



ARN-4464

E032737 VIKRAM S. BAGADTHEY

Self Certification Declaration

PART I : APPLICANT / INVESTOR DETAILS :

Investor Name table with PAN field

PART II : DECLARATIONS

(A) Particulars (Must check one box)

Is "Entity" a tax resident of any country other than India? Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Table with 4 columns: Applicants, Country of incorporation/constitution, Country of Tax residency, Taxpayer Identification Number #

in case Taxpayer Identification Number is not available, kindly provide 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)

Table with 3 columns: S. No., Information, Additional Information to be provided (5 rows)

I/We hereby acknowledge and confirm that the information provided hereinabove is/are true and correct to the best of my knowledge and belief.

Signature with relevant seal:

Signature lines for Authorized Signatory and Date/Place fields



PART I : APPLICANT / INVESTOR DETAILS :

Investor Name															
	PAN														

PART II : APPLICABLE FOR LISTED COMPANY / ITS SUBSIDIARY COMPANY ONLY

(i) I / We hereby declare that -

Our Company is Listed Company listed on recognized stock exchange in India

Our Company is a subsidiary of the Listed Company

Our Company is controlled by a Listed Company

(ii) Details of Listed Company^

Stock Exchange on which listed _____ security ISIN _____

^ The details of holding / parent Company to be provided in case the applicant / investor is a Subsidiary Company.

PART III : APPLICABLE FOR NON-INDIVIDUALS OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY

(i) Category [Please tick (✓) applicable category]:

Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Public Charitable Trust

Religious Trust Private Trust Private Trust created by a Will Others (Please specify) _____

(ii) Details of Ultimate Beneficiary Owner

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

	1	2	3	4
Name of UBO [Mandatory] Along with Designation / Position wherever applicable				
UBO Code [Refer instruction 3]				
PAN or any other valid ID proof for those where PAN is not applicable ¹				
KYC (Yes/No) ²				
Taxpayer Identification Number ³				
Country of Tax Residency [CTR]				
CP / UBO Code [Refer Instruction E]				
Country of Birth [COB]				
Date of Birth [dd- mm-yyyy]				
Country of Permanent Address [CPA]				
Gender [Male, Female, others]				
Father's Name				
Occupation [Service, Business, Others]				
Percentage of Holding (%) ⁴				

¹ If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

² If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to Karvy / Fund. Attach valid address proof

³ 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]

⁴ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

Note: Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

PART IV: DECLARATION

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals, read & understood the FATCA terms and conditions. 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 liable for it. I/We hereby authorize 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 Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / 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 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 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 and also undertake to provide any other additional information / documentary proof as may be required at your end.

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

Authorized Signatory	Authorized Signatory	Authorized Signatory

Place _____ Date

D	D	M	M	Y	Y	Y	Y
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