

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons (Mandatory for Non-individual Investors)

	MANY MAYESTING												
I: Inve	estor details:												
Name	e of the Investo	r.											
PAN*										7	177.	10	
* If PA	N is not available,	specify Folio No.	(s)		*	100	<i>#</i>	100					
II: Ca	ategory												
	Our company is	a Listed Con	npany listed / S	Subsidiary o	r Controlled	d by a Listed	Company	of this cate	gory is selected	l, no need	to provide	UBO deta	ils]
☐ Ur	ilisted Compan	y 🗆 Partner	ship Firm / LLF	Unin	corporated	association /	body of inc	dividuals	☐ Public Cha	ritable Tru	st 🗆 Pr	ivate Trus	t
□ Re	eligious Trust	☐ Trust cr	eated by a Wil	l 🗆 Othe	rs [please s	pecify]	8						
8		2 200 5.20											
S	I Controlling I Name of	Person(s) de Country of	tails Taxpayer	Identificat	% of	CP/UBO	Place &	Date of	Address\$,	Gender	Father's	Nationa	Occupat
No	UBO#	Tax Residency	Identification Number / PAN /	ion Type#	beneficial interest#	Code# (Refer Instructions	Country of Birth#	Birth [dd- mmm-	Address Type* &	\$ [Male, Female,	Name\$	lity\$	on [Service, Business
		#	Equivalent ID Number#			EJ		уууу] \$	Contact details [include City, Pincode, State, Country	others]			Others.]
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Mandatory fields

\$ Mandatory if PAN of UBO/Controlling persons is not provided

Note: If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory

*Note that some of the Mutual Funds may call for additional information/documentation wherever required or if the given information is not clear / incomplete / incorrect and you may to have provide the same as and when solicited

Declaration

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 liable for it. I/We hereby authorize you [CAMS/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 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. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / 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 and also 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
ace:		

^{*} Address Type should either Residence or Business or Registered Office