

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons (Mandatory for Non-individual Investors)

I: Investor details:							
Investor Name							
PAN*							
* If PAN is not available, s	specify Folio No. (s)		1			
II: Category							
Our company is by a Listed Company						a or Control	led
Name of the Stock E	xchange where	e it is listed#					
Security ISIN#							
Name of the	Listed C	Company (app	plicable if	the investo	r is subs	sidiary/associa	te):
		_					
#mandatory in case of		-	·				
☐ Unlisted Compan	y 🔲 Partnersh	iip Firm / LLP	☐ Unincorpor	ated association	on / body of ind	lividuals	
☐ Public Charitable Trust ☐ Private Trust ☐ Religious Trust ☐ Trust created by a Will.							
☐ Others [please specify]							
UBO / Controlling F	Person(s) deta	ils.					
Does your company/entity have any individual person(s) who holds direct / indirect						ect	
controlling own	ership abov	e the prescri	ibed thresh	old limit?	☐ Yes	□ N	lo
16 9 / FOI - 1 May be a selected	1 1 41 4 41.				P. O. O.	II.	1. 1
If 'YES' - We hereby in our entity above th						ing owners	nıp
If 'NO' - declare that the prescribed thres (SMO) are provided	hold limit. Det						
(GWO) are provided	UBO-1 / Ser	nior Managing al (SMO)	U	30-2		UBO-3	
Name of the UBO/SMO#.							
UBO / SMO PAN#.		7					
For Foreign National, TIN to be provided]							
% of heneficial	>10% control	ling interest 🖂	>10% contro	ling interest	3 310% cont	rolling intere	et 🖂

interest#.	>15% controlling interest.	>15% controlling interest.	>15% controlling interest.
	>25% controlling interest.	>25% controlling interest.□	>25% controlling interest.□
	NA. (for SMO)	NA. (for SMO)	NA. (for SMO)
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place	Place of Birth	Place of Birth	Place of Birth
& Country of Birth#	Country of Birth	Country of Birth	Country of Birth
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	Yes – PEP. □		
UBO / SMO PEP#	Yes – PEP. □ Yes – Related to PEP. □		
UBO / SMO PEP#			
UBO / SMO PEP# UBO / SMO Address [include City, Pincode, State,	Yes – Related to PEP. □	Address:	Address:
UBO / SMO Address [include	Yes – Related to PEP. ☐ N – Not a PEP. ☐	Address: City:	Address: City:
UBO / SMO Address [include City, Pincode, State,	Yes – Related to PEP. □ N – Not a PEP. □ Address:		
UBO / SMO Address [include City, Pincode, State,	Yes – Related to PEP. N – Not a PEP. Address: City:	City:	City:
UBO / SMO Address [include City, Pincode, State,	Yes – Related to PEP. N – Not a PEP. Address: City: Pincode:	City: Pincode:	City: Pincode:
UBO / SMO Address [include City, Pincode, State, Country]	Yes – Related to PEP. N – Not a PEP. Address: City: Pincode: State:	City: Pincode: State:	City: Pincode: State:
UBO / SMO Address [include City, Pincode, State, Country]	Yes – Related to PEP. N – Not a PEP. Address: City: Pincode: State: Country:	City: Pincode: State:	City: Pincode: State:
UBO / SMO Address [include City, Pincode, State, Country]	Yes – Related to PEP. N – Not a PEP. Address: City: Pincode: State: Country: Residence	City: Pincode: State:	City: Pincode: State:
UBO / SMO Address [include City, Pincode, State, Country]	Yes – Related to PEP. N – Not a PEP. Address: City: Pincode: State: Country: Residence Business Business	City: Pincode: State:	City: Pincode: State:
UBO / SMO Address [include City, Pincode, State, Country] UBO / SMO Address Type	Yes – Related to PEP. N – Not a PEP. Address: City: Pincode: State: Country: Residence Business Business	City: Pincode: State:	City: Pincode: State:

UBO / SMO Father's Name			
UBO / SMO	Public Service		
Occupation	Private Service □	_	
	Business		
	Others		
SMO Designation#			
UBO / SMO KYC	Yes / No.	Yes / No.	Yes / No.
Complied?	If 'Yes,' please attach the KYC acknowledgement.	If 'Yes,' please attach the KYC acknowledgement.	If 'Yes,' please attach the KYC acknowledgement.
	If 'No,' complete the KYC and confirm the status.	If No, complete the KYC and confirm the status.	If No, complete the KYC and confirm the status.
sheet(s) duly signed by * Participating Mutual I	Authorized Signatory. Fund(s) / RTA may call for addition	information in the given format on the contract of the contraction who provide the same as and when so	erever required or if the given
<u>Declaration</u> I/We acknowledge a knowledge and belie	nd confirm that the information	provided above is true and co ecified information is found to be may be liable for it including	orrect to the best of my/our e false, untrue, misleading,

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / 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 wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA 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 within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
Name:	Name:	Name:
Designation:	Designation:	Designation:
Designation:	Designation:	

Date: __/ ___/

Place:

Instructions on Controlling Persons / Ultimate Beneficial Owner

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ 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 10% 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 10% 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, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. 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 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) 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 UBO(s) / SMO(s).