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-mmm-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.Image1/We hereby authorize you to disclose,share,remit inany 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 faciliatte singlesubmission/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: