																	
Name																	
Address Type (for KYC address) <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential/Business <input type="checkbox"/> Registered Office																	
Date of Birth				City and Country of Birth													
Gross Annual Income Details in INR				Net-worth in INR in Lacs													
<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs1Cr <input type="checkbox"/> > 1 Crore				Net-worth as of <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>						D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
Is the individual involved in / providing any of the following services:				Any other information (if applicable)													
<input type="checkbox"/> Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery Services (e.g/ casinos, betting syndicates) <input type="checkbox"/> Money Laundering / Pawning				(Please specify)													

Is the Country of Tax Residency other than India - Yes No

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

Sr. No.	Country of Tax Residency	Tax Payer Identification Number / Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other please specify]
1			
2			
3			

In case the's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code.

--	--

Third Holder

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PART II - APPLICATION/KYC FORM - FOR NON - INDIVIDUAL

For office use only (To be filled by financial institution) Application Type* New Update
 CKYC Number (Mandatory for KYC update request)

1. Entity Details* (* Indicates Mandatory)

Name*

Entity Constitution Type* Others (Specify)

Date of Incorporation/Formation* DDMMYYYY Date of Commencement of Business DDMMYYYY

Place of Incorporation/Formation* Country of Incorporation/Formation*

PAN* Form 60 furnished TIN or Equivalent Issuing Country

TIN/GST Registration Number

2. PROOF OF IDENTITY (POI)* (* Indicates Mandatory)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation/Formation Registration Certificate Regn Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

3. ADDRESS

3.1 Registered Office Address/Place of Business* (* Indicates Mandatory)

Proof of Address Certificate of Incorporation/Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO3166 Country Code*

3.2 Local Address in India (If different from above)* (* Indicates Mandatory)

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO3166 Country Code*

4. Contact Details (All communications will be sent to Mobile number/Email - ID provided may be used)

Tel. (Off) - Fax -

Mobile - Email ID

Mobile - Email ID

5. Number of Related Persons

(Please fill Annexure A-2 for each related persons)

Annexure A2 | Legal Entity | Other than Individuals

Fortuna Asset Managers LLP | Know Your Customer (KYC) Application Form | Related Person

For office use only

(To be filled by financial institution)

Application Type* New Update

CKYC Number (Mandatory for KYC update request)

1. Details of Related Person* (* Indicates Mandatory)

Addition of Related Person Deletion of Related Person Update Related Person Details

CKYC Number of Related Person (if available) (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official Proprietor

Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 Personal Details

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>			
Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> O-Others			
Nationality*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
PAN*	<input type="text"/> <input type="checkbox"/> Form 60 furnished			

1.2 Proof of Identity and Address* (* Indicates Mandatory)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/>		
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>		
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/>		
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>		
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>		

PHOTO*



Related Person(s) Signature

Address

Line 1*

Line 2

Line 3

District* Pin/Post Code* State/U.T Code* City/Town/Village* ISO 3166 Country Code*

1.3 Current Address Details

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>

<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>
IV <input type="checkbox"/> Deemed PoA	<input type="text"/>

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided)

Tel.(Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we 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. We are aware that we may be held liable for it.

We hereby declare that we are not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

We hereby consent to receiving information from Fortuna Asset Managers LLP through SMS/Email on the above registered number/email address. We are also providing consent to MF/AMC/KRA to share this KYC data with Fortuna Asset Managers LLP, download the information from Fortuna Asset Managers LLP and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

**Authorised Person(s)
Sign & Stamp**

Date:

Place:

ATTESTATION/ FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC Process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS

Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name	<input type="text"/>
Emp. Name	<input type="text"/>	Code	<input type="text"/>
Emp. Code	<input type="text"/>		
Emp. Designation	<input type="text"/>		
Emp. Branch	<input type="text"/>		

[Employee Signature]

[Institution Stamp]

Annexure A2 | Legal Entity | Other than Individuals

Fortuna Asset Managers LLP | Know Your Customer (KYC) Application Form | Related Person

For office use only

(To be filled by financial institution)

Application Type* New Update

CKYC Number (Mandatory for KYC update request)

1. Details of Related Person* (* Indicates Mandatory)

Addition of Related Person Deletion of Related Person Update Related Person Details

CKYC Number of Related Person (if available) (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

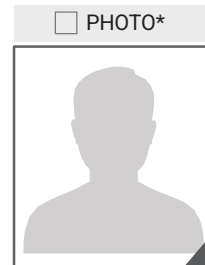
1.1 Personal Details

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>			
Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> O-Others			
Nationality*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
PAN*	<input type="text"/> <input type="checkbox"/> Form 60 furnished			

1.2 Proof of Identity and Address* (* Indicates Mandatory)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/>		
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>		
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/>		
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>		
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>		



Related Person(s) Signature

Address

Line 1*

Line 2

Line 3

District* City/Town/Village*

Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

1.3 Current Address Details

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>

<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>
IV <input type="checkbox"/> Deemed PoA	<input type="text"/>

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided)

Tel.(Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

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 hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I am also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

<input type="text"/>		Authorised Person(s) Sign & Stamp
----------------------	--	--

Date:

Place:

ATTESTATION/ FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC Process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS

Date	<input type="text"/>	Name	<input type="text"/>
Emp. Name	<input type="text"/>	Code	<input type="text"/>
Emp. Code	<input type="text"/>		
Emp. Designation	<input type="text"/>		
Emp. Branch	<input type="text"/>		

[Employee Signature]

[Institution Stamp]

Annexure A2 | Legal Entity | Other than Individuals

Fortuna Asset Managers LLP | Know Your Customer (KYC) Application Form | Related Person

For office use only

(To be filled by financial institution)

Application Type* New Update

CKYC Number (Mandatory for KYC update request)

1. Details of Related Person* (* Indicates Mandatory)

Addition of Related Person Deletion of Related Person Update Related Person Details

CKYC Number of Related Person (if available) (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

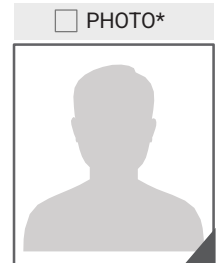
1.1 Personal Details

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>			
Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> O-Others			
Nationality*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
PAN*	<input type="text"/> <input type="checkbox"/> Form 60 furnished			

1.2 Proof of Identity and Address* (* Indicates Mandatory)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/>		
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>		
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/>		
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>		
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>		



Related Person(s) Signature

Address

Line 1*

Line 2

Line 3

District* City/Town/Village*

Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

1.3 Current Address Details

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>

E-National Population Register Letter
 F-Proof of Possession of Aadhaar
 II E-KYC Authentication
 III Offline verification of Aadhaar
 IV Deemed PoA

Address

Line 1*
 Line 2
 Line 3 City/Town/Village*
 District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided)

Tel.(Off) - Tel. (Res) - Mobile -
 Email ID

2. Applicant Declaration

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 hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Authorised Person(s) Sign & Stamp

Date:
 Place:

ATTESTATION/ FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC Process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS

Date Name
 Emp. Name Code
 Emp. Code
 Emp. Designation
 Emp. Branch

[Employee Signature]

[Institution Stamp]

FATCA - CRS Declaration & Supplementary KYC Information - Declaration Form for Non - Individual

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PART - A											
PAN											
Name											
Address Type (for KYC address)	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residential/Business	<input type="checkbox"/> Registered Office							
Place for Incorporation				Country for Incorporation							
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1-5 Lacs	Net Worth in INR in Lacs								
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	Net- Worth as of		D	D	M	M	Y	Y	Y
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery Services (e.g/ casinos, betting syndicates)			Any other information (if applicable)	(Please specify)						
	<input type="checkbox"/> Money Laundering / Pawning										

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 / Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other please specify]
1			
2			
3			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code here _____ (Refer Instructions).



Date:

Place:

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

(Mandatory for Non - individual investors)

I: Investor details:

Name of the Investor:

PAN

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify)

Please list below the details of controlling person(s), confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO 1	UBO 2	UBO 3
Name of UBO			
UBO Code			
Country of Tax residency*			
PAN#			
Address	Zip <input style="width: 100px;" type="text"/> State: _____ Country: _____	Zip <input style="width: 100px;" type="text"/> State: _____ Country: _____	Zip <input style="width: 100px;" type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Register office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Register office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Register office
Tax ID% / Tax ID Type			
City of Birth / Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Percentage of Holding (%)			

* To include US, where controlling person is a US citizen or green card holder
 # If UBO is KYC compliant, KYC 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.
 % In case Tax Identification Number is not available, kindly provide functional equivalent
 \$ Attach valid documentary proof like Shareholding pattern duly self-attested by Authorized Signatory/ Company Secretary

Date:

Place:

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