

# THE WEALTH COMPANY GOLD ETF

## NEW FUND OFFER APPLICATION FORM

 Toll Free Number : 1800 267 3454 | Email : [investorcare@wealthcompany.in](mailto:investorcare@wealthcompany.in) | Website : [www.wealthcompanyamc.in](http://www.wealthcompanyamc.in)
**Application No.**

Offer of Units of Rs. 10 each for cash, issued at a premium approximately equal to the difference between face value and Allotment Price during the New Fund Offer and at NAV based prices on an ongoing basis.

 NFO Opening Date : 16<sup>th</sup> Dec 2025 NFO Closing Date: 22<sup>nd</sup> Dec 2025

**SCHEME NAME & TYPE OF THE SCHEME**
**PRODUCT LABELLING**
**SCHEME RISK-O-METER#**
**BENCHMARK RISK-O-METER#**

<b>The Wealth Company Gold ETF</b> (An open-ended scheme replicating/tracking domestic price of gold.)	This product is suitable for investors who are Seeking: • The investment objective of the scheme is to generate returns corresponding to the Domestic Price of Gold before expenses, subject to tracking errors, fees, and expenses by investing in Physical Gold & Gold related instruments. • There is no assurance that the investment objective of the Scheme will be achieved.  *Investors should consult their financial advisers if in doubt about whether the product is suitable for them.	 Investors understand that their principal will be at High Risk	 Benchmark i.e. Domestic Price of Physical Gold. The Benchmark is at High Risk

#The above product labelling assigned during the New Fund Offer is based on internal assessment of the Scheme Characteristics or model portfolio and the same may vary post NFO when actual investments are made.

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of The Wealth Company Mutual Fund.

**1. DISTRIBUTOR INFORMATION\***

(Please refer instruction no. 1)

Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp & Reference No.

\*\*By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transaction in the scheme (s) of The Wealth Company Mutual Fund. (Please  if applicable)  
 \*In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

**2. UNIT HOLDING OPTION**
**DEMAT MODE\* (Mandatory)**

(Please refer instruction no. 7)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of names as given in the order of the applicants matches as per the Depository Details. In case of any ambiguity or validation failure with the depository details, AMC will allot units in the Physical Mode.

National Securities Depository Limited

Central Depository Services (India) Limited

DP Name -

DP ID

Beneficiary A/c No.

DP Name -

DP ID

Beneficiary A/c No.

Enclosures - Please (  )  Client Masters List (CML)  Transaction cum Holding Statement  Delivery Instruction Slip (DIS)

**3. MODE OF HOLDING**

(Please refer instruction no. 5)

(In case of Demat Purchase, Mode of Holding should be same as in Demat Account)

 Single

 Joint

 Anyone or Survivor (Default)

**4. APPLICANT'S NAME AND INFORMATION (Mandatory) to be filled in BLOCK LETTERS. (Name and DOB shall be as per Income Tax Records)**

(Please refer instruction no. 3)

Folio No.  (For Existing unit holders) Gender  Male  Female  Others

Name of Sole / 1st Applicant Mr. / Ms. / M/s.  
(Name as per IT Records)

First

Middle

Last

 PAN/PEKRN  
(Mandatory)

Mobile No.

CKYC No.

 Date of Birth  
(Mandatory)

D D M M Y Y Y Y

Email ID

The Email ID belongs to (Mandatory Please  )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

The Mobile No. belongs to (Mandatory Please  )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

The default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please  here)  Account Statement  Annual Report/Abridged summary  Other Statutory Information  
(We would recommend you to choose an online mode to help us save paper & contribute towards a greener & cleaner environment.)

LEI Code

Valid upto D D M M Y Y Y Y

(Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. 4a)

 Tax Status  
(Mandatory, Please  )

 Resident Individual

 NRI-Repatriation

 NRI-Non Repatriation

 Partnership

 Trust

 HUF

 AOP

 Minor through guardian

 Company

 FII

 PIO

 Body Corporate

 Sole Proprietorship

 Non Profit Organisation

 Financial Institution

 NBFC

 Bank

 Others

(Please Specify)

 Non Profit Orgnization [NPO]  Yes or  No

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

If yes, please quote the Registration No. provided by DARPARN portal of NITI Aayog:

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC / RTA to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable

**GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON- DESIGNATION / POA HOLDER (In case of Non- Individual Investors) [Name and DOB shall be as per IT Records]**

Mr. / Ms.

(Name as per IT Records)

First

Middle

Last

 PAN  
(Mandatory)

Mobile No.

CKYC No.

 Gender  Male  Female  Others

Email ID

Designation/Relationship with Minor  Date of Birth/Date of Incorporation (Mandatory)  D D M M Y Y Y Y

**Date of Birth Proof for minors (Any One)**

Birth Certificate  Marks Sheet (HSC/ICSE/CBSE)  School Leaving Certificate  Passport  Others

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**ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)**

The Wealth Company Mutual Fund Pantomath Nucleus House, Saki Vihar Road, Andheri East, Mumbai - 400072

Received from Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Application No.**

Collection Centre / AMC Stamp & Signature
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Name of the Bank Account No.  Account Type  SB  CA  SB-NRE  SB-NRO  Others \_\_\_\_\_

Bank Branch \_\_\_\_\_ Address \_\_\_\_\_

Bank City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_

MICR Code (9 digits)  <sup>§</sup> IFSC Code for NEFT / RTGS  <sup>§</sup> This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

## 9. INVESTMENT &amp; PAYMENT DETAILS\* The name of the first/ sole applicant must be pre-printed on the cheque.

Scheme Name

The Wealth Company Gold ETF

Payment Type (Please ✓)	<input type="checkbox"/> Non-Third Party
Transaction Type	<input type="checkbox"/> Lumpsum
Amount (INR)	
Mode of Payment (Please ✓)	
<input type="checkbox"/> Cheque	
<input type="checkbox"/> NEFT / RTGS	Cheque No. / UTR No.
Drawn on Bank	
A/c Number	
Date	

Cheque should be drawn in favour of scheme name e.g. "The Wealth Company Gold ETF "

\*If you wish to register SIP, kindly fill the relevant SIP Registration &amp; OTM Debit Mandate Form.

Reason for investment  House  Children's Education  Children's Marriage  Car  Retirement  Others (please specify) \_\_\_\_\_Investment horizon Please (✓) anyone  5 Years  10 Years  15 Years  20 Years  25 Years

## 10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor)

Non-Individual investors should mandatorily fill separate FATCA and Ultimate Beneficial Ownership (UBO) Form. The below information is required for all applicants/guardian

Particulars	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries.

Particulars	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

 Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. Reason B ⇒ No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected) Reason C ⇒ Others, please state the reason thereof: \_\_\_\_\_

*Address Type of Sole/1st Holder:  <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	*Address Type of 2nd Holder:  <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	*Address Type of 3rd Holder:  <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
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\*If the address type is not ticked the default will be considered as residential.

I/We do hereby nominate the person(s) more particularly described here under to receive the Units held in my/our Folio in the event of my/our death.  
(Please fill the nominee details in the table given below)

OR  I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio. I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

Name of the Nominee(s)	Relationship with Applicant (Mandatory)	Date of Birth	Guardian Name	Guardian's relationship with nominee	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%) (Mandatory)	Nominee Address
		(Mandatorily to be furnished in case the Nominee is a minor)				<input type="checkbox"/> Please tick if the nominee address is same as mentioned in first holder address
Nominee 1		DD/MM/YYYY				
Nominee 2		DD/MM/YYYY				
Nominee 3		DD/MM/YYYY				

Email ID	Mobile Number	Identity Type *** (PAN/ Aadhaar last 4 digits/ DL/Passport for NRI's)	Identity Number	Signature of Nominee/ Guardian of Nominee (Optional)
Nominee 1				
Nominee 2				
Nominee 3				

\*\* if % is not specified, then the assets shall be distributed equally amongst all the nominees.

\*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). For NRI/ OCI/ PIO, Passport number is acceptable. Copy of the document is not required.

\*\*\*\* to be furnished only in following conditions/ circumstances:

. Date of Birth(DoB): please provide, only if the nominee is minor.

. Gaurdian: It is optional for you to provide, if the nominee is minor.

1. I/ We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows: (please tick, as appropriate)

Name of nominee(s)  Nominate: Yes / No

2. This nomination shall supersede any prior nomination made by me / us, if any.

**Signature(s)** #Signatures of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Name(s) of the holder(s)	Signature(s) of holder	Witness Name, Address and Signature#
Sole /First Holder (Mr./ Ms.)		1.
Second Holder (Mr./ Ms.)		
Third Holder (Mr./ Ms.)		2.

## 12. CONFIRMATION CLAUSE

I/We hereby confirm to have read, understood and agree to the privacy policy available on [www.wealthcompanyamc.in](http://www.wealthcompanyamc.in). I/We accord my/our consent to the AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our personal data and hereby authorise to disclose it to the third party or another body corporate or any person acting under a contract with the AMC or the Fund.

## 13. DECLARATION AND SIGNATURES

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of The Wealth Company Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of The Wealth Company Mutual Fund for allotment of units of the Scheme(s) of The Wealth Company Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/The Wealth Company Mutual Fund, I/We hereby authorise the AMC/The Wealth Company Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree to notify The Wealth Company immediately in the event the information in the self-certification changes. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/ FCNR Account (s). FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form 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 shall be liable for it. 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. I/We hereby authorise 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 ('the Authorised 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 and other investigation agencies without any obligation of advising me/us of the same.

Please  if the EUIN space is left blank: I / We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

**Signature(s)** should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

Sign of 1st Applicant / Guardian / Authorised Signatory / POA	Sign of 2nd Applicant / Authorised Signatory / POA	Sign of 3rd Applicant / Authorised Signatory / POA
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Name of the entity 

 Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA &amp; notify the changes"

 Folio Number  /  / 

 PAN  Date of Incorporation  D  D  M  M  Y  Y  Y 

 City of Incorporation 

 Country of Incorporation 

Entity Constitution Type (Please tick as appropriate)

<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> HUF	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Trust	<input type="checkbox"/> Liquidator
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Artificial Juridical Person	<input type="checkbox"/> Others	specify <input type="text"/>				

**Please tick the applicable tax resident declaration:**

 1. Is "Entity" a tax resident of any country other than India  Yes  No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number %	Identification Type (TIN or Other, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

%In case Tax Identification Number is not available, kindly provide its functional equivalent\$.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

 In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here  
 **ADDITIONAL KYC INFORMATION**

Gross Annual Income (₹)

 Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore

OR

Net-worth (Mandatory for Non-Individuals)

 ₹  as on  D  D  M  M  Y  Y  Y  (Not older than 1 year)

Politically Exposed Person (PEP) Status\* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

 PEP  Related to PEP  Not Applicable

 Is the entity involved in any of the mentioned services:  
 (Please tick as appropriate)

<input type="checkbox"/> Foreign exchange/ Money changer	<input type="checkbox"/> Gaming/ Gambling/ Lottery (Casinos, betting syndicates)
<input type="checkbox"/> Money lending/ Pawning	<input type="checkbox"/> Not applicable

\*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

 **FATCA & CRS Declaration**

(Please consult your professional tax advisor for further guidance on FATCA &amp; CRS classification)

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution <sup>6</sup> <input type="checkbox"/>	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
<b>OR</b>	Name of sponsoring entity <input type="text"/>
Direct reporting NFE <sup>7</sup> (please tick as appropriate) <input type="checkbox"/>	<input type="text"/>
GIIN not available (please tick as applicable) If the entity is a financial institution, <input type="checkbox"/>	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not obtained - Non-participating FI

**PART B** (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity active <sup>3</sup> NFE	Yes <input type="checkbox"/> Name of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive <sup>4</sup> NFE	Yes <input type="checkbox"/> Name of Business <input type="text"/>

**UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)**

Category (Please tick applicable category)  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association / body of individuals  Private Trust  
 Public Charitable Trust  Religious Trust  Others

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).  
(Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of part C)

Details	UBO1	UBO2	UBO2
Name			
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No.%			
Tax ID Type			
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zip <input type="text"/>	Zip <input type="text"/>	Zip <input type="text"/>
	State <input type="text"/>	State <input type="text"/>	State <input type="text"/>
	Country <input type="text"/>	Country <input type="text"/>	Country <input type="text"/>
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Percentage of Holding (%) <sup>a</sup>			

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

\* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>a</sup>Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

<sup>4</sup>Refer 3(iii) of Part C | <sup>11</sup>Refer 3(iv) (A) of Part C

**FATCA - CRS Terms and Conditions**

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with The Wealth Company Mutual Fund or its group entities. Therefore, it is important that you respond to our request,

even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**CERTIFICATION**

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions below and hereby accept the same.

Name

Designation

Signatures

Signatures

Signatures

Date D D M M Y Y Y Y

Place