

FATCA / FOREIGN TAX LAWS INFORMATION - NON INDIVIDUAL FORM

(Including HUF)

(Please seek appropriate advice from a tax professional of FACTA/Foreign Tax laws related information)

ARN-4464

PART I : APPLICANT / INVESTOR DETAILS :

E032737 VIKRAM S. BAGADTHEY

Self Certification Declaration

Investor Na	me																														
									PAN																						
PART II : DECLARATIONS																															
(A) Particulars (Must check one box) Is "Entity" a tax resident of any country other than India? Yes No																															
Is "Entity" a (If yes, pleas				•				Yes lent for	tax r	None No		d the	ຂຣຣດ	ciated	d Tax ID	numh	ner he	elow.	,)												
(ii you, pious	oo provido	Country	7100 111			10 4 11	0014	101111101	tun p	oui po	000 411	4 110		Cate		TIGITIK	001 00	31011.	•/												
Applicants Country of incorporation/constitution										on Country of Tax residency												Taxpayer Identification Number #									
1.																															
2.																															
3.																															
# in case Taxpayer Identification Number is not available, kindly provide										vide functional equivalent or Company Identification Number or Global Entity Identification Number																					
(B) Other Information (Must check one box "YES" to indicate entity's applicable FATCA status)																															
S. No.	. No. Information															Addi	tiona	al Infori	matio	n to be	pro	vided	l								
1.	We are a		al institu	ution [ii	ncluding	an FF	I] [R	Refer		Yes No																					
modelione aj									If yes, please provide the following information: GIIN:																						
									GIIN:(Global Intermediary Identification Number)																						
											(Global Intermediary Identification Number) If GIIN not available [tick any one]:																				
										If GIIN not available [tick any one]: Applied for on D D M M Y Y Y Y																					
											Not required to apply (please describe)																				
												Not obtained																			
We are a listed company [whose shares are regularly traded on a recognized stock exchange]								L	Yes No																						
											If Yes, specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other															ifv)					
3.	We are 'F	We are 'Related Entity' of a listed company								1. BSE/NSE/Other (please specify) Yes No																					
	[Refer instructions b]							lf'	Yes, s	pecify	the n	ame	of the	e listed o	compa	ny _															
										Specify the name of any one Stock Exchange where it is traded regularly:																					
	10/	A -41	NEEE	[D-f-			0 -11	,	1.	1. BSE/NSE/Other(please specify) Yes No (If Yes, please fill UBO form)																					
4.	We are a			lf'	Yes Yes. s						e fill U	BO to	orm)																		
		ote: Details of Controlling Persons will not be onsidered for FATCA purpose									If Yes, specify the nature of business Please specify the category of Active NFFE																				
			(M	lentio	n code	e – ref	er ins	structi	ions)																						
5.	5. We are an Passive NFFE [Refer instructions f and g]											Yes No (If Yes, please fill UBO form)																			
Note: Details of Controlling Persons will be considered for FATCA purpose										lease																					
									Nature of business The collection of countries of the result of the collection of the collection of the result of the collection															ndia							
											For all Controlling Persons who are tax residents (including US citizens and green card holders) of countries other than India, please provide the necessary details including Taxpayer Identification Number (TIN) in the UBO form.															iliula,					
the above ir any form/m its employe Intelligence additional/fu	I/We hereby acknowledge and confirm that the information provided hereinabove is/are true and correct to the best of my knowledge and belief. I/We further agree and acknowledge that in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, SEBI registered intermediaries for single updation/submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We further agree to promptly intimate you in writing regarding any change/modification to the above information and/or provide additional/further information as and when required by you.																														
Signature	e with re	eevan	ιsea	1																											
Authorized Signatory							Authorized Signatory Authorized Signatory																								
Date D	D M	M	Υ	Υ	YY			Pla	ce _																						

ARN-4464

E032737 VIKRAM S. BAGADTHEY



DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP (UBO)

(Mandatory for Non-Individual Applicant / Investor)

(To be filled in BLOCK LETTERS. Please strike off section(s) that is / are r													e not	applic	able)															
PART I : APPLICANT / INVESTOR DETAILS :																														
lnν	vestor Name																													
					†													P	AN											
PA	ART II : APPLICA	BLE	FOR	LIST	E	D COM	IPAN	IY / I	ITS :	SUE	SID	IAR	Y CO	OMP.	AN	Y ON	ILY													
(i)		Listed C		listed on recognized stock exchange in India																										
	Our Company is Our Company is		,				/																							
(ii)	Details of Listed Comp Stock Exchange on w	' '	ed										s	ecurit	y ISIN	1											_			
	^ The details of ho	olding /	parent	Com	par	ny to be	prov	ided i	n cas	se the	app	lican	t / inv	estor	is a	Subs	idia	ry Co	mpan	y.										
P/	PART III : APPLICABLE FOR NON-INDIVIDUALS OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY																													
(i)	Category [Please tick	. ,		atego tnersl									Compa	any		Uninc	orpor	rated a	associa	ation /	body	of inc	lividua	ıls	P	ublic C	harita	able Tru	ıst	
	Religious Trust Private Trust Private Trust Created by a Will Others (Please specify)																													
(ii)	(ii) Details of Ultimate Beneficiary Owner (In case the space provided is insufficient, please provide the information by attaching separate declaration forms)																													
(In case the space provided is insufficient, please provide the information by attaching separate declaration forms) 1 2 3 4																														
	Jame of LIBO [Mandator	γl Along	1				1						4				+			3							- 4			
V	Name of UBO [Mandatory] Along with Designation / Position wherever applicable																													
l	JBO Code [Refer instruc	ction 3]																												
PAN or any other valid ID proof for those where PAN is not applicable ¹																														
KYC (Yes/No) ²																	\perp													
1	Taxpayer Identification N	umber 3	1																											
Country of Tax Residency [CTR]																														
CP / UBO Code [Refer Instruction E]																														
Country of Birth [COB]																														
Date of Birth [dd- mm-yyyy]																														
(Country of Permanent Ac																													
Gender [Male, Female, others]																	†													
Father's Name																	\top													
Occupation [Service, Business, Others]																								T						
F	Percentage of Holding (%																					T								
1	If UBO is KYC compliar	nt. KYC	proof to	be en	clos	sed. Else l	PAN o	r anv o	other v	valid id	dentity	/ proo	f must	be att	acheo	d. Posi	ition /	Desig	ınatior	like [Direct	or / Se	ettlor o	f Tru:	st / Pr	otecto	of Tr	ust to I	ne spec	cified
	wherever applicable.							•				·																		
3	 If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to Karvy / Fund. Attach valid address proof If UBO is resident / citizen of 'other than India' or citizen/tax resident/green card holder of USA, please provide Taxpayer ID Number / US Social Security Number [SSN] 																													
	ote: Attached docum						•			•			•				•	orize	d Sig	nator	y/ies	s.								
PA	ART IV: DECLAR	ATIO	N																											
for pro sta wit	Ve acknowledge and co understood the FATCA to it. I/We hereby authorize ovided by me/ us to Mut atutory or judicial authori thout any obligation of a evant purposes. I/We a	terms and the second terms are second to second terms and the second terms are second	nd condit o disclos d, its Sp pencies in me/us o	tions. e, sha onsor, ncludi f the s	In o are, Ass ng b same	case any remit in a set Mana but not lim ne. Furthe	of the any for gemen nited to r, I/We	above rm, mont of the F e, auth	e spec ode or npany inanc orize	cified in manning trustonic trustoni	inform ner, al ees, the elliger are the	ation I / any heir e nce U e give	is four y of the mploye nit-Indi n infor	nd to be informated in the information in the individual in the information in the inform	pe fals matio issoci I-IND) n to of	se or use n proving the provin	untrue vided parties ax / r EBI F	e or m by me s / RT/ evenu Registe	isleadi e/ us, i As ('th e auth ered Ir	ng or ncludi ne Aut orities terme	misreng al horiz s in Ir	changed Par dia or es to f	enting, ges, u rties') outsion acilitat	I/We pdate or and de Ind de sin	am/a es to s ny Indi dia an ngle su	ire awa such ir an or to d other ubmiss	are the formation foreign foreign for inve	at I/We ation as n gove estigation	may I s and v rnment on ager & for o	iable when tal or ncies other
	ocumentary proof as ma							J 3.		,	5																			
Αι	uthorized Signatories	s [with	Compa	ny/Tı	rust	t/Firm/B	ody C	Corpo	rate	seal]																				
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Place									Date D D M M										Y	Y	′ \	/								