

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Person(s) [CP]

I: Investor details	:									
Investor Name										
PAN* / PEKRN / Folio No.										
* If PAN is not avail	lable, spe	ecify PEKRN	/ Folio No.	(s)						
II: Category										
Our company Listed Company [•	•	_		_		diary of a	or Control	led by a
Name of the Stock Exchange where it is listed#Security ISIN #										
Name of the Liste	ed Comp	any (applica	ble if the inv	estor is su	bsidiary					
In case, above category is not applicable, select one of the following categories that your organization falls under Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals										
☐ Trust	☐ Society			☐ Section 25/Section 8 Companies.						
Others [please # mandatory in case	of Listed (company or s	ubsidiary of	f the Listed	Company					
Does your com through one or prescribed three	pany/e r more	ntity have	e any na	-			-	_	_	-
If 'YES' - We here our entity above downloaded from exercise control and its associat substantiating the If 'NO' - declare to	the preson MCA along wates. Fur is as and that no i	scribed thre portal is a vith any otle rther, we d when rec individual p	eshold limentached a her applicentacher hereby of hereby of puired at A person (dir	nit. Detail as docun cable sup consent AMC/RTA rectly / in	s of such incomentary evidence documentary evidence documents of submit A. addrectly) ho	dividual(s) dence of suments li ting the lds contro	are given the UBO o ke shareho appropria	below. Later person olding patte documents	test BEN2 who has tern of the nentary entity ab	form as right to e entity vidence
prescribed thresh provided below.	old limi	it. Details c	of the indi	vidual wl	ho holds the	position	of Senior I	Managing	Official (SN	лО) are
		-	CP-1 /Senio Official (SM		UBC	-2 / CP-2			UBO-3 / CP	-3
Name of the UBO/SMO#.										
UBO / SMO PAN#										_

For Foreign National, Valid TIN to be provided]			
UBO / SMO Country of Tax Residency#.			
UBO / SMO Valid Taxpayer Identification Number (TIN) / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth	Place of Birth Country of Birth	Place of Birth
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	Yes − PEP.Yes − Related to PEP.No − Not a PEP.	Yes − PEP.Yes − Related to PEP.No − Not a PEP.	Yes − PEP.Yes − Related to PEP.No − Not a PEP.
UBO / SMO Address Type	Residence Business Registered Office	Residence Business Registered Office	Residence Business Registered Office
UBO / SMO Occupation	Public Service	Public Service	Public Service
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.
BEN2 Form and any other relevant supporting documents as applicable**	☐ BEN2 Form enclosed ☐ Others <specify as="" attached="" document(s)="" proof.<="" td="" what=""><td>☐ BEN2 Form enclosed ☐ Others <specify as="" attached="" document(s)="" proof.<="" td="" what=""><td>☐ BEN2 Form enclosed ☐ Others <specify as="" attached="" document(s)="" proof.<="" td="" what=""></specify></td></specify></td></specify>	☐ BEN2 Form enclosed ☐ Others <specify as="" attached="" document(s)="" proof.<="" td="" what=""><td>☐ BEN2 Form enclosed ☐ Others <specify as="" attached="" document(s)="" proof.<="" td="" what=""></specify></td></specify>	☐ BEN2 Form enclosed ☐ Others <specify as="" attached="" document(s)="" proof.<="" td="" what=""></specify>

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

* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

** Documentary proof for UBO.

Address, Gender, Date of Birth, contact details and other KYC information would be considered from KRA-KYC information.

Declaration

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

Provided that in case of a trust, the reporting entity shall ensure that trustees disclose their status at the time of commencement of an account-based relationship or when carrying out transactions as specified in clause (b) of sub-rule (1) rule 9.

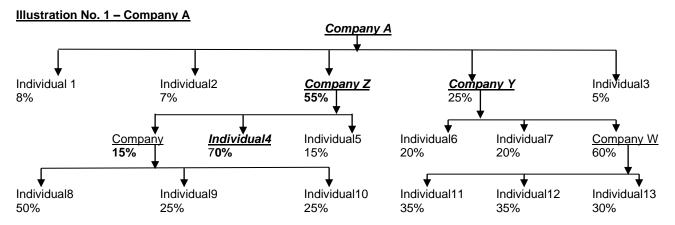
C. Exemption in case of listed companies / foreign investors

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.

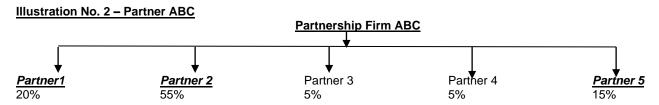
D. KYC requirements

Beneficial Owner(s) / Controlling Person(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) / CPs/ SMO(s).

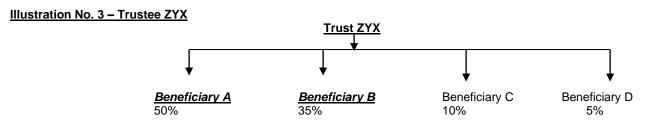
Sample Illustrations for ascertaining beneficial ownership:



For Applicant A, Individual 4 is considered as UBO/CP as it holds effective ownership of 38.50% in Company A. Hence details of Individual 4 must 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.



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



For Trust ZYX, Beneficiaries A, B and C are considered as UBO/CP as they are entitled to get benefitted for >10% 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.

Illustration No. 4 - LLP DEF LLP DEF Partner1 Company1 Partner 2 Partner 3 Partner 4 20% 55% 5% 5% 15% Partner 5 Partner 6 Partner 7 75% 20% 5%

For LLP Firm DEF, Partners 1, 4, 5 and 6 are considered as UBO/CP as each of them holds >=10% of capital. KYC proof of these partners needs to be submitted including shareholding.