

3 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Address for Correspondence‡ [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

City _____ Pin Code _____
State _____ Country _____

Overseas Address/Registered Address in case of Non-Individual investors (Mandatory in case of NRI/FPI applicant in addition to mailing address) (Should be same as in KRA records)

City _____ Zip Code _____
State _____ Country (Mandatory) _____**CONTACT DETAILS OF SOLE/FIRST APPLICANT**

Mobile No. _____ Tel. (Res.) _____ Tel. (Office) _____

Mobile belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS

*E-mail _____ Email ID to be filled in CAPITAL LETTERS

E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS Yes No * I/We, wish to receive scheme wise annual report or an abridged summary thereof/account statements/statutory & other documents by email. If unticked, by default the above will be sent on email. I/We confirm that primary email ID provided belongs to self or a family member.**4 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)**MODE OF HOLDING (✓) Single Joint (Default if not mentioned) Anyone or Survivor

NAME OF SECOND APPLICANT AS PER PAN (Not applicable if Sole/First Applicant is a Minor and Second Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes No** (**Default if not ticked.)

Mr Ms M/s _____ Name as per PAN CARD _____

Date of Birth §‡ (Mandatory*) D D M M Y Y Y Y PAN** (Mandatory*) _____ Proof enclosed (✓) PAN card CopyGender Male Female Third Gender KYC Identification Number (KIN) ‡‡ _____

Nationality _____ Country of Residence _____

Status of Second Applicant (✓): Resident Individual Non-Resident (Repatriable) Non-Resident (Non-Repatriable)a. Occupation (please ✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife
 Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer
 Gambling services offerer Money lender Pawn Broker Others [Please specify] _____b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crorec. Others (please ✓): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable**CONTACT DETAILS OF SECOND APPLICANT**

Mobile No. _____ E-mail _____ Email ID to be filled in CAPITAL LETTERS

Mobile belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMSE-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS

NAME OF THIRD APPLICANT AS PER PAN (Not applicable if Sole/First Applicant is a Minor and Third Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes No** (**Default if not ticked.)

Mr Ms M/s _____ Name as per PAN CARD _____

Date of Birth §‡ (Mandatory*) D D M M Y Y Y Y PAN** (Mandatory*) _____ Proof enclosed (✓) PAN card CopyGender Male Female Third Gender KYC Identification Number (KIN) ‡‡ _____

Nationality _____ Country of Residence _____

Status of Third Applicant (✓): Resident Individual Non-Resident (Repatriable) Non-Resident (Non-Repatriable)a. Occupation (please ✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife
 Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer
 Gambling services offerer Money lender Pawn Broker Others [Please specify] _____b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crorec. Others (please ✓): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable**CONTACT DETAILS OF THIRD APPLICANT**

Mobile No. _____ E-mail _____ Email ID to be filled in CAPITAL LETTERS

Mobile belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMSE-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS

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CALL US ATPlease visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent : Computer Age Management System.**TOLL FREE NUMBERS**

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

8 CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) [Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]

FATCA / CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL /NRI /ON BEHALF OF MINOR/PROPRIETORSHIP FIRM)

	Sole/ First Applicant Guardian	Second Applicant	Third Applicant/ POA holder
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Country of Tax Residency#			
Tax Identification Number (TIN) or Functional Equivalent^	Mandatory	Mandatory	Mandatory
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick ✓ the reason [as defined below]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A –The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
Reason B –No TIN required [Select this reason only for the authorities of the respective country of tax residence do not required the TIN to be collected]
Reason C –Others - Please specify the reason _____
To also include USA, where the individual is a citizen/green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

FATCA / CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBO) (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM ETC.)

Please complete Annexure A & B

9 DEMAT ACCOUNT DETAILS (Please provide Demat proof to verify demat details)

Please provide details of your Depository Participant if you wish to hold units in Demat Form. NSDL CDSL

Depository Participant Name _____ DP ID | I | N | _____

Beneficiary Account No. _____

10 NOMINATION DETAILS (Mandatory for new folios of Individual Unitholders only - whether holding Units Singly or Jointly with other holders)

A) I/We wish to Nominate:
I/We, wish to make a nomination and do hereby nominate the person(s) who shall receive all the assets held in my/our account in the event of my/our death and by cancelling the nomination(s) made by me/us previously in respect of the units held by me/us in the listed Folio/s.
(Fill the separate nomination form).

B) I/We do not wish to Nominate (Nomination OPT-OUT):
I/We, the applicant(s)/unitholder(s) hereby confirm that I/we do not wish to appoint any nominee(s) in respect of the mutual fund application(s)/units held in my/our mutual fund folio(s). 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 assets held in the mutual fund folio/s.

Note : Where Nominee details and Nomination Opt-Out both are mentioned, Nomination Opt-Out will be considered as “Default”. Folio in such case will be updated without Nominee.

11 DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)

FATCA / CRS DECLARATION

I acknowledge and confirm that the information provided with respect to FATCA/CRS is true and correct to the best of my knowledge and belief. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA/CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. I also undertake to keep the Fund informed in writing about any changes/modification/ updation to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

OTHER DECLARATIONS

Having read and understood the contents of the Scheme Information Document, Key Information Memorandum, Statement of Additional Information and Addenda of the Scheme(s) issued till date, I/We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to abide by the terms, conditions, rules and regulations of the Scheme and the above mentioned documents of HSBC Mutual Fund. I/We hereby authorise HSBC Mutual Fund, the AMC and its Agents to disclose my/our details including investment details to my/our bank(s)/HSBC Mutual Fund's Bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details provided by me/us, or to disclose to such other service providers as deemed necessary for conduct of business. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Fund, the AMC, its service providers or representatives responsible. I/We will also inform the AMC, about any changes in my/our bank account. I/We confirm that I am/we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO/FCNR Account (Applicable to NRI).

I/We confirm that the details provided by me/us are true and correct. I/We hereby declare that the amount being invested by me/us in the Scheme(s) is through legitimate sources and is not held or designed for the purpose of contravention and/or evasion of any Act, Rules, Regulations or any other applicable laws or Notifications issued by any governmental or statutory authority from time to time. I/We acknowledge that the AMC has not considered my/our tax position in particular and that I/we should seek tax advice on the specific tax implications arising out of my/our participation in the Scheme. I/We have understood the details of the Scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We confirm that 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 is being recommended to me/us.

I/We confirm that I am/We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

We confirm that we have not issued any bearer shares or share warrants. We also confirm that we will inform the AMC if bearer shares or share warrants are issued subsequently.

X	X	X
Sole/First Applicant/Guardian/PoA	Second Applicant/PoA	Third Applicant/PoA

Date _____ *Please write Application Form No./Folio No. on the reverse of the Cheque/Demand Draft. Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.*

Form for Fresh Nomination / Change of Existing Nomination / Cancellation of Nomination

Applicable for Individual Unitholders only (effective from June 1, 2025 to August 31, 2025).
Please read the instructions carefully before filling up this Form.

Date :

D	D	M	M	Y	Y	Y	Y
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Fresh Nomination – All unit holders need to sign (irrespective of mode of holding). <input type="checkbox"/> Fresh Nomination	Change of Existing Nomination / Cancellation of Nomination – Signatures as per mode of holding. <input type="checkbox"/> Change of Existing Nomination <input type="checkbox"/> Cancellation of Nomination
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Folio No.(s) (having same mode of holding and pattern)

1.	2.
3.	4.
Investor Name (Mr./Ms.) _____	

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my/our account in the event of my/our death. This nomination shall supersede any prior nomination made by us/me if any.

Nomination can be made upto three nominees in the account.	Mandatory information		
	1st Nominee	2nd Nominee	3rd Nominee
Name of the Nominee (Mr./Ms.)			
Share of each Nominee#	%	%	%
Date of Birth (for Minor)			
Relationship with the Applicant (select one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____
Nominee/Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____
Address of Nominee(s)/ Guardian in case of Minor	<input type="checkbox"/> Same as First Applicant _____ City _____ Pin code _____ State _____ Country _____	<input type="checkbox"/> Same as First Applicant _____ City _____ Pin code _____ State _____ Country _____	<input type="checkbox"/> Same as First Applicant _____ City _____ Pin code _____ State _____ Country _____
Mobile No. of Nominee(s) / Guardian in case of Minor			
Email ID of Nominee(s) / Guardian in case of Minor			
Name of the Guardian (in case Nominee is Minor)			
Guardian's Relationship with Nominee (non mandatory)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian
I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/us by the AMC/DP as follows; (please tick, as appropriate) <input type="checkbox"/> Name of nominee(s) with Details and Percentage <input type="checkbox"/> Nomination without Details and Percentage (Default Option)			
This nomination shall supersede any prior nomination made by the account holder(s), if any.			

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

Request submitted for: Fresh Nomination Change of Existing Nomination Cancellation of Nomination

From _____

Folio No. _____

Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed

ISC Stamp & Signature

SIGNATURE(S)		
I/We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death. Signature of the nominee(s) acknowledging receipt of my/our credit will constitute full discharge of liabilities in HSBC Mutual Fund.		
Name of the Holder		Signature/Thumb Impression
Sole/First Holder (Mr./Ms.)	Name	Signature/Thumb [^] Impression
	Witness 1 Name & Address: _____	Witness 1 Signature:
	Witness 2 Name & Address: _____	Witness 2 Signature:
Second Holder (Mr./Ms.)	Name	Signature/Thumb [^] Impression
	Witness 1 Name & Address: _____	Witness 1 Signature:
	Witness 2 Name & Address: _____	Witness 2 Signature:
Third Holder (Mr./Ms.)	Name	Signature/Thumb [^] Impression
	Witness 1 Name & Address: _____	Witness 1 Signature:
	Witness 2 Name & Address: _____	Witness 2 Signature:

[^] Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

If the account holder affixes thumb impression instead of signature, additionally please provide a doctors certificate and the thumb impression should be notarised.

Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

INSTRUCTIONS

- If you are opening a new demat account / MF folio, you have to provide nomination. Otherwise, you have to follow the specified procedure for Opt-out
- The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
- Nomination is not allowed in a folio where Minor is the unitholder.
- The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
 - 'Either or Survivor' Folios / Accounts - any one of the holders can sign.
 - 'First holder Folios / Accounts – only First Holder can sign.
 - 'Jointly' Folios / Accounts - both holders have to sign
- A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee is to be provided.
- Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
- A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/ share should be in whole numbers without any decimals, adding upto a total of 100%. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees. Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.
- In case of demise of the investor and any one of the nominees, the regulated entities shall distribute the assets pro-rata to the remaining nominees
- Every new nomination for a folio/account shall overwrite the existing nomination, if any.
- Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
- Nomination shall stand rescinded upon the transfer of units.
- Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
- The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.
- Where Nominee details and Nomination Opt-Out both are mentioned, Nomination Opt-Out will be considered as "Default". Folio in such case will be updated without Nominee.

Transmission aspects

- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed on pro-rata basis (as illustrated below) amongst the surviving nominees. Nominee's legal heir cannot claim the assets on behalf of deceased Nominee(s).

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar / Transfer Agent : Computer Age Management System.

TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200 / 1800-200-2434	1800-419-9800	1800-4190-200 / 1800-200-2434	+ 91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons
[MANDATORY for Non-Individual Investors]
1. INVESTOR DETAILS

Investor Name as per PAN _____	Name as per PAN CARD _____
Folio No./Application No. _____	
PAN* _____	* If PAN is not available, specify Folio No.(s)

2. 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/associate): _____

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Unlisted Company | <input type="checkbox"/> Partnership Firm/LLP | <input type="checkbox"/> Unincorporated association/body of individuals | <input type="checkbox"/> Public Charitable Trust |
| <input type="checkbox"/> Private Trust | <input type="checkbox"/> Religious Trust | <input type="checkbox"/> Trust created by a Will | <input type="checkbox"/> Others [please specify] |

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

3. UBO / CONTROLLING PERSON(S) DETAILS
Does your company/entity have any individual person(s) who holds direct/indirect controlling ownership above the prescribed threshold limit? (Please ✓)
 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.

BEN2 form as downloaded from MCA portal is attached as documentary evidence of the UBO information or 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 end.

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 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO / SMO#			
UBO / SMO PAN# [For Foreign National, TIN to be provided]			
% of beneficial interest#	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)
UBO / SMO Country of Tax Residency#			
UBO / SMO Taxpayer Identification Number / 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 #	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
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 [include City, Pincode, State, Country]	Address _____ City: _____ Pincode _____ State _____ Country _____	Address _____ City: _____ Pincode _____ State _____ Country _____	Address _____ City: _____ Pincode _____ State _____ Country _____
UBO / SMO Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office
UBO / SMO Email ID			
UBO / SMO Mobile No.			
UBO / SMO 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
UBO / SMO Father's Name			
UBO / SMO Occupation	<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"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others
SMO Designation#			
UBO / SMO KYC Complied**	<input type="checkbox"/> Yes/ <input type="checkbox"/> No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.
BEN2 Form or any other relevant supporting documents as applicable ***	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached

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. ** In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country. *** Documentary proof for UBO.

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 share holding 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:

<input checked="" type="checkbox"/>	Authorized Signatory 1	<input checked="" type="checkbox"/>	Authorized Signatory 2	<input checked="" type="checkbox"/>	Authorized Signatory 3
Name:		Name:		Name:	
Designation:		Designation:		Designation:	
Date	<input type="text"/>	Place	<input type="text"/>		

INSTRUCTIONS ON CONTROLLING PERSONS/ULTIMATE BENEFICIAL OWNER

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP]/ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
 - more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership.
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals..
- In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- Where no natural person is identified under clauses (i) or (ii) above, the identity of the

relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies/foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

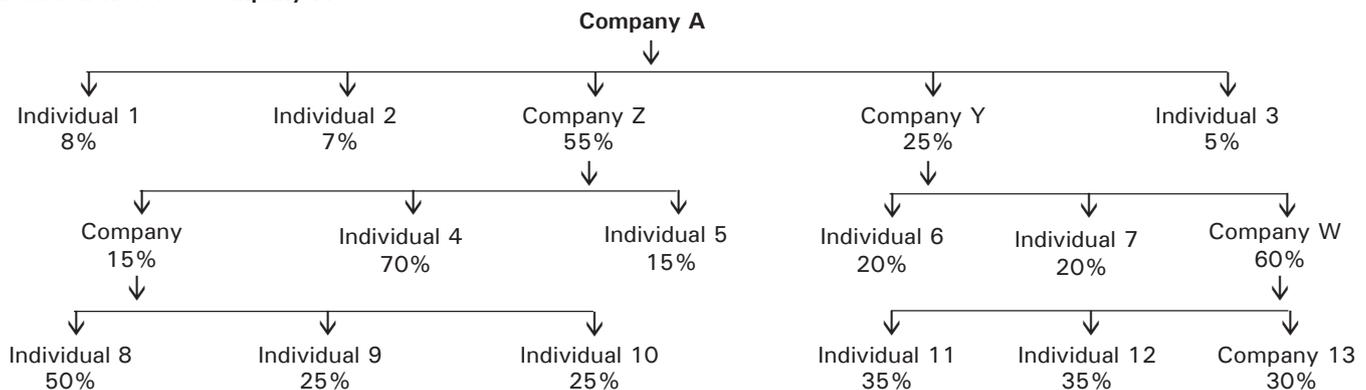
D. KYC requirements

Beneficial Owner(s)/Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s)/SMO(s).

In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof. Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

SAMPLE ILLUSTRATIONS FOR ASCERTAINING BENEFICIAL OWNERSHIP:

Illustration No. 1 – Company A



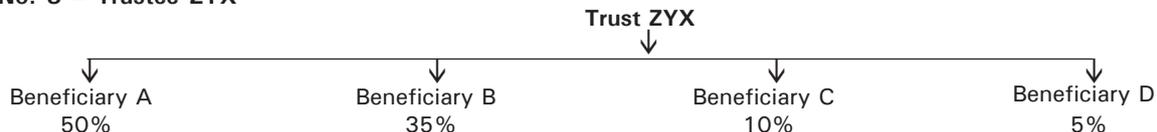
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 38.50% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

Illustration No. 2 – Partnership Firm ABC



For Partnership Firm ABC, Partners 1, 2 and 5 are considered as UBO as each of them holds >=10% of capital. KYC proof of these partners needs to be submitted including shareholding.

Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for >10% of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust/Protector of Trust, relevant information to be provided along with the proof indicated.

INVESTOR'S DETAILS

Investor Name as per PAN _____ Name as per PAN CARD _____

PAN

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 Mobile No. + **9** **1**

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- I/We hereby confirm that above stated entity/organization is 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).
- Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal _____

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

- I/We hereby confirm that the above stated entity/organization is NOT falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

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 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. 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 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 other statutory authorities to facilitate single submission/update & for regulatory 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:

X Authorized Signatory	X Authorized Signatory	X Authorized Signatory							
Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								Place: _____	