

De	claration of Ultimate B	Beneficial O	wnership [UBO] (Ma	andatory for Non-indivi	duals)		
To be	To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)  Folio / Application No.						
Part I	I : Investor details						
Investo	or Name				PAN		
Part I	II : Listed Company / its subsi	diary or control	led company				
We her	reby declare that		<name of<="" td=""><td>the Investor&gt;</td><td></td><td></td><td></td></name>	the Investor>			
_	Our company is a Listed Company listed Our company is controlled by a Listed C	=	ck exchange in India C	our company is a subsidiary		,	
If any o	of the above options is selected, please	•			ISIN		
Name	of the Listed Company			Stock ex	change on which	listed	
If no	one of the above options a	are applicabl	e, please provide the	mandatory inform	nation in Pa	rt III belov	N.
Part I	III : Non-individuals other thar	n Listed Compa	ny / its subsidiary or cont	rolled company			
Ur	naritable / Religious Trust / Non-profit (	_	Unincorporated association / BO ational institution Others	- —		-	Vill
Details	s of Ultimate Beneficiary Owners*:	l				1	
Sr. No.	Name of the UBO with Designation / Position wherever applicable	PAN or PERN / any other valid ID proof if PAN is not applicable	Country of Birth (COB), Country of Residence (COR) and Nationality / Citizenship (CCN)	Tax Residence Status [include USA if US Citizen or Greencard holder]	Percentage of Holding (%) [Enclose appropriate proof]	UBO Code [Refer Instruction (E)]	KYC (Yes/NO) [ref note i & ii]#
			COB	Country of Tax residence:			
1.			CCN	Foreign Tax ID No			
			COB	Country of Tax residence:			
2.			COR	Foreign Tax ID No			
			COB	Country of Tax residence:			
3.			CCN	Foreign Tax ID No			
			COB	Country of Tax residence:			
4.			CCN	Foreign Tax ID No			
			COB	Country of Tax residence:			
5.			CCN	Foreign Tax ID No			

## Notes:

- $i. \hspace{0.5cm} \hbox{If UBO is already KYC compliant, KYC Complied proof to be enclosed.} \\$
- i. If UBO is not KYC compliant, then enclose (a) PAN or any other valid identity proof and (b) address proof. In such case, the UBO shall complete the KYC formalities and send the intimation to the Mutual Fund / CAMS.
- $iii. \quad Position/Designation\,like\,Director/Settler\,of\,Trust/Protector\,of\,Trust\,etc.\,to\,be\,specified\,wherever\,applicable.$
- $iv. \quad In \ case \ of \ UBO \ who \ is \ tax \ resident \ of \ country \ other \ than \ India, \ please \ provide \ Social \ Security \ Number \ [SSN] \ if \ Tax \ ID \ Number \ is \ not \ is sued.$
- v. Submit documentary proof like Shareholding pattern as proof of holding.

<sup>\*</sup> If the given rows are not sufficient, investor can submit multiple declarations covering all Beneficial Owners.

<sup>#</sup> Attached document should be self certified by the UBO and certified by the Applicant / Investor's Authorised Signatory.

Details o	f Illtimate	Beneficiary	/ Nwnerc*	(Contd ):
บษเลแจ บ	i Uiliiliale	Dellellcial	/ UWIICIS	(Guilla.).

Sr. No.	Name of the UBO with Designation / Position wherever applicable	PAN or PERN / any other valid ID proof if PAN is not applicable	Country of Birth (COB), Country of Residence (COR) and Nationality / Citizenship (CCN)	Tax Residence Status [include USA if US Citizen or Greencard holder]	Percentage of Holding (%) [Enclose appropriate proof]	UBO Code [Refer Instruction (E)]	KYC (Yes/NO) [ref note i & ii]#
6.			COR CCN	Country of Tax residence: Foreign Tax ID No			
7.			COB COR	Country of Tax residence:  Foreign Tax ID No			
8.			COB COR	Country of Tax residence: Foreign Tax ID No			

<sup>\*</sup> If the given rows are not sufficient, investor can submit multiple declarations covering all Beneficial Owners.

## Part IV: Declaration

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete 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 shall be liable for it. In case the above information is not provided, we understand that it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit and in such case, the Mutual Fund / AMC reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

**Authorized Signatories** [with Company/Trust/Firm/Body Corporate seal]

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Date D D M M Y Y Place		

<sup>\*</sup> Attached document should be self certified by the UBO and certified by the Applicant / Investor's Authorised Signatory.