

KEY INFORMATION MEMORANDUM CUM APPLICATION FORM

TATA MULTICAP FUND

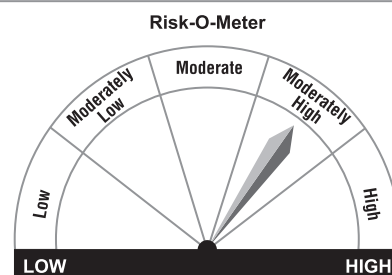
(An open ended equity scheme investing across large cap, mid cap, small cap stocks)

Issue of units of **Tata Multicap Fund** at face value of Rs. 10/- each during the New Fund Offer period and at NAV based price upon re-opening

This product is suitable for investors who are seeking*:

- Capital Appreciation over medium to long term
- Investment in a diversified portfolio consisting of equity and equity related instruments across market capitalization.

***Investors should consult their financial advisors if in doubt about whether the product is suitable for them.**



Investors understand that their principal will be at Moderately High risk

New Fund Offer Opens On	17 August, 2018
New Fund Offer Closes On	31 August, 2018
Scheme reopens for continuous sale and repurchase on	10 September, 2018

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. **For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document (SID) & Statement of Additional Information (SAI) available free of cost at any of the Investor Service Centres or distributors or from the website www.tatamutualfund.com.**

The Scheme particulars have been prepared in accordance with Securities & Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date & filed with Securities & Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

Name of the Mutual Fund
Tata Mutual Fund

Name of the AMC
Tata Asset Management Ltd.
CIN: U65990-MH-1994-PLC-077090

Offer for Units at
NAV Based Prices

9th Floor, Mafatlal Centre, Nariman Point, Mumbai – 400 021

Toll Free: 1800-209-0101 (Lines open on Sundays also)

E-mail: service@tataamc.com **Website:** www.tatamutualfund.com



TATA MUTUAL FUND

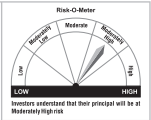
Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021

Application Form For Tata Multicap Fund

This product is suitable for investors who are seeking*:

- Capital Appreciation over medium to long term.
- Investment in a diversified portfolio consisting of equity and equity related instruments across market capitalization.

*Investors should consult their financial advisors if in doubt about whether the product is suitable for them



ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

Sr. No.:

Refer Sec. B

1. Advisor / Distributor Information

ARN / RIA ^ Code ARN - 48012	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIIN Code E053085
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUIIN 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 in-appropriateness, 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.		
In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive transaction charges, ₹ 150/- (for First time mutual fund investor) or ₹ 100/- (for investor other than First time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund			
Sole / 1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression	

2. Applicant's Information

Refer Sec. A, C & I

The Name of the Applicants should be as mentioned in the PAN , Aadhaar and the KYC acknowledgement. There can be upto 3 holders. No joint holders allowed with 1st applicant as a minor. Any applicants should not be a resident of Canada or a person who falls within the definition of the term "U.S. Person" under the US Securities Act of 1933 and corporations or other entities organised under the laws of the U.S. For Investors New to Tata Mutual Fund, mention the C-KYC No. Incase C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith.

1st Applicant's Details

The first applicant will be the primary holder and all correspondence will be sent to him/her. Only the first holder can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	PAN / PEKRN	Folio No.
Name		
Date of Birth (DOB)	In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Passport <input type="checkbox"/> Others	
Aadhaar No.	C-KYC	

Power Of Attorney (POA) / Proprietor / Guardian details (minor applicant)

POA / Proprietor / Guardian Details	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Mobile No.
Name			
To be filled by Guardian	Relationship with the Minor Applicant	Proof of Relationship	
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
	Aadhaar No.	Date of Birth	C-KYC
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax Status

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Overseas Citizen of India
<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> Hindu Undivided Family	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Foreign National Resident in India
<input type="checkbox"/> NRI-Non-Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Qualified Foreign Investor
<input type="checkbox"/> Minor - Resident Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Foreign Portfolio Investor
<input type="checkbox"/> Minor - NRI	<input type="checkbox"/> Trust	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Foreign Institutional Investor
<input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Others (please specify)		

3. Contact Details

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA records

City		
PIN	State	Country
Residence Phone (prefix STD Code)	Office Phone (prefix STD Code)	Extn
Mobile	Email	
For investors who do not have email address on record: I/We wish to receive physical copy of the scheme-wise annual report or abridged summary thereof <input type="checkbox"/> Yes <input type="checkbox"/> No		



Acknowledgement Slip

Received from Mr./Ms./M/s. _____

PAN _____

₹ _____

for purchase in Tata Multicap Fund

Sr. No.:

Subject to verification and realisation of funds.

Overseas address

Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.

		City
State	ZIP Code	Country

4. Investment Instrument Details

Refer Sec. I

The name of the first applicant should be available on the investment Cheque.	Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)
	Account Number	A/c Type	Dated
Cheque/ DD to be drawn in favour of 'Tata Multicap Fund'	Drawn on Bank	Cheque / DD No.	
	Branch	Branch City	

5. Investment Scheme Details

Refer Sec. F & Product Labels

Amount Allocation

Lumpsum Lumpsum + SIP

Scheme Name	Tata Multicap Fund		
Plan (select any one)	<input checked="" type="checkbox"/> Regular		
Option (select any one)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend	
Dividend Option (select any one)	<input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Dividend Payout	

6. Bank Account Details

Refer Sec. G

The bank account details provided below will be held on record and considered as default bank mandate to pay redemption proceeds and dividend payouts (if applicable).

This must be an Indian account. The 1st applicant should be a holder in this account.

Bank Name	Branch	
Account number	A/C type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRRN <input type="checkbox"/> NRE
MICR	IFSC for RTGS	IFSC for NEFT
Address		
City	PIN	State

Cheque Details

Cheque/DD No. _____ dated _____ A/c. No. _____ Bank _____

Call 1800 209 0101 (On all days between 9 am and 9.30 pm)

Acknowledgement Slip

Subject to realisation.

7. Joint Applicant's Details

Refer Sec. H & I

Mode of Holding Single Joint Any one or Survivor (Default)

IInd Applicant's Details

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Status	Mobile No.
		<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	
Name			
Aadhaar No.	Date of Birth	C-KYC	
	DD / MM / YYYY		

IIIrd Applicant's Details

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Status	Mobile No.
		<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	
Name			
Aadhaar No.	Date of Birth	C-KYC	
	DD / MM / YYYY		

8. Know Your Customer (KYC) Details

Refer Sec. J

CATEGORIES	FIRST APPLICANT (Including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in (Mandatory for Non-individual) ₹ as on DD / MM / YYYY (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in ₹ as on DD / MM / YYYY (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in ₹ as on DD / MM / YYYY (not older than 1 year)
Others >>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

Additional KYC Details for Non - Individuals

For Non Individuals only (Companies, Trust, Partnership etc.) >>	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, mandatory to attach the UBO declaration) Non Individual investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above
--	--

9. Foreign Account Tax Compliance Act (FATCA) & CRS Details

Refer Sec. K

For Individuals	FIRST APPLICANT (including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Country of Birth >>			
Place of Birth >>			
Nationality >>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)
Type of address given at KRA >>	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you also a resident in any other country(ies) for tax purposes? >>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, complete section below.			
Country of Tax Residency 1 >>			
Tax Identification Number 1 >>			
Identification Type 1 >>			
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Country of Tax Residency 2 >>			
Tax Identification Number 2 >>			
Identification Type 2 >>			
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <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 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 reasons thereof

FATCA & CRS Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed)

10. Nomination Details

Refer Sec. L

Mandatory for Individual(s) applying singly or jointly.

You can nominate up to 3 persons to receive the Units allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees.

Select any one >>

	<input type="checkbox"/> Register nomination as below <input type="checkbox"/> I do not wish to nominate.	
1 st Nominee	Nominee Name	Date of Birth D D / M M / Y Y Y Y
	Address	
		City
	State	PIN
	Country	
	Guardian Name in case of Minor Nominee	Allocation (%)
	Signature of Nominee / Guardian	
2 nd Nominee	Nominee Name	Date of Birth D D / M M / Y Y Y Y
	Address	
		City
	State	PIN
	Country	
	Guardian Name in case of Minor Nominee	Allocation (%)
	Signature of Nominee / Guardian	
3 rd Nominee	Nominee Name	Date of Birth D D / M M / Y Y Y Y
	Address	
		City
	State	PIN
	Country	
	Guardian Name in case of Minor Nominee	Allocation (%)
	Signature of Nominee / Guardian	
	1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression
	3 rd Applicant Signature / Thumb Impression	

11. Demat Account Details

Refer Sec. M

Ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. In case the details are found to be incorrect, Units will be allotted in physical mode.

Fill these details only if you wish to have your units in Demat mode.

Depository participant Name	Central Depository Securities Limited	
Target ID No.		National Securities Depository Limited DP ID No. I N
		Beneficiary Account No.

12. Declaration and Signatures

Refer Sec. N

- I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:-
- I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form.
 - I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
 - The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Limited (TAML)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
 - That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.
 - I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record.
 - I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
 - The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
 - I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment.
 - I / We agree that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque/ DD accompanying the purchase request, PAN validation and KYC compliance.
 - For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.
 - For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.
 - I/We, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number mentioned in my account for sending SMS alerts to me. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

Date: _____

1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
--	--	--



Debit Mandate Form NACH (One Time Mandate - OTM)

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date

UMRN Office use only

Choose (✓)

- CREATE
 MODIFY
 CANCEL

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize TATA MUTUAL FUND to debit (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC MICR

an amount of Rupees Amount in Words ₹

FREQUENCY (preselected) Monthly Quarterly Half Yearly As when presented (default) DEBIT TYPE Fixed Amount Maximum Amount

Reference / Folio No. Email Id

Scheme / Plan reference No. All Schemes of Tata Mutual Fund Mobile

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD From to or Until Cancelled Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder
1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me.
I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.

SIP Registration / Renewal Form (For OTM Registered Investors only)

Please tick (✓) as applicable: Registration of SIP Registration of MICRO SIP

Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf))

Table with columns: ARN / RIA Code (ARN - 48012), Sub-Broker ARN Code, Sub-Broker / Bank Branch Code, EUN Code (E053085), Internal Code, Sole / 1st Applicant Signature / Thumb Impression, 2nd Applicant Signature / Thumb Impression, 3rd Applicant Signature / Thumb Impression.

Investor Details table with columns: Application No., Folio No., 1st Holder Name, PAN, Aadhaar No., Date of Birth, C-KYC, Mobile No., 2nd Holder Name, 3rd Holder Name.

First SIP Cheque Details table with columns: Cheque No., Cheque Amount in Rs., Cheque Date, Bank Name, Branch, City.

SIP Details table with columns: SIP Scheme/Option/Sub Option, Plan (Regular), SIP Instalment Amount (₹), SIP Date (Default 10th), Frequency (Monthly/Quarterly), Start Month / Year, End Month / Year (Default : December 2099), SIP Top up (Optional), Top-up Amount (Rs.), SIP Top Up Frequency, Upper SIP Amount (Rs.).

Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s and terms and conditions overleaf, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments towards SIP installments referred above through participation in ECS/Direct Debit/Standing Instruction. The ARN Holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different coming Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us. I/We, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number mentioned in my account for sending SMS alerts to me. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

Table with columns: SIGNATURE/S, Sole / 1st Unitholder Signature / Thumb Impression, 2nd Unitholder Signature / Thumb Impression, 3rd Unitholder Signature / Thumb Impression



TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021



FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

1. Entity Details

Name of the Entity	
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes	
Application No.	Folio No.
PAN Number	Date of Incorporation D D / M M / Y Y Y Y
City of Incorporation	Country of Incorporation
Entity Constitution Type	<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
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other than India: <input type="checkbox"/> Yes <input type="checkbox"/> 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)

%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 _____
 Please refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions

2. FATCA & CRS Declaration

PART A (to be Filled by Financial Institutions or Direct Reporting NFEs)	
1	We are a, <input type="checkbox"/> Financial institution ³ or <input type="checkbox"/> Direct reporting NFE ⁴ (please tick as appropriate)
	GIIN _____ 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 Name of sponsoring entity _____ <input type="checkbox"/> GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for If the entity is a Financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ _____ <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 listed company (that is, a company whose shares are regularly traded on an established stock exchanges) <input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2	Is the Entity a related entity of a listed company (a company whose shares are regularly traded on an established stock exchanges) <input type="checkbox"/> Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where this stock is regularly traded) <input type="checkbox"/> No Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3	Is the Entity an active ¹ NFE <input type="checkbox"/> Yes <input type="checkbox"/> No Nature of Business _____ Please specify the sub-category of Active NFE _____
4	Is the Entity a passive ² NFE <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹ Refer 2 of Part D | ² Refer 3(ii) of Part D | ³ Refer 1 (i) of Part D | ⁴ Refer 3(vi) of Part D | ¹⁰ Refer 1A of Part D

3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE

If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary)

Name PAN / Any other Identification Number <i>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)</i> City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other										
1. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
2. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
3. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			

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.

4. FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested 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 any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen 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 issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

5. Declaration and Signatures

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

Name _____
Designation _____

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

Place: _____

Date:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

FATCA INSTRUCTIONS & DEFINITIONS

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

- 1 (i) Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
- (ii) Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- (iii) Custodial institution: is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
- (i) The three financial years preceding the year in which determination is made; or
- (ii) The period, during which the entity has been in existence, whichever is less.
- (iv) Investment entity is any entity:
- (a) That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
- (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
- (ii) Individual and collective portfolio management; or
- (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
- or
- (b) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :
- (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- (ii) The period during which the entity has been in existence.
- The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07 - refer point 2c.)
- (v) Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

1	(vi) FI not required to apply for GIIN: Refer Rule 114F(5) of Income Tax Rules, 1962 for the conditions to be satisfied as "Non- Reporting Financial Institution and Guidance issued by CBDT in this regard
A. Reasons why FI not required to apply for GIIN:	
Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trust
09	Non-registering local banks
10	FFI with only Low-Value Accounts
11	Sponsored investment entity and controlled foreign corporation
12	Sponsored, Closely Held Investment Vehicle

2. Active Non-financial entity (NFE) : (any one of the following): Refer Explanation (A) to 114F (6) of Income Tax Rules, 1962 for details	
Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market.
03	The NFE is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
04	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
05	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
06	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
07	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
08	Any NFE that fulfills all of the following requirements: <ul style="list-style-type: none"> It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; It is exempt from income tax in India; It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</p> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ul style="list-style-type: none"> an Investor Protection Fund referred to in clause (23EA); a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;

3. Other definitions

- (i) Related entity
An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity

- (ii) **Passive NFE**
The term passive NFE means
- (i) any non-financial entity which is not an active non-financial entity; or
 - (ii) an investment entity defined in clause 1(iv)(b) of these instructions
 - (iii) a withholding foreign partnership or withholding foreign trust;
- (iii) **Passive income**
The term passive income includes income by way of:
- (1) Dividends,
 - (2) Interest
 - (3) Income equivalent to interest,
 - (4) Rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFE
 - (5) Annuities
 - (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
 - (7) The excess of gains over losses from transactions (including futures, forwards, and similar transactions) in any financial assets,
 - (8) The excess of foreign currency gains over foreign currency losses
 - (9) Net income from swaps
 - (10) Amounts received under cash value insurance contracts
- But passive income will not include in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as a such dealer.

- (iv) **Controlling persons** are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In determining the Beneficial Owner, the procedure specified in the following circular as amended from time to time shall be applied, namely:-
- (i) DBOD.AML.BC. NO.71/14.01.001/2012-13, issued on the 18th January, 2013 by the Reserve Bank of India; or
 - (ii) CIR/MIRSD/2/2013, issued on the 24th January, 2013 by the Securities and Exchange Board of India; or
 - (iii) IRDA/SDD/GDL/CIR/019/02/2013, issued on the 4th February, 2013 by the Insurance Regulatory and Development Authority.

In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, the said expression means the person in equivalent or similar positions

(A) Controlling Person Type:	
Code	Sub-category
01	CP of legal person - ownership
02	CP of legal person - other means
03	CP of legal person - senior managing official
04	CP of legal arrangement - trust - settlor
05	CP of legal arrangement - trust - trustee
06	CP of legal arrangement - trust - protector
07	CP of legal arrangement - trust - beneficiary
08	CP of legal arrangement--trust-other
09	CP of legal arrangement - Other - settlor equivalent
10	CP of legal arrangement - Other - trustee equivalent
11	CP of legal arrangement - Other - protector equivalent
12	CP of legal arrangement - Other - beneficiary equivalent
13	CP of legal arrangement - Other - other equivalent
14	Unknown

- (v) **Specified U.S. person** – A U.S. person other than the following:
- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
 - (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
 - (iii) the United States or any wholly owned agency or instrumentality thereof;
 - (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
 - (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
 - (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
 - (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
 - (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
 - (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
 - (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
 - (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
 - (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
 - (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.
- (vi) **Direct reporting NFE**
A direct reporting NFE means a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

Exemption code for U.S. persons (Refer 114(9) of Income Tax Rules, 1962 for details)	
Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan



**Declaration for Ultimate Beneficial Ownership (UBO) / Controlling Persons
(Mandatory for Non-individual Investors)**

1. Entity Details

Name of the Entity	
PAN Number	

2. Applicable for Listed Company / Subsidiary Company

(i) I We Hereby declare that-
 Our Company is a Listed Company listed on recognised stock exchange in India Our Company is a Subsidiary of a Listed Company
 Our Company is Controlled by a Listed Company

(ii) Details of the Listed Company ^
 Stock Exchange on which it is listed _____ Security ISIN _____
 ^ The Details of holding/parent company to be provided in case the applicant / investor is a subsidiary company

3. Applicable for Non Individuals other than Listed Company / its Subsidiary Company

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

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)^.

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country%	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code - of Controlling person
1. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
2. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
3. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office

1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			

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. ^Attach sheets if necessary.

4. Declaration and Signatures

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. 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.

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

Place: _____ Date:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

INSTRUCTIONS

Pursuant to SEBI master circular vide ref. no. CIR/ISD/AML/3/2010 dated December 31, 2010 on anti money laundering standards and guidelines on identification of Beneficial Ownership issued by SEBI vide its circular ref. no. CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of Ultimate Beneficial Owner(s) ("UBO(s)") and submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s)). Attached Documents should be self-certified by the UBO and certified by the Applicant/Investor Authorised Signatory/ies.

(1) The Ultimate Beneficial Owner means:

• **For Investor other than Trust:**

A '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 / entitlements to:

- i. more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. 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.
- iv. In cases where there exists doubt 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 details should be provided of the natural person who is exercising control over the juridical person through other means (i.e. control exercised through voting rights, agreement, arrangements or in any other manner).
- v. However, where no natural person is identified, the identity of the relevant natural person who holds the position of senior managing official should be provided.

• **For Trust :**

The settler of the trust, the trustees, the protector, the beneficiaries with 15% or more of interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

(2) Documents to be provided:

Provide copy of PAN with photograph or valid KYC Compliance proof or any other acceptable identity proof of UBO as below

- i. UID (Adhar)
- ii. Passport
- iii. Voter ID
- iv. Driving Licence

If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to CAMS /Fund. Attach valid address proof.

Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary.

Note: Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies

(3) If the BO is minor proof of date of birth (i.e. birth certificate) and proof of relationship with the guardian and the copy of PAN with photograph of the guardian is mandatory.

(4) Exemption in case of listed companies:

The provisions w.r.t. Identification of UBO are not applicable to the investor 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.

(5) Applicability for foreign investors:

The identification of beneficial ownership in case of Foreign Institutional Investors (FIIs), their sub-accounts and Multilateral Funding Agencies / Bodies Corporate incorporated outside India with the permission of Government of India / Reserve Bank of India may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012.

(6) In case the information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership.

(7) UBO - Type Codes

UBO - 01	Ownership of / entitlement to more than 25% of shares of capital or profits of the juridical person, where the juridical person is a company
UBO - 02	Ownership of / entitlement to more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership
UBO - 03	Ownership of / entitlement to 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
UBO - 04	Natural person who is exercising control over the juridical person through other means i.e. control exercised through voting rights, agreement, arrangements or in any other manner. (In case where there exist doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests)
UBO - 05	Person who holds the position of senior managing official like CEO, MD, Managing Partner etc. (In case any Ultimate Beneficial Owner/s does not own over 25% or 15%).
UBO - 06	The settlor(s) of the Trust
UBO - 07	Trustee(s) of the Trust.
UBO - 08	The Protector(s) of the Trust (if applicable).
UBO - 09	The beneficiaries with 15% or more interest in the trust if they are natural person(s)
UBO - 10	Natural person(s) exercising ultimate effective control over the trust through a chain of control or ownership.