



CIN NO.- U67190UP1995PLC017537

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

*(Mandatory for Non-individual Investors)*

I: Investor details:

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 Code# (Refer InstructionsE)	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.]
1													

(Signature)


**# 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 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 liable for it. I/We hereby authorize you [CAMS/Fund/AMC/Other participating entities] to disclose, share, 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 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 and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/We authorize Fund/AMC/RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same

Signature with relevant seal:

  
(Signature)

Authorized Signatory

Authorized Signatory

Place: \_\_\_\_\_

Date: \_\_\_\_\_