

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Person(s) [CP]

I: Investor details:

Investor Name										
PAN* / PEKRN / Folio No.										

** If PAN is not available, specify PEKRN / Folio No. (s)*

II: Category

☐ Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company *[If this category is selected, no need to provide UBO details].*

Name of the Stock Exchange where it is listed# _____ Security ISIN # _____

Name of the Listed Company (applicable if the investor is subsidiary _____)

In case, above category is not applicable, select one of the following categories that your organization falls under

☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals

☐ Trust ☐ Society ☐ Section 25/Section 8 Companies.

☐ Others *[please specify]* _____

mandatory in case of Listed company or subsidiary of the Listed Company

UBO / Controlling Person(s) (CP) details.

Does your company/entity have any natural (individual) person(s) who, acting alone or together, or through one or more juridical person, exercises control or holds controlling ownership above the prescribed threshold limit? Yes ☐ No ☐

If **'YES'** - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below. **Latest BEN2 form as downloaded from MCA portal is attached as documentary evidence of the UBO or person who has right to exercise control along with any other applicable supporting documents like shareholding pattern of the entity and its associates. Further, we hereby consent to submitting the appropriate documentary evidence substantiating this as and when required at AMC/RTA.**

If **'NO'** - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / CP-1 /Senior Managing Official (SMO)	UBO-2 / CP-2	UBO-3 / CP-3
Name of the UBO/SMO#.			
UBO / SMO PAN#			

For Foreign National, Valid TIN to be provided]			
UBO / SMO Country of Tax Residency#.			
UBO / SMO Valid Taxpayer Identification Number (TIN) / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	<input type="checkbox"/> Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> No – Not a PEP.	<input type="checkbox"/> Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> No – Not a PEP.	<input type="checkbox"/> Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> No – Not a PEP.
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.
BEN2 Form and any other relevant supporting documents as applicable**	<input type="checkbox"/> BEN2 Form enclosed <input type="checkbox"/> Others <specify what document(s) attached as proof.	<input type="checkbox"/> BEN2 Form enclosed <input type="checkbox"/> Others <specify what document(s) attached as proof.	<input type="checkbox"/> BEN2 Form enclosed <input type="checkbox"/> Others <specify what document(s) attached as proof.

Mandatory column.

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

* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

** Documentary proof for UBO.

Address, Gender, Date of Birth, contact details and other KYC information would be considered from KRA-KYC information.

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, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/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 within 30 days of such changes and 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
Name:
Designation:

Authorized Signatory
Name:
Designation:

Authorized Signatory
Name:
Designation:

Place: _____

Date: __/ __/ __