FATCA / FOREIGN TAX LAWS INFORMATION - NON INDIVIDUAL FORM

SHRIRAM Mutual Fund

xmÉ~ëÉ=ëÉÉ=Åçåíêáé=éçéëÉÇ=íÉ=Çì äÉ=ëéçã=~í~ñ=éêçÑÉëëá çå~ä=çê=c^q` ^=LçêÉáÖå=q~ñ=i~ïë=êÉä~íÉÇ=áåÑçê ~íáçåK

ARN: 64917 EUIN:E-029678

Self Certification Declaration

m~êí=f=W^ééäáÅ~åí=Lfåî Éëíçê=aÉí~áäë=W	
fåî Éëíçê=k ~ã É=W	
m^k	

^ ÇÇáíáçå~ä=hv` =fåÑçêã ~íáçå

` ~íÉÖçêó	cáêëí=^ ééäáÅ~åí=Ld ì ~êÇá~å			
m^k				
d êçëë=^ ååì ~ä=fåÅçã É=a Éí~áäë=áå=fk o		_Éäçï= N=i ~âÜ		NJR=i ~Åë
		RJNM=i ~Åë		NMJOR=i ~Åë
		OR=i ~Åë=J=N=` êK		[=N=` êçêÉ
k Éí= çêíÜ=áå=fk o				
k Éí= çêíÜ=~ë=çÑ	Ya ~íÉ=Ja a Jj j Jvvvv[			
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cçêÉáÖå=bñÅÜ~åÖÉ=L=jçåÉó= Ü~åÖÉê=pÉêî áÅÉë	vÉë=L=k ç			
d ~ãáåÖ=L=d ~ãÄäáåÖ=L=i çííÉêó=pÉêî áÅÉë=ÉKÖK=Å~ëáåçë=I=ÄÉííáåÖ=ëóåÇáÅ~íÉëz	vÉë=L=k ç			
j çåÉó=i ÉåÇáåÖ=L=m~ï å=ëÜçé	vÉë=L=k ç			
^ åó=çíÜÉê=áåÑçêã ~íáçå=êÉä~íáåÖ=íç=hv`=åçí=ÅçîÉêÉÇ=~ÄçîÉ=xmäÉ~ëÉ=ëéÉÅáÑóz=W				

c^q` ^=fåÑçêã ~íáçå=xmäÉ~ëÉ=ÉÉâ=éêçÑÉëëáçå~ä=íÉ=Çì äÉ=ëçã=~í~ñ=éêçÑÉëëáçå~ä=çê=c^q` ^=êÉä~íÉÇ=áåÑçêã ~íáçåz

E^ F=m~êíå Éêë ~êÉ

pK=k çK	` ~íÉÖçêó	cáêëí=^ ééäáÅ~åí
N	fåÅçêéçê~íáçå=L=êÉÖáëíê~íáçå=ÅçìåíêóI	vÉë=L=k ç
O	fÑ=åçI=éäÉ~ëÉ=ÉåÅäçëÉ=íÜÉ= çì åíêó=çÑ=íÜÉ=fåÅçêéçê~íáçå=L= cçêã ~íáçå=L=q~ñ=êÉëáÇÉåÅó	N O P
P	fÑ=~= çì åíêó=çÑ=fåÅçêéçê~íáçå=L=cçêã ~íáçå=L=q~ñ=êÉëáÇÉåÅó=áë= çíÜÉê= íÜ~å=fåÇá~I=éäÉ~ëÉ=éêçîáÇÉ= êÉäÉî ~åí=q~ñ=é~óÉê=fÇÉåíáÑáÅ~íáçå=k ì ã ÄÉê	
Q	^ êÉ=óçì=~=péÉÅáÑáÉÇ=rp=mÉêëçå=\fÑ=óÉëI=éäÉ~ëÉ=éêçîáÇÉ= q~ñé~óÉê=fÇÉåíáÑáÅ~íáçå=k ì ã ÄÉê	

E_F=i íÜÉê=fåÑçêã ~íáçå=W

pK=k çK	fåÑçêã ~íáçå	^ ÇÇáíáçå~ä=fåÑçêã ~íáçå=íç=ÄÉ=éêçîáÇÉÇ
N	t ÉíÜÉê=íÜÉ=Éåíáíó=áë=~=ñáå~åÅá~ä=áåëíáíì íáçå=xñáå~åÅá~ä=Éåíáíó=~ë=ÇÉÑáåÉÇ=ìåÇÉê=ccfz= ôo ÉÑÉê=åçíÉë=Äáíçåáë=~õ	vÉë=L=k ç fÑ=óÉëI=éäÉ~ëÉ=éêçîáÇÉ=íÜÉ=ÑçääçïáåÖ=áåÑçêã ~íáçåK ^ F t ÉíÜÉê=íÜÉ=Éåíáíó=áëW ~F cáå~åÅá~ä=áåëíáíì íáçå=áåÅçêéçê~íÉÇ=áå=fåÇá~=x=z= ÄF cáå~åÅá~ä=áåëíáíì íáçå=áåÅçêéçê~íÉÇ=áå=~=Åçì åíêó=çíÜÉê= íÜ~å=fåÇá~=çê=íÜÉ=Åçì åíêó=Éåíáíó=íÜÉ=fd ^ F=áÜ=íÜÉ=pçåÉ=c^q` ^=x=z= ÅF ccfë=áå=~=Åçì åíêó=íÜ~í=áë=åçí=fd ^=íÜ~íÜ=êÉëçäîÉÇ=íç=çÄí~áå=~=d ffk=x=z= ÇF çíÜÉêë=||||||||||||=éäÉ~ëÉ=ëéÉÅáÑóz _F d ffk=W=fÑ=åçí=Ä~ëÉÇ=áå=ccfJ=éêçîáÇÉ=áåÑçêã ~íáçå=ÄÉäçïF |||||||||||||||||||||||||||||||||||||||| fÑ=d ffk=åçí=~î ~áä~ÄäÉ=xéäÉ~ëÉ=êÉ~ëçåF=W áF ^ ééäáÉÇ=Ñçê=a a j j v v v v ááF k çí=êÉèìáêÉÇ=íç=~ééäó=Ñçê=Ä~ëÉÇ=çå=íÜÉ=ÑçääçïáåÖ=êÉ~ëçåë=K

pKkçK	fåÑçêã ~íáçå	^ ÇÇáíáçå~ä=fåÑçêã ~íáçå=íç=ÄÉ=éêçî áÇÉÇ
		áF t É=ÇÉ=k çåJé~êíáÅáé~íáåÖ=cf=x==z== ááF t É=ÇÉ=k çåJéÉêçêãáåÖ=fåÇá~=c áå~åÅá~ä=fåëíêì ãÉå=ì åÇÉê=åÉñì ë=íç=ÑêÉÉ=fåÇá~å=d ^=ÄÉÅ~ì ëÉ=~ëÉ=||||||||||||||||||||=xéäÉ~ëÉ=ÇÉëÅêáÄÉz áááF t É=ÇÉ=ÉáñÉÇ=ÇÉéçëáí=ÇÉJÇçã ~áå=ccf=ì åÇÉê=KpK=qêÉ~ëì êó=oÉÖì ä~íáçåëKx===z=== áî F t É=ÇÉ=å=bñÉã éí=ÄÉåÉÑáÅá~ä=çï åÉê=ì åÇÉê=KpK=qêÉ~ëì êó=oÉÖì ä~íáçåëKx===z=== î F t ÉÜ~î É=åçíÜÉê=ÉÇ~ëçå=W|||||||||||||||||||=xéäÉ~ëÉ=ÇÉëÅêáÄÉz
O	t É=~êÉ=~=äáëíÉÇ=Åçã é~åó=xï ÜçëÉ=ëÜ~êÉë=~êÉ=êÉÖì ä~êäó=íê~ÇÉÇ=çå=~=êÉÅçÖåáòÉÇ=ëíçÅâ=ÉñÅÜ~åÖÉz	⊟=vÉë=L=⊟=k ç fÑ=óÉëI=ëéÉÅáÑó=íÜÉ=å~ã É=çÑ=~åó=çåÉ=píçÅâ=bñÅÜ~åÖÉ=ï ÜÉêÉ=ëÜ~êÉë=~êÉ=íê~ÇÉÇ=êÉÖì ä~êäóK NK _pbLk pbLL íÜÉê=|||||||||||||||||||||||||=======xéäÉ~ëÉ=ëéÉÅáÑóz
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Q	t É=~êÉ=~å=^ÅíáîÉ=k ccb=xoÉÑÉê=ÉñéäáÅáí Åíáçå=ÄE€Çz k çíÉ=W=a Éí~áäë=çÑ=çåíêçääáåÖ=mÉêëçåë=ï áää=åçí=ÄÉ=åÉÉÇÉÇ=Ñçê=^q` ^=éì êéçëÉK	⊟=vÉë=L=⊟=k ç fÑ=óÉëI=ëéÉÅáÑó=íÜÉ=å~íì êÉ=çÑ=Äì ëáåÉëë mäÉ~ëÉ=ëéÉÅáÑó=íÜÉ=Å~íÉÖçêó=çÑ=^ÅíáîÉ=k ccb=|||||||||||||||||||||||||||||||||||||||||||| Ej Éåíáçå=ÅçÇÉ=J=oÉÑÉê=ÉñéäáÅáí Åíáçå=ÄF
R	t É=~êÉ=~å=m~ëëáîÉ=k ccb==xoÉÑÉê=ÉñéäáÅáí Åíáçåë=ÑE€Öz k çíÉ=W=a Éí~áäë=çÑ=çåíêçääáåÖ=mÉêëçåë=ï áää=ÄÉ=åÉÉÇÉÇ=Ñçê=^q` ^=éì êéçëÉK	⊟=vÉë=L=⊟=k ç fÑ=óÉëI=éäÉ~ëÉ=éêçî áÇÉ=W NK k ~íì êÉ=çÑ=Äì ëáåÉëë=|||||||||||||||||||||||||||||||||||||||||||||||||||||||| OK cçê=~ää=çåíêçääáåÖ=mÉêëçåë=ï Üç=~êÉ=íó~ñ=êÉëáÇÉåíë=çÑ=~åó=Åçì åíêó=çíÜÉê=íÜ~å=fåÇá~I=éäÉ~ëÉ=éêçî áÇÉ=íÜÉ=åÉÅÉëë~êó=ÇÉí~áäë=áå=Åçì åíêó=çÑ=ÇÉíÉêãáå~íáçå=k ì ã ÄÉê=EqfkF=~åÇ=íÜÉ=_I=Ñçêã K
S	^ êÉ=óçì=~åó=çÑ=íÜÉ=ÑçääçïáåÖW ⊟=m=êáå~íÉ=cfI=⊟=a=ÉÉã ÉÇ=ÇÉéçëáí=ccf ⊟=bñÉã éí=_ÉåÉÑáÅá~ä=ï åÉê ⊟=k çåJm~êíáÅáé~íáåÖ=c áå~åÅá~ä=fåëíáíì íáçå	

fIt É=Åâåçï äÉÇÖÉ=~åÇ=ÅçåÑáêã=íÜ~í=íÜÉ=áåÑçêã ~íáçå=éêçî áÇÉÇ=ÄçîÉ=áë=íêì É=~åÇ=ÅçêêÉÅí=íç=íÜÉ=ÄÉëí=çÑ=ãó Lçì ê=âåçï äÉÇÖÉ=~åÇ=ÄÉäáÉÑ=~åÇ=íÜ~í=fLïÉ=ï áää=ÄÉ=êÉëéçåëáÄäÉ=Ñçê=~åó=ÇÉÑáÅáÉåÅó=áå=íÜÉ=áåÑçêã ~íáçå=éêçî áÇÉÇK=fLt É=~äëç=~ÖêÉÉ=íç=áåíáã ~íÉ=~åó=ÅÜ~åÖÉ=áå=íÜÉ=áåÑçêã ~íáçå=éêçî áÇÉÇ=ï áíÜáå=PM=Ç~óë=çÑ=ëì ÅÜ=ÅÜ~åÖÉK=fLt É=~äëç=~ÖêÉÉ=íÜ~í=fLïÉ=ï áää=êÉëéçåëáÄäÉ=Ñçê=~åó=éÉå~äíó=çê=ÅÜ~êÖÉë=çê=~åó=íÜÉ=áåÑçêã ~íáçå=éêçî áÇÉÇ=ÄçîÉ=áë=ÑçìåÇ=íç=ÄÉ=áåÅçêêÉÅí=çê=áåÅçãéäÉíÉK

páÖå~íì êÉ=çÑ=ÇÉÅä~ê~åí=LëÉ~äW

^ ì íÜçêáëÉÇ=páÖå~íçêó	^ ì íÜçêáëÉÇ=páÖå~íçêó	^ ì íÜçêáëÉÇ=páÖå~íçêó

a ~íÉ=W a a j j v v v v   mä~ÅÉ=W

fkpqor`qflkp=

~F cçêÉÖå=cäã~åÅá~ä=fåëíáíìíáçå=xccfzÃ=É~ãé=åó=íçå=Jr p=Ñäã~åÅá~ä= áåëíáíìíáçå=ëí=Ü~íë=J=ÑNF=ÉéçëáíçêóÃ=áåëíáíìíáçå=J=ÄÉéíê=ÇÉéçëáíë= áå=íÜÉ=çêÇáå~êó=Åçìêëé=çÑ=Ä~åâáåÖ=çê=ëãáä~=Äì ëáåÉëëX=EOF= `ìëíçÇá~å=fåëíáíìíáçå=J=ë=~ëìÄëí~åíá~ä=éçêíáçå=çÑ=íÜÉ=Äì ëáåÉëëI= ÜçäÇ=Ñäå~åÅá~ä=~ëëÉíë=Ñçê=íÜÉ=ÄÅçì åíë=çÑ=çíÜÉêëI=EPF=fåîÉëíã Éåí= Éåíáíó=J=ÅçãÇ Áíë=~=Äì ëáåÉëë=çê=éçêÉ~íÉë=Ñçê=çê=ÄÉÜ~äÑ=çÑ= Äì ëíçã Éê=Ñçê=åó=çÑ=íÜÉ=ÅíáîáíÉë=äâÉ=ê~ÇáÖ=áå=ã çåÉó=ã ~êâÉí= áëíêìã Éåíë=Ñçê=ÄÉÅçäìåí=çÑ=çíÜÉêë=Äì ëáåÉëë=ÅçåíêçäI=ê=ÅçåíêçäI ~ä= çêÅ=ÇÉëÅêáÄÉ=ÉñÅÜ~åÖ=~åÇ=ã ~êâÉí=ëíáêì=Çã ~êâÉí=çê=ÇáêÉÅíäó= ã ~å~ÖÉë=íÜÉ=Ñìå=ÇëI=çê=Éó=ãêá~ä=Çç=ëçã=ÉÄÉí=ÑÉÉ=Ñçê=ëÉêîáÅÉë=ÉíÅK

ÄF oÉä~íÉÇ=Éåíáíó=J=~=åó=ÉåíáíóI=íÜ~í=Åçåíêçäë=çê=áë=ÅçåíêçääÉÇ=Äó=çê=áë=ìåÇÉê=ÅçããçåÅçåíêçä=ïáíÜ=ÉîÉêó=çíÜÉê=Éåíáíó=ìåÇÉê=íÜÉ=ë~ãÉ=ÅçåíêçäK

ÅF k çå Jcá~åÅá~ä=Éåíáíó=xkccb=çê=p=Éåíáíóz=Ü~í=áë=åçí=~=Ñáå~åÅá~ä=áåëíáíìíáçå=~åÇ=íÜ~í=áë=åçí=~=éìÄäáÅäó=íê~ÇÉÇ=Éåíáíó=çê=~=êÉä~íÉÇ=Éåíáíó=çÑ=~=éìÄäáÅäó=íê~ÇÉÇ=ÅçêéçêÉíáçåK

ÇF ^ ÅíáîÉ=kccb=J=^åó=kccb=íÜ~í=ãÉÉíë=~åó=çÑ=íÜÉ=ÅêáíÉêá~=ÄÉäçïW

Code	Sub-category
MN	iÉëë=íÜ~å=RM=éÉêÅÉåí=çÑ=íÜÉ=kccb'ë=Öêçëë=áåÅçãÉ=Ñçê=íÜÉ=éêÉÅÉÇáåÖ=Å~äÉåÇ~ê=óÉ~ê=çê=çíÜÉê=~ééêçéêá~íÉ=êÉéçêíáåÖ=éÉêáçÇ=áë=é~ëëáîÉ=áåÅçãÉ=~åÇ=äÉëë=íÜ~å=RM=éÉêÅÉåí=çÑ=íÜÉ=~ëëÉíë=ÜÉäÇ=Äó=íÜÉ=kccb=Çìêáåö=íÜÉ=éêÉÅÉÇáåÖ=Å~äÉåÇ~ê=óÉ~ê=çê=çíÜÉê=~ééêçéêá~íÉ=êÉéçêíáåÖ=éÉêáçÇ=~êÉ=~ëëÉíë=íÜ~í=éêçÇìÅÉ=çê=~êÉ=ÜÉäÇ=Ñçê=íÜÉ=éêçÇìÅíáçå=çÑ=é~ëëáîÉ=áåÅçãÉ
MO	qÜÉ=kccb=áë=éìÄäáÅäó=íê~ÇÉÇ=çê=áë=~=êÉä~íÉÇ=Éåíáíó=çÑ=~=éìÄäáÅäó=íê~ÇÉÇ=ÅçêéçêÉíáçåK
MP	qÜÉ=kccb=áë=~=dçîÉêåãÉåí=ÉåíáíóI=~=éçäáíáÅ~ä=ëìÄÇáîáëáçå=çÑ=~=dçîÉêåãÉåíI=çê=~=éìÄäáÅ=ÄçÇó=éÉêÑçêãáåÖ=~=ÑìåÅíáçå=çÑ=ëìÅÜ=dçîÉêåãÉåí=çê=éçäáíáÅ~ä=ëìÄÇáîáëáçåI=çê=~å=Éåíáíó=ïÜçääó=çïåÉÇ=Äó=çåÉ=çê=ãçêÉ=çÑ=íÜÉ=ÑçêÉÖçáåÖK
MQ	pìÄëí~åíá~ääó=~ää=çÑ=íÜÉ=~ÅíáîáíáÉë=çÑ=íÜÉ=kccb=ÅçåëáëíëçÑ=ÜçäÇáåÖ=EáååïÜçäÉ=çê=áå=é~êíF=íÜÉ=çìíëí~åÇáåÖ=ëíçÅâ=çÑ=çê=éêçîáÇáåÖ=ÑáåÅåÅáåÖ=~åÇ=ëÉêîáÅÉë=íç=çåÉ=çê=ãçêÉ=ëìÄëáÇá~êáÉë=íÜ~í=Éåö~ÖÉ=áå=íê~ÇÉë=çê=Äì ëáåÉëëÉë=çíÜÉê=íÜ~å=íÜÉ=Äì ëáåÉëë=çÑ=~=Ñáå~åÅá~ä=áåëíáíìíáçåI=ÉñÅÉéí=íÜ~í=~å=Éåíáíó=ëÜ~ää=åçí=èì~äáÑó=Ñçê=íÜáë=ëí~íìë=áÑ=íÜÉ=Éåíáíó=ÑìåÅíáçåë=EçêÜçäÇë=áíëÉäÑ=çìíF=~ë=~å=áåîÉëíãÉåí=ÑìåÇ
MR	qÜÉ=kccb=áë=åçí=óÉí=çéÉê~íáåÖ=~=Äì ëáåÉëë=~åÇ=Ü~ë=åç=éêáçê=çéÉê~íáåÖ=ÜáëíçêóI=Äìí=áë=áåîÉëíáåÖ=Å~éáí~ä=áåíç=~ëëÉíë=ïáíÜ=íÜÉ=áåíÉåí=íç=çéÉê~íÉ=~=Äì ëáåÉëë=çíÜÉê=íÜ~å=íÜ~í=çÑ=~=Ñáå~åÅá~ä=áåëíáíìíáçåK
MS	qÜÉ=kccb=ï~ë=åçí=~=Ñáå~åÅá~ä=áåëíáíìíáçå=áå=íÜÉ=é~ëí=Ñáîå=óÉ~êë=~åÇ=áë=áå=íÜÉ=éêçÅÉëë=çÑ=äáèìáÇ~íáåÖ=áíë=~ëëÉíë=çê=áë=êÉçêÖ~åáòáåÖ=ïáíÜ=íÜÉ=áåíÉåí=íç=ÅçåíáåìÉ=çê=êÉÅçããÉåÅÉ=çéÉê~íáçåë=áå=~=Äì ëáåÉëë=çíÜÉê=íÜ~å=íÜ~í=çÑ=~=Ñáå~åÅá~ä=áåëíáíìíáçåK
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Code	Sub-category
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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 not applicable.

SHRIRAM Mutual Fund
Nurturing Trust, Shaping Dreams

Part I : Applicant / Investor details :

ARN: 64917 EUIN:E-029678

Investor Name :

Permanent Account Number (PAN)

Part II : Listed Company / its subsidiary company.

(i) I/We hereby declare that -

- ❑ the applicant company is listed on a recognized stock exchange in India.
- ❑ the applicant company is a subsidiary of a Listed Company. <Specify the name of the Listed Company>
- ❑ the applicant company is controlled by a Listed Company. <Specify the name of the Listed Company>
- ❑ None of the above

(ii) Details of Listed Company

Stock Exchange on which listed .... Security ISIN ....

Note : The details of immediate listed holding company to be provided in case the applicant/investor is an unlisted company or is controlled by a majority-owned subsidiary of a listed company.

If 'None of the above' option is selected, the following information [Part III] shall be provided mandatorily as applicable.

Part III : Non-individuals other than Listed Company / its subsidiary company.

(i) Category [✓ applicable category] :

❑ Unlisted Company ❑ Partnership Firm ❑ Limited Liability Partnership

❑ Unincorporated association / body of individuals ❑ Public Charitable Trust ❑ Religious Trust

❑ Private Trust ❑ Trust created by a Will ❑ Others .... [Please specify]

(ii) Details of Ultimate Beneficial Owners :

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

Sr. No.	Name and address of UBO (Mandatory) along with Designation / Position wherever applicable [Refer Instruction 2]	PAN or any other valid ID proof for those where PAN is not applicable# (Mandatory	UBO Code (Mandatory) [Refer Instruction 3]	Percentage of Holding (%) [Enclose appropriate proof] $	Applicable Period [Refer Instruction 4]	KYC (Yes/No) [Please attach KYC acknowledgement copy] [Refer Instruction 5]	Foreign Country Information (only for persons with tax residency in a Country other than India) [Refer Instruction 6]
							Country of birth : .... Country of Nationality / Citizenship .... Country of Tax residency................................ Foreign TRN$...
							Country of birth : .... Country of Nationality / Citizenship .... Country of Tax residency................................ Foreign TRN$...
							Country of birth : .... Country of Nationality / Citizenship .... Country of Tax residency................................ Foreign TRN$...

$Tax Reference Number

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

$ Submit documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary.

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. 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 sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary 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 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.

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

Date Place

Instructions

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficial owner [UBO] and submit appropriate proof of identity of such 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.

1. Ultimate Beneficial Owner (UBO)

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 conrol through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to :

- more than 25% 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 15% 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.

C. Exemption in case of listed companies

If 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, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies.

D. Foreign investors

In accordance SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, list of Beneficial Owners with shareholding or beneficial interest in FPIs (including FIIs and Sub-Accounts, FVCIs where applicable but excluding individual where he is the first applicant/holder) equal to or above 25% has to be provided. If Global Custodian / Local Custodian provides an undertaking to submit these details, then such undertaking may be obtained. AMC / Mutual Fund reserves right to obtain any further information / documents from the client based on its assessment of their risk profile.

2. Position / Designation :

Refers to the Position / Designation of the Beneficial Owner during the time of ownership.

3. UBO Codes :

UBO Code	Description
UBO-1	Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person (investor), where the juridical person is a company.
UBO-2	Controlling ownership interest of more than 15% of the capital or profits of the juridical person (investor), where the juridical person is a partnership.
UBO-3	Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person (investor), where the juridical person is an unincorporated association or body of individuals.
UBO-4	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where exists doubt under UBO-1 to UBO-3 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]
UBO-5	Natural person who holds the position of senior managing official [in case no natural person cannot be identified as above.]
UBO-6	The settlor(s) of the trust.
UBO-7	Trustee(s) of the Trust.
UBO-8	The Protector(s) of the Trust [if applicable]
UBO-9	The beneficiaries with 15% or more interest in the trust if they are natural person(s).
UBO-10	Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

4. Applicable period

Refers to the period of Beneficial Ownership to be indicated, if applicable.

5. KYC requirements

Beneficial Owner(s) 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 listed Beneficial Owner(s). AMC / Mutual Fund reserves right to obtain any further information / documents from the client based on its assessment of their risk profile. If not KYC compliant, then complete the KYC formalities and send the information to CAMS/MF/AMC.

6. Foreign Country Information

If you are a Person with Tax Residency in a Country other than India, please provide you Country of birth, Nationality, Country of Tax residency and Foreign Tax Reference Number. If you have any questions about you tax residency, please contact your tax advisor.

For any queries / clarifications, Please contact the nearest Investor Service Centres (ISCs) of the AMC number (033-23373012) or E-mail us : info@shriramamc.com

N

Know Your Client (KYC) Application Form (For Non-Individuals Only)

Application No. :

CAMSKRA KYC Services

Please fill this form in ENGLISH and in BLOCK LETTERS. ARN: 64917 EUIN:E-029678

www.camskra.com

A. Identity Details (please see guidelines overleaf)

1. **Name of Applicant** (Please write complete name as per Certificate of Incorporation/Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

COLOUR PHOTOGRAPH

Please affix recent Passport size photograph of Authorised Signatory. Signatory to also sign across the Photograph.

2a. **Date of Incorporation** 2b. **Place of Incorporation**

3. **Registration No. (e.g. CIN)**

Date of commencement of business D D / M M / Y Y Y Y

4. **Status** Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ FI ☐ FII ☐ HUF ☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Others Please specify

5. **Permanent Account Number (PAN) (MANDATORY)** Please enclose a duly attested copy of your PAN Card.

B. Address Details (please see guidelines overleaf)

1. **Address for Correspondence**

City / Town / Village Pin Code

State Country

2. **Contact Details**

Tel. (Off.)	(ISD)	(STD)	Tel. (Res.)	(ISD)	(STD)
Mobile	(ISD)	(STD)	Fax	(ISD)	(STD)
E-Mail Id.					

3. **Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf) Please specify *Not more than 3 Months old.

4. **Registered Office Address (If different from above) / Overseas Address-Mandatory for FIIs**

City / Town / Village Pin Code

State Country

5. **Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf) Please specify *Not more than 3 Months old.

C. Other Details (please see guidelines overleaf)

1. **Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors**
(Please use the Annexure to fill in the details)

DECLARATION

We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it. We hereby declare that we are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications direction issued by governmental or statutory authority from time to time. We hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies/SEBI Registered Intermediaries

Place : Date :

NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)

FOR OFFICE USE ONLY

AMC/Intermediaryname **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Emp.No./ARN. No
Name of the Organization
Signature
Date

Documents Attestation

Version 3.0-July 2014

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card for all clients, including Promoters/ Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be certified true by Karta/Partner/Trustee/Authorized Official/Director/ Company Secretary (Name, Designation & Seal should be affixed on the copy) and properly attested by entities authorized for attesting the documents, as per the list mentioned under [E].
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & registered office addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity. If you are a sole proprietor, please use the KYC Application Form for Individuals.
7. For foreign entities, CIN is optional; and in the absence of DIN for the directors, their passport copy should be given.

B. Permanent Account Number (PAN):

PAN is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).

In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

C. Proof of Address (POA):

List of documents admissible as Proof of Address:

(*Documents having an expiry date should be valid on the date of submission)

1. Latest Land Line Telephone Bill
2. Latest Electricity Bill
3. Latest Bank Passbook / Bank Account Statement
4. Registered Lease / Sale Agreement of office premises
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly or Parliament/ Documents issued by any Govt. or Statutory Authority.
6. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
7. Registration Certificate issued under Shops and Establishments Act

Documents having an expiry date should not be more than three months old as on the date of submission of this form.

D. Exemptions/clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
3. Investors residing in the state of Sikkim.

E. List of people authorized to attest the documents after verification with the originals:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. Government authorised officials who are empowered to issue Apostille Certificates.

In case of Mutual Fund following persons can additionaly attest

1. KYD compliant mutual fund distributors.
2. Authorised officials of Asset Management Companies (AMC).
3. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.

F. Incase of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

Type of entity	Documentary requirements
Corporate	• Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certif ed by the company secretary/Whole time director/MD(to be submitted every year) • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations • Photograph, POI, POA, PAN of individual promoters holding control – either directly or indirectly • Copies of the Memorandum and Articles of Association and certificate of incorporation • Copy of the Board Resolution for investment in securities market • Authorised signatories list with specimen signatures
Partnership firm	• Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Certificate of registration (for registered partnership firms only) • Copy of partnership deed • Authorised signatories list with specimen signatures • Photograph, POI, POA, PAN of Partners
Trust	• Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Certificate of registration (for registered trust only). Copy of Trust deed • List of trustees certified by managing trustees/CA • Photograph, POI, POA, PAN of Trustees
HUF	• PAN of HUF • Deed of declaration of HUF/List of coparceners • Bank pass-book/bank statement in the name of HUF • Photograph, POI, POA, PAN of Karta
Unincorporated Association or a body of individuals	• Proof of Existence/Constitution document • Resolution of the managing body & Power of Attorney granted to transact business on its behalf • Authorized signatories list with specimen signatures
Banks/Institutional Investors	• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years • Authorized signatories list with specimen signatures
Foreign Institutional Investors (FII)	• Copy of SEBI registration certificate • Authorized signatories list with specimen signatures
Army/Government Bodies	• Self-certification on letterhead • Authorized signatories list with specimen signatures
Registered Society	• Copy of Registration Certificate under Societies Registration Act • List of Managing Committee members • Committee resolution for persons authorised to act as authorised signatories with specimen signatures • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary

Please Print the KYC Application Form in A4 Size Paper Only.

Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant ____________________

PAN of the Applicant | | | | | | | | | | |

ARN: 64917 EUIN:E-029678

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		

Name & Signature of the Authorised Signatory(ies)

Date D D / M M / Y Y Y Y