| | | | | | e Identification No.* | RIA Name & RIA Co | | |
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| However, in case of any exc /We hereby confirm that t distributor/sub broker or not | eptional cases wh he EUIN box has withstanding the a | ere there is no such in been intentionally le dvice of in-appropria | nteraction, the in eft blank by me/ ateness, if any, pr | vestor can keep EUIN us as this transactior ovided by the employe | box blank and sign the follow | wing declaration; nteraction or advice by the es person of the distributor/s | employee sub broker. | r the transaction is "Execution only" or /relationship manager/sales person of |
| Firet Ini | tholder/ Guard | ian/ POA | | Seco | ond Unitholder | | | Third Unitholder |
| | | | AMFI registered I | | | of various factors including | the servic | e rendered by the distributor. |
| TRANSACTION Please tick | | (₹ 150 will b | be deducted) | stor across Mutua | | I am an existing inv (₹ 100 will be deducted) es. Upfront commission shall be | | Mutual Funds y by the investor to the AMFI register distributo |
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| For registering different in | | | | or address and contai | ct details, will be captured a | s per existing mormation u | inder the g | iven folio. Proceed directly to section 7 |
| 2 NEW APPLICAN | 'S DETAILS | (Please fill in BLOC | CK LETTERS wi | th black/blue ink and | read the instructions carefu | lly, on page 1 to 4 before fil | lling up the | e form |
| APPLICATION FOR | Zero Ba | lance Folio | Investment | | | | | |
| Name of Entity/ Sole | /First Applicar | nt Mr. Ms | s. | | | | | (|
| PAN/PEKRN | | | | Yes No M | ode of Holding (Please ✓ |) Single Join | t 🗆 E | Either/ Anyone or Survivor (Default O |
| Date of Birth/Incorporat | ion (Mandatorv) | | | YYYY | Proof of Birth (Please ✓ | | _ | ertificate Others |
| | nt Individual | | AOP/BOI | Minor through | · | UF Trust /Chariti | | |
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| (For Non-Indivi | dual investors, FATC | A, CRS & Ultimate Ben | neficial Ownership (| UBO) Self Certification F | Form is mandatorily, and should | | | |
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| Non-Individual Invest Please (✓) (Applicable only | | roviding any of th | he mentioned | services | Foreign Exchar | • • • | | |
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Please Note : All purchases are subject to realisation of payment instrument. This acknowledgment slip is for your reference only. Information on the form will be considered final.

| 6 BANK AC | CCOUNT DETAILS (Mandatory) (Details of bank account in which redemption, IDCW or othe | r payments to be credited.) |
|---------------------------|---|--|
| Account No. ^{\$} | | Account Type Savings Current NRO NRE FCNR |
| Bank Name | (Do not abb | reviate) |
| Branch | City | Pin Code |
| IFSC Code* | MICR Code* | (IFSC/ NEFT code required for Direct credit) |

Please provide a cancelled cheque leaf of the same bank account as mentioned above incase the bank account details differ from investment bank account details given in Section (9). 360 ONE Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [§]For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. * indicates - Mandatory.

| 7 FATCA and CR | S DETAILS For | Individuals | (Mandatory |) Non Indiv | idual inve | estors includ | ing HUF ma | ndatorily fill s | separate FATC | A/CRS d | etails fo | orm | | | | | |
|--|---|-----------------|--------------------|----------------|--------------|-----------------------|---------------------------|----------------------|----------------------|--------------|----------------|-----------------------------|-----------|------------------|--|--|--|
| Sole/ | First Applicant/ | /Guardian | | | | 2nd Applic | cant | | 3rd Applicant | | | | | | | | |
| Country# | Tax Payer [®] Ref. ID No | | tification Type | Coun | try# | Tax Paye Ref. ID N | er [®] Ide No | entification Type | Country | # | Tax F Ref. | Payer [®] ID No | | ification ype | | | |
| 1 | | | | 1 | | | | | 1 | | | | | | | | |
| 2 | | | | 2 | | | | | 2 | | | | | | | | |
| 3 | | | | 3 | | | | | 3 | | | | | | | | |
| [#] Please indicate all Cour [®] In case Tax Identification | | | | | | dentification Nu | mber and it's lo | dentification type | e eg. TIN etc. | | | | | | | | |
| Sole/ | Sole/First Applicant/Guardian 2nd Applicant 3rd Applicant | | | | | | | | | | | | | | | | |
| Country of Birth | | | | Country | of Birth | | | | Country of | Birth | | | | | | | |
| Country of Nationa | lity | | | Country | of Nationa | ality | | | Country of | National | ity | | | | | | |
| In case Country of Tax F | Residence is only li | ndia then detai | s of Country o | f Birth & Nati | onality need | d not be provide | ed. | | _! | | | 1 | | | | | |
| 8 ADDITIONAL K | YC DETAILS (M | landatory. Ple | ase read instr | uctions no s | 5 & 6 under | APPLICANT'S | | DN.) | | | | | | | | | |
| OCCUPATION | Professional | Agriculturis | t Housewif | e Retired | Govern | ment Service | /Public Sect | or Business | Forex Dealer | Studen | t Priva | ate Sector | Service | Others | | | |
| 1st Applicant | | | | | | | | | | | | | | | | | |
| 2nd Applicant | | | | | | | | | | | | | | | | | |
| 3rd Applicant | | | | | | | | | | | | | | | | | |
| Guardian | | | | | | | | | | | | | | | | | |
| GROSS ANNUAL I | NCOME DETAIL | LS^ Be | low 1 Lac | 1-5 Lacs | 1-5 Lacs | 5-10 Lacs | 10-25 Lacs | 25 Lacs-1 | Crore >1 Crore | e NE | NET-WORTH IN ₹ | | | Date | | | |
| 1st Applicant | | | | | | | | | | (Ne | t worth | n should | DDM | ΜΥΥΥΥ | | | |
| 2nd Applicant | | | | | | | | | not be older DDMM | | | | | | | | |
| 3rd Applicant | | | | | | | | | | than 1 ye | | | DDM | МҮҮҮҮ | | | |
| Guardian | | | | | | | | | | | | | DDM | МҮҮҮҮ | | | |
| PEP DETAILS | | | | | 1st | Applicant | 2n | d Applicant | 3r | d Applic | ant | | Guardia | an | | | |
| Are you a Politically | Exposed Person | n (PEP) | | | Ye Ye | es 🗌 No | | Yes No | o 🗌 | Yes | No | | Yes | No | | | |
| Are you related to a | Politically Expos | sed Person (I | PEP) | | Y | es 🗌 No | | Yes No | o 🗌 | Yes | No | | Yes | No | | | |
| ^Please attach Proo | f for income and | occupation. | | | | | | | ! | | | | | | | | |
| 9 PAYMENT & IN | VESTMENT DE | TAILS (Mano | latory) (Deta | ils of accou | nt from wh | ich investment | has been dor | 1e.) | | | | | | | | | |
| Scheme | | | | | | | Plan | Regula | ar Direc | ct Opt | ion | | | | | | |
| Amount (figures) | | Paym | ent mode | Chequ | e DD |) Fund | Transfer | RTGS/NEF | T | Instrur | nent no. | Cheq | ue/DD/UTR | /UMR No. | | | |
| Account No. | | | | | | Α | Vc 🗌 Savii | ng 🗌 Currer | nt 🗌 NRO 🗌 | NRE | FCN | IR Othe | ers P | lease specify | | | |
| Instrument Date | D M M | Y Y B | ank | | | | | Br | anch | | | | | | | | |
| Types of Investment | Lump | psum | Lumpsum | + SIP | (for SIP ple | ease fill separate | e SIP cum Man | idate registratior | n form) | | | | | | | | |
| LEI No. | | | | | | | Valio | d Upto 🛛 🗅 | D M M ` | Y Y Y | Y Y | | | | | | |
| Note: LEI no. is Mai | ndatroy for trans | action amour | nt 50 crs abo | ve for Non | individual. | LEI number of | | · | | DJJFV1I | 16 | | | | | | |
| 10 UNITHOLDING | OPTION | | emat Mode | PI | nysical Mo | o de These d | etails are compul | sory if the investor | wishes to hold the u | inits in DEM | AT mode. | | | | | | |
| Please ensure that th | e sequence of N | Names as me | ntioned in th | ne applicati | on form m | natches with t | hat of the ac | count held w | rith any one of | the Depo | ository P | Participant. | | | | | |
| | National Secu | rities Depos | itory Limite | d (NSDL) | | | | Central | Depository So | ecurities | Limited | d (CDSL) | | | | | |
| DP ID No. Ben | DP ID No. Beneficiary Account No. I N I | | | | | | | | | | | | | | | | |
| Enclosures (Please tic | Enclosures (Please tick any one box) Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS) | | | | | | | | | | | tion Slip (DI | | | | | |



*

| 11 N | OMINATION (Mandatory*) (Plea | se ✓ and confirm | the option select | ted) | | | | | | | | | | | |
|--|--|--|--------------------|---------------------------------|-----------------|---------------------|-----------------------------------|------------|---------|-----------------------|------------|-------|-------|--------|-------|
| ANNEXURE - A FORMAT FOR PROVIDING NOMINATION We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. | | | | | | | | | | | | | | | |
| l/We wi | sh to make a nomination and o | lo hereby nomina | ate the following | person(s) who shall receive | all the assets | held in my / our a | ccoun | t in the e | event o | of my / o | ur death. | | | | |
| Sr. | Nomination can be m three nominees in the | ade upto | Detai | Is of 1st Nominee | Deta | ails of 2nd Nomi | nee | | | Deta | ils of 3rd | Non | ninee | | |
| No. | three nominees in the | account. | | Mandatory De | tails | | | | | | | | | | |
| 1. | Name of the nominee(s) (Mr. | /Ms.)* | | | | | | | | | | | | | |
| 2. | Share of each Equally (If not | equally, | [| % | | % | | | | | _ | | | | |
| | Nominee please specify | minee please specify percentage) Any odd lot after division shall be transferred to the first norr | | | | | | | | | | | | | _ |
| 3. | Relationship with the Applicar | nt (If Any) | | | | | | | | | | | | | |
| 4. | Minor Date of birth | | | | | | | | | | | | | | |
| 5. | Guardian name | | | | | | | | | | | | | | |
| *Date | *Date of Birth and Name of Guardian to be provided in case of minor nominee(s) | | | | | | | | | | | | | | |
| 0 | | | I | Non Mandatory | Details | | | | | | | | | | |
| 6. | Address of Nominee(s)/ Gua in case of Minor | rdian | | | | | | | | | | | | | - |
| | City / Place / State / Country | | | | | | | | | | | | | | |
| | PIN Code | | | | | | | | | | | | | | _ |
| 7. | Mobile/Telephone no. of nom | iinee(s) | Mobile No. | | Mobile No. | | | | Mobil | le No. | | | | | |
| | / Guardian in case of Minor | | Tel. No. | | Tel. No. | | | | Tel. N | lo. | | | | | |
| 8. | Email ID of nominee(s)/ Gua case of Minor | rdian in | | | | | | | | | | | | | |
| 9. | Nominee/ Guardian (in case | of Minor) | Photograph | | Photograp | h & Signature | | | | | n & Signa | | | | _ |
| | Identification details (Please ti following and provide details of s | ck any one of ame) | PAN | | | Dand | | | PAI | N | | | | | _ |
| | | | Proof of Ide | ard ntity | | Card lentity | | | | ard entity | | | | - | |
| | | ank A/c no | | | Sav | ving Bar | nk A/c no | | | | | | | | |
| | | D | | | Der | mat A/c | ID | | | | _ | | | | |
| | *Nome and Cignoture | ofloidor | First | Unitholder Name | Seco | ond Unitholder Na | ame | | | Third Unitholder Name | | | | | |
| | *Name and Signature | | First L | Initholder Signature | First | Unitholder Signa | nature First Unitholder Signature | | | | | | | | |
| *Witnes | ss Name | | I | | 1 | | | | | | | | | | ٦ |
| *\\/itpoc | ss address | | | | | | | | | | | | | | |
| | ccount holder affixes thumb im | nression instead | of signature | | | | | | | | | | | | |
| | EXURE - B | | for signature. | DECLARATION FOR | | | N | | | | | | | | |
| | We hereby confirm that I / We d | o not wish to onn | oint ony nomina | | | | | in no | | intmont | of nomin | oo(o) | and | urthor | r oro |
| aware t | hat in case of death of all the ac | count holder(s), r | my / our legal hei | rs would need to submit all the | e requisite doc | uments / informati | on for | claiming | | | | | | | |
| which n | nay also include documents iss | ued by Court or ot | her such compe | ent authority, based on the va | lue of assets h | eld in the Mutual F | und F | olio. | | | | | | | |
| *Name Signat | | Unitholder Name | | Second U | nitholder Name | | | | Thi | ird Unitho | older Name |) | | | |
| Holder | | | | First Unith | | | | | First | | | | | | |
| *\^/:+ | - Nama | | | | | | | | | | | | | | |
| witnes | ss Name | | | | | | | | | | | | | | |
| | ss address | | | | | | | | | WHITE 35 | | | | | |
| | ccount holder affixes thumb im | | - | | | | | | | | | | | | |
| 12 P | OWER OF ATTORNEY (POA) | HOLDER DETA | ILS | | | | | | | P | AN | | | | |
| First | Applicant POA Name | | | | | | | | | | | | | | |
| Seco | nd Applicant POA Name | | | | | | | | | | | | | | |
| Third | Applicant POA Name | | | | | | | | | | | + | | | _ |
| 42 D | | • | | | | | | | | | | | | | |
| | ECLARATION & SIGNATURE | | | | P. 1.1.4 | | | 2 | | | e | | | | |
| | ave read, understood and agree e(s), Foreign Account Tax Complia | | | | | | | | | | | | | | |
| | EAsset Management Limited (36 applicable rules and regulations a | | | | | | | | | | | | | | |
| | (c) is through logitimate sources | | | | | | | | | | | | | | |

and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non-Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.

I/We hereby accord my/our consent and hereby authorize 360 ONE AMC/Fund for (i) collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our Personal Data to the third party or another body corporate or any person acting under a lawful contract with 360 ONE AMC, in accordance with the Privacy Policy. (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"). I hereby authorize the representatives of 360 ONE Asset Management Limited and its Associates to contact me through any mode of communication. (iii) I/We hereby accord my/our consent to 360 ONE AMC for receiving the promotional information/ material via email, SMS, Whatsapp, calls etc. on the mobile number and email provided by me/us in this Application Form.

asset 360 Z M

SIP REGISTRATION CUM MANDATE FORM (For investment through NACH)

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| ARN-2 | | | 1 10.47 | | | E-479 | | | | | | | |
| elationship manager/ | e in case the EUIN is left b sales person of the above | lank/not provid distributor/sub | ed. I/We hereby broker or notwi | y confirm that t ithstanding the | he EUIN box l advice of in-a | ppropriatenes | ss, if any, provid | nk by me/u led by the e | s as this trans mployee/relat | ction is execute onship manage | d without any inter r/sales person of th | raction or advice ne distributor / su | by the employ b broker. |
| Sign Here | First / Sole Appl Authorise | icant / Guardia d Signatory | in / | | | Second Authorise | Applicant / d Signatory | | | | Third Appl Authorised S | | |
| | shall be paid directly by t | | ne AMFI registe | ered Distributo | rs based on t | | | various fa | ctors including | the service ren | | | |
| | e my/our consent to shar | e/ provide trans | saction data fee | ed/ unit holding | g in respect o | fmy/ourinve | stments under | Direct Plar | n to the above | mentioned RIA. | | | |
| | R INFORMATION | 1 1 1 | | | | | | | | | | | |
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| ame of the First H | lolder | | | | | | | | | | | | |
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| 2 REQUEST F | OR | | | | | | | | | Registration | of SIP | Renewal of | SIP |
| 3 SYSTEMATI | C INVESTMENT PL | AN DETAIL (| SIP DETAIL |) | | | | | | | | | |
| | | | | | ment Perio | od | | | | . Stor | o-Up (Optional |) (Plazea rafar ir | ost no. 10) |
| F | requency | | From | | To | Ju | Perpetual | SIP Date | Instalmer Amount | | Cap Amount | | equency |
| Monthly (Any | date: 1 st to 28 th , 7 th is defa | ault) M M | | M | | / Y | | DD | 7 | Amount | | Half Ye | |
| | y date: 1 st to 28 th , 7 th is de | · | YYYY | | MYYY | / Y | Perpetual | DD | 1 | | | Half Ye | - |
| | on 🗌 Tue 🗌 Wed 🗌 Thu | · | ММҮҮ | YYD | DMMY | <pre> / Y Y Y</pre> | (Till 40 Year | | <u></u> | NA | NA | | NA |
| | * & 16 th every month) | DD | ММҮҮ | YYD | DMMY | ′ <u>Y Y Y</u> | from SIP start date) | NA | | NA | NA | | NA |
| 4 INVESTMEN | | | | | | | | 1 | | | | | |
| First Installment | | Date D | | Y Y Y | Y | Cheque No. | | | | Amou | nt | | |
| Bank A/C No. | | | | · · · · | | | | | | Amou | | | |
| l | | | | | | | | | | | | | |
| Bank Name | | | | | Draw | n on Bani | k and Brand | ch | | | | | |
| 5 UNITHOLDI | | | mat Mode | | sical Mode | | • | - | | | ts in DEMAT mode | | |
| | t the sequence of Na | mes as ment | ioned in the | application f | | | | unt held v | vith any one | of the Depos | itory Participan | t. | |
| Mational Coouri | | | | | | | | | | | | | |
| National Securi Depository | Beneficiary | I N | | | Securitie | Depository es Limited | | No. | | | | | |
| Depository Limited (NSDL) Enclosures (Plea 6 DECLARATI | Se tick any one box) | Client Ma | aster List (C | , _ | Securitie (CDSL) Transa | es Limited | Target ID Holding Sta | tement | | | very Instructio | . () | d Bank acco |
| Depository Limited (NSDL) Enclosures (Plea 6 DECLARATI We wish to inform declare that the partic reir authorized Servic chemes of various mm 7 AUTHORISA | Beneficiary Account No. se tick any one box) [ON h you that I/We have ulars given above are corre the Providers to get this man Mutual Fund'service prov on of transactions in confo utual Fund'service prov attransactions in confo utual Fund'service prov | Client Ma registered for act and complete idder or on accou mity with this n which the Schern JRE/S AS P | the subject s . I/We agree to th bank / get ve nt of incomplete andate. The AF ne is being recor ER 360 ONE | scheme for th discharge the n rified and furthe e or incorrect inf RN holder has o mmended to me | Securitie (CDSL) Transa esponsibility e er execute by disclosed to m e/us. | es Limited ction cum on payment expected of me raising debits shall not hold ne/us all the co ORDS (MA | Target ID Holding Sta to the 360 C as a participant on the applicable them responsition missions (in NDATORY) | tement DNE Mutua under the E le dates. If i le. I/We sha the form of | al Fund as p Electronic Debi the mandate is all keep indemr trail commissio | er account de arrangement of not lodged / tran fied for claims ar n or any other n | tails as above b he SIP facility. I/We action is not colled id actions, that 360 hode), payable to h | y debit to sai hereby authoriz cted or delayed f ONE Mutual Fur im/them for the | |
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FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

| Name of the | e entity | | |
|---------------|---|--|---|
| Type of add | ress given at KRA Residential or Busin | ess Residential Business | Registered Office |
| PAN | Date of Incor | D D M M Y Y Y | |
| City of incor | poration | Country of incorporation | |
| | | FATCA & CRS DECLARATION | |
| Please tick t | the applicable tax resident declaration - | | |
| 1. Is "Entit | ty" a tax resident of any country other than India | YES NO | |
| (If yes, | please provide country/ies in which the entity is a resid | ent for tax purposes and the associated Tax ID number below.) | |
| Sr. No. | Country % | Tax Identification Number | Identification Type % (TIN or Other , please specify) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| | se Tax Identification Number is not available, kindly pro | • | |
| In case | TIN or its functional equivalent is not available, please | provide Company Identification number or Global Intermediary | Identification Number or GIIN, etc. |
| In case | the Entity's Country of Incorporation / Tax residence is | U.S. (United States) but Entity is not a Specified U.S. Person, r | nention Entity's exemption code here |
| | | | |
| PART A | (to be filled by Financial Institutions or Direct Reporting | NFEs) | |
| 1. | We are a, Financial Institution | GIIN | |
| | (Refer 1 of Part C) | Name of sponsoring entity | |
| | OR | | |
| | Direct Reporting NFE (Refer 3(vii) of Part C) (Please tick as appropriate) | GIIN (of sponsoring Entity, if any) | |
| | GIIN not available | Applied for Not obtained – Non-partic | ipating FI |
| | (please tick as applicable) | Not required to apply for - please specify 2 digits sub-cat | tegory (Refer 1 A of Part C) |
| PART A | (to be filled by Financial Institutions or Direct Reporting | NFEs) | |
| | la tha Eatity a multiply too dad some any (that is a | YES (If yes, please specify any one stock exchange or | which the stock is regularly traded) |
| 1. | Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an | | |
| | established securities market) (Refer 2a of Part C) | Name of stock exchange | |
| | Is the Entity a related entity of a publicly traded | YES (If yes, please specify name of the listed company and one stock of | exchange on which the stock is regularly traded) |
| | company (a company whose shares are regularly traded on an established securities market) (Refer | Name of listed company | |
| 2. | 2b of Part C) | Nature of relation Subsidiary of the Listed Compan | y or Controlled by a Listed Company |
| | | Name of stock exchange | |
| | Is the Entity an active NFE (Refer 2c of Part C) | | |
| _ | IS THE LITTLY AT ACTIVE IN L (NEICH 20 01 FAIL C) | YES | |
| 3. | | Nature of Business | |
| | | Please specify the sub-category of Active NFE | (Mention code – refer 2c of Part C) |
| | Is the Entity a passive NFE (Refer 3(ii) of Part C) | YES | |
| 4. | | Nature of Business |] |
| | | | antity of Dublish, Traded Commons) |
| | , 2 | all entities except, a Publicly Traded Company or a related en nge in India / Subsidiary of a or Controlled by a Listed Company [If t | |
| | e Stock Exchange where it is listed | Security ISIN | |
| | e Listed Company (applicable if the investor is subsidia | · [| |
| Unlis | ted Company | Liability Partnership Company Unincorporate | ed association / body of individuals |
| | ic Charitable Trust | Private Trust Trust created by a Will Others | please specify |
| | | | |
| | pelow the details of controlling person(s), confirming A Please attach additional sheets if necessary) | LL countries of tax residency / permanent residency / citizenship | o and ALL Iax Identification Numbers for EACH controlling |

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

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

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? # 🔄 Yes 📃 No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

| Details | UBO 1 / Senior Managing Official (SMO) | UBO 2 | UBO 3 |
|---|---|---|---|
| Name of the UBO/SMO [#] | | | |
| UBO Code [#] | | | |
| UBO / SMO PAN [#] For Foreign National, TIN to be provided] | | | |
| % of beneficial interest [#] Refer to Part C-3-iv | >10% controlling interest.NA. (for SMO) | >10% controlling interest.NA. (for SMO) | >10% controlling interest.NA. (for SMO) |
| UBO / SMO Country of Tax Residency [#] | | | |
| UBO / SMO Taxpayer Identification Number / Equivalent ID Number [#] | | | |
| UBO / SMO Identity Type | | | |
| UBO / SMO Place & Country of Birth [#] | Place of Birth Country of Birth | Place of Birth Country of Birth | Place of Birth Country of Birth |
| UBO / SMO Nationality | | | |
| UBO / SMO Date of Birth [#] | | | |
| UBO / SMO PEP [#] | Yes - PEP Yes - Related to PEP | Yes - PEP Yes - Related to PEP | Yes - PEP Yes - Related to PEP |
| UBO / SMO Address | Zip State: Country: | Zip State: Country: | Zip State: Country: |
| UBO / SMO Address Type | Residence Business Registered Office | Residence Business Registered Office | Residence Business Registered Office |
| UBO / SMO Email | | | |
| UBO / SMO Mobile | | | |
| UBO / SMO Gender | Male Female Others | Male Female Others | Male Female Others |
| UBO / SMO Father's Name | | | |
| UBO / SMO Occupation | Public Service Private Service Business Others | Public Service Private Service Business Others | Public Service Private Service Business Others |
| 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. |

[#] Mandatory column.

** In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

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.

* Participation (s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

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

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 approvided 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. I/We authorize to share the given information to other SEBI Registered Intermediaries / rangregulated intermediaries registered with SEI / RBI / RDA / 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.

| Name | Name | Name |
|----------------------|----------------------|----------------------|
| Designation | Designation | Designation |
| Authorized Signatory | Authorized Signatory | Authorized Signatory |
| | · | |

Date D D M M Y Y Y Y Place



| Investor Name |] |
|---------------|---|
| PAN | |

YES - I/We hereby confirm that above stated entity / organization is falling under "Non-profit organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

| Registration Number of DARPAN portal | | | | | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

NO - I/We hereby confirm that the above stated entity / organization is NOT falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

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 or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. 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 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 other statutory authorities to facilitate single submission / update & for regulatory 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 |
|--------|----------------------|----------------------|----------------------|
| Place: | | | |
| Date: | | | |