

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

I. Investor Details: *(Mandatory for Non-individual Investors)*

Name of the Investor:															
PAN															

** if PAN is not available, specify Folio No.(s)*

II: Category

Our company is a Listed Company listed /Subsidiary or Controlled by a Listed Company *[If this category is selected,no need to provide UBO details]*

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

Private Trust
 Religious Trust
 Trust created by a Will
 Others [please specify] _____

UBO / Controlling Person(s) details													
S.No	Name Of UBO #	Country of Tax Residency #	Taxpayer Identification Number/PAN/Equivalent ID Number #	Identification Type#	% of Beneficial Interest #	CP/UBO (Refer Instructions E)	Place & Country of Birth#	Date of Birth [dd-mm-yyyy]\$	Address\$,Address Type*&Contact details [include City,Pincode,State, Country]	Gender\$ [Male, Female, Others]	Father's Name\$	Nationality \$	Occupation [Service, Business, Others]

Mandatory fields
 * Address Type should either Residence or Business or Registered office
 \$ 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/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

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
----------------------	----------------------	----------------------

Place:

Date: