




ONE OF
INDIA'S LEADING
FINANCIAL SERVICES FIRM

MARWADI
FINANCIAL SERVICES

Corporate Office: - Marwadi Financial Plaza', 150 Feet Ring Road, Nana Mava Main Road Rajkot 360005

HUF Category KARTA Change Demat and Trading Account HUF Demat and Trading Account in Change of Name of KARTA Requirement Proof List

 **Notes:** - In NSDL – CDSL Demat And Trading Account form, write in English & Capital Letters with Black pen only & attach required All documents with proper Client Signature & also duly Verified Stamp with Signature and Identity of the person & Signature in my Presence by Branch Employee

❖ In cash of HUF Demat and Trading A/c Change of Name of Karta requirement List

- 1) Form 40 – Change of Name of Karta required
- 2) Change of New Karta Signature Change Form required
- 3) Non Individuals Form 11 - HUF detail with all family member detail new Karta signature with HUF stamp required
- 4) FATCA – CRS Declaration for Non Individual HUF all detail with signature and HUF stamp required
- 5) Death Certificate of Karta is enclosed (Original / Notarized / attested by gazette officer) required
- 6) HUF Legal Old Deed and HUF Legal New Deed Notarized copy with New Karta self attested required
- 7) HUF Change of New Karta CKYC all detail fill up with signature required
- 8) HUF Change of New Karta Pan Card and Address proof self attested copy required
- 9) HUF All family Member Pan Card and Address proof - Aadhar Card, Driving License, Voter Id, Pass Port (Any one)
- 10) HUF Non Individual CKYC as per Mention in Non individual Form No 11 All family member with Document
- 11) Non Individual CKYC fill up in Page No 1 and 2 HUF name fill up and Page no 3 and 4 New Karta with All family Member Page no 5 and 6 Photograph with signature required.
- 12) HUF all Family member bank proof with MICR and IFSC code attested copy required

(In cash of Commodity Segment)

FORM 40 - CHANGE OF NAME OF KARTA (NSDL)

(to be given by new karta and other surviving members of HUF in the event of death of Karta)

To, Marwadi Shares and Finance Ltd. Marwadi Financial Plaza, Nana Mava Main Road, Off 150 Feet Ring Road, Rajkot-360001. Gujarat (India)	<i>Date</i>	D	D	M	M	Y	Y	Y	Y	
	<i>DP ID</i>	I	N	3	0	0	9	7	4	
	<i>Client ID</i>									
	<i>Name of HUF</i>									
1	Name of Deceased Karta									
2	Death certificate of Karta is enclosed (<i>Original/ Notarized / attested by gazette officer</i>) [Please tick]									<input type="checkbox"/>
3	I/We intend to continue the HUF in its current status even after the sad demise of Karta [Please tick]									<input type="checkbox"/>
4	I/We do not have any objection whatsoever in appointing new Karta as per following details [Please tick]									<input type="checkbox"/>
Details of Newly Appointed Karta										
5	a) Name of New Karta									Photograph of new Karta of HUF
	b) Date of Birth				c) Gender (<i>Please tick</i>)					
	d) PAN				<input type="checkbox"/> Male <input type="checkbox"/> Female					
	e) Aadhaar									
We state that the below list of surviving members is complete and exhaustive, and does not leave out any member of the HUF. We confirm that this list is accurate in all respect whatsoever. We also state that all the information provided herein is complete and accurate in all respect and that all the members of the HUF are fully aware of the above request made to the Participant and there is no pending dispute, difference, objection or claim to the same among any of the members of the HUF in this regard.										
List of Surviving members of HUF [<i>In case space for providing list of surviving member is not sufficient please use separate sheet</i>]										
6	Sr. No.	Name of Coparcener Member	Date of Birth (DD/MM/YY)	Gender	Relation with Karta	Coparcener/ Member (please specify)	Signature & Date (in case of minor to be signed by Guardian)			
	1									
	2									
	3									
7	Name of new Karta				Signature of New Karta					

Note: 1) Copy of PAN and Aadhaar is Mandatory of **New KARTA** (self attested & verified)

2) Non individual C-KYC along with Pan & Bank Passbook/Statement of **HUF**

Signature Replacement Request Form

To,
MARWADI SHARES AND FINANCE LIMITED
"Marwadi Financial Plaza", Off150 Feet Ring Road, Nana Mava Main Road, Rajkot – 360 001

Dear Sir/Madam,
I/We would like to replace existing signature with new signature to my/our account in your records.

I/We wish to update the below changes in Demat Trading Code

NSDL DPID-IN300974

CDSL DPID-12035100

TRADING CODE - _____

Existing (OLD) Signature:

New Signature

(To be **Attested by Banker** of the account holder)

Bank Name :**Bank seal**.....

Bank Account No. (Saving/Current/CC-OD):

Bank Manager Name:.....**Signature**.....

Bank Telephone No.:.....**Bank Address:**.....

New Signature

(To be signed in the presence of official)

Reason for change in signature:

IDENTITY OF THE PERSON(S) VERIFIED IN PERSON & SIGNED IN MY PRESENCE	
Name DP	: Marwadi Shares and Finance Limited
DP ID	: IN300974/12035100 Branch / AP _____
Emp./AP Name	: _____ Code : _____ Signature : _____
Date	: _____ Place : _____

For office used only

Signature scanned by : Name.....Signature.....

Scanned signature verified by : Name.....Signature.....

Encl.:

- Proof of Any Identity with self attested and verified copy by MSFL Officials.**

To, Marwadi Shares and Finance Limited "Marwadi Financial Plaza"
Nana Mava Main Road, Off. 150 Feet Ring road Rajkot- 360 001.

FORM 11 PART II – ACCOUNT OPENING FORM	<input type="checkbox"/>	NSDL	<input type="checkbox"/>	CDSL
For Non-individuals	DP ID: - NSDL – IN300974, CDSL – 12035100			

(To be filled by the applicant in **BLOCK LETTERS** in English) (Please fill all the details in **CAPITAL LETTERS** only)
I/We request you to open a demat account in my/ our name as per following details:-

(A) Details of Account holder(s)

First Holder's Name		PAN													
		UID													
Second Holder's Name		PAN													
		UID													
Third Holder's Name		PAN													
		UID													

(B) Type of Account (Please tick whichever is applicable)

Status				Sub – Status									
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> FI <input type="checkbox"/> CM <input type="checkbox"/> HUF <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> LLP <input type="checkbox"/> Reg Co-operative Society Ltd. <input type="checkbox"/> Escrow Demat Account <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____				To be filled by the DP									
SEBI Registration No. (If Applicable)		SEBI Registration date		D	D	M	M	Y	Y	Y	Y	Y	Y
SEBI Registration No. (If Applicable)		SEBI Approval date		D	D	M	M	Y	Y	Y	Y	Y	Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____												

(C) *In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account Is opened in he name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Name *															
Pan No															
Full Address :-															
City	State					Pin Cod									
Register Mobile No, Email ID, Telephone No, Fax No. Details											SMS Facility				
Mobile Number :-															<input type="checkbox"/> Yes <input type="checkbox"/> No
Email ID :-												<input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone Number:-															
Fax Number:-															

(D) Other Details :-Non- Individual category Account (Corporate, HUF)

Gross Annual Income Details:-	<u>Gross Annual Income Range:-(1)</u>				<u>Gross Annual Income Range:-(2)</u>					
	Below 20 Lacs <input type="checkbox"/>	20 – 50 Lacs <input type="checkbox"/>	Below 1 Lac <input type="checkbox"/>	1 – 5 Lacs <input type="checkbox"/>						
	50 – 100 Lacs <input type="checkbox"/>	More than 1 Crore <input type="checkbox"/>	5 – 10 Lacs <input type="checkbox"/>	10 – 25 Lacs <input type="checkbox"/>						
			25 Lacs – 1 Crore <input type="checkbox"/>	More than 1 Crore <input type="checkbox"/>						
Net worth as on (Date)		D	D	M	M	Y	Y	Y	Y	Rs
[Net worth should not be older than 1 year]										

Please tick If any of the authorized signatories / Promoters / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) . Please provide details as per Annexure 2.2 A.

Any other information:

(E) In case of FIIs/Others (as may be applicable)

RBI Approval Reference Number	
RBI Approval date	D D M M Y Y Y Y
SEBI Registration Number (for FIIs)	

(F) [Bank Details :-Dividend Bank Details]

Bank Code (9 digit MICR code)										
IFSC Code (11 character)										
Account number										
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____									
Bank Name										
Branch Name										
Bank Branch Address										
City		State		Country		PIN code				

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque Book is issued, (or)
 - (ii) Photocopy of the Bank Statement having name and address of the BO
 - (iii) Photocopy of the Passbook having name and address of the BO, (or)
 - (iv) Letter from the Bank.
- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned On the document.

(G) Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:-	<input type="checkbox"/> Politically Exposed Person (PEP)
	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)

1)

2)

3)

(H) Clearing Member Details (to be filled up by Clearing Members only)		
1	Name of Stock Exchange	
2	Name of Clearing Corporation/ Clearing House	
3	Clearing Member ID	
4	Trading member ID	
5	SEBI Registration Number	
6	Trade Name	
7	CM-BP-ID (to be filled up by Participant)	
<p>I/We have read the DP-BO agreement (DP-CM agreement for BSE Clearing Member Account) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me /us. Above are true and to the best of my/our knowledge as on the date of making this application. I / We further agree that any false/misleading information given by me / us of suppression of any material information will render my account liable for termination and suitable action.</p>		
<p>Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)</p>		
<input type="checkbox"/>	Any one singly	
<input type="checkbox"/>	Jointly by	
<input type="checkbox"/>	As per resolution	
<input type="checkbox"/>	Others (please specify)	

Notes:-

1. In case of additional signatures, separate annexure should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not Contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant May also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

1)

2)

3)

(I) Standing Instructions:-

Type of Account	
Open Full Name :-	
Type of Account:-	Director, Trustees, HUF Karta, Family Member Name:-
First Holder	
Second Holder	
Third Holder	
1.	I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes') [Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No') <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Account Statement Requirement <input type="checkbox"/> As per SEBI <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
4.	I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I / We would like to share the email ID with the RTA <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	SMS Alert Facility (Mandatory, if you are giving DDPI) <input type="checkbox"/> Type of A/c Registered Email ID _____ <input type="checkbox"/> Type of A/c Registered Mobil NO +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1st I hereby declare that above mentioned mobile number and email ID belongs to <input type="checkbox"/> Mo or <input type="checkbox"/> My Spouse <input type="checkbox"/> Dependent child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> 1st Holder Email ID _____ <input type="checkbox"/> 1st Holder Mobile No. +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd I hereby declare that above mentioned mobile number and email ID belongs to <input type="checkbox"/> Mo or <input type="checkbox"/> My Spouse <input type="checkbox"/> Dependent child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> 2nd Holder Email ID _____ <input type="checkbox"/> 2nd Holder Mobile No. +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3rd I hereby declare that above mentioned mobile number and email ID belongs to <input type="checkbox"/> Mo or <input type="checkbox"/> My Spouse <input type="checkbox"/> Dependent child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> 3rd Holder Email ID _____ <input type="checkbox"/> 3rd Holder Mobile No. +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.	I / We would like to receive the statement of Account Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be 'Electronic')

1)

2)

3)

To,
Marwadi Shares and Finance Limited,
Marwadi Financial Plaza, Nana Mava Main Road
150 Feet Ring Road,
Rajkot – 360001

Dear Sir / Madam,

Declaration

I/We have opened/applied to open a demat account with you in the name and style of _____ for our HUF.

In this regard, being a Karta of HUF, I hereby declare the details of the family members of the HUF as below; I hereby also declare that the particulars given by me as under are true to the best of my knowledge. I understand and agree that my false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.

We the coparceners / members hereby declare that:

- We **wish to authorize Marwadi Shares And Finance Limited.** as our lawful attorney to operate the demat account for the purposes mentioned in the DDPI Demat Debit and Pledge Instruction Letter duly signed by Karta.
- We **do not wish to authorize Marwadi Shares And Finance Limited** to operate the demat account.
[Strike out whichever is not applicable.]

**(J) List of HUF Family Members, Coparcener Details
List of Director, Trustees, Society Members
(Separate Annexure maybe used in case number of members is higher)**

Sir No.	Name of HUF Family/Member/Coparcener/ Director/Trustees/ Society Members	Gender	Date of Birth	Designation Relation with Karta	Whether Coparcener/ Member (please specify)
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

1)

2)

3)

To,
Marwadi Shares and Finance Limited,
Marwadi Financial Plaza, Nana Mava Main Road,
150 Feet Ring Road, Rajkot – 360001

Declaration

“Rights and Obligations of the Beneficial Owner and Depository Participant”

The rules and regulations of the Depository and Depository Participants pertaining to an account which is in Force now have been read by us and we have understood the same and we agree to abide by and to be bound By the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any Changes therein, immediately. In case any of the above information is found to be false or untrue or misleading Or misrepresenting, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the Document,

“Rights and Obligations of the Beneficial Owner and Depository Participant”.

Authorized Signatories

(Enclose a Board Resolution for Authorized Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory /Karta of HUF		X
Second Signatory		X
Third Signatory		X
<u>Other Holders</u>		
Second Holder		X
Third Holder		X

To,
Marwadi Shares and Finance Limited
 'Marwadi Financial Plaza' Nana Mava Main
 Road, Of. 150 Feet Ring Road, Rajkot-360001.

KYC | Mandatory

**KNOW YOUR CLIENT (KYC)
 APPLICATION Form (For Other than Individuals)**

Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals

Important Instructions:

- A. Fields marked with '*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YYYY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update application.
- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
(To be filled by financial institution)	KYC Number	(Mandatory for KYC update request)

1. Entity Details* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation/Formation* DD - MM - YY YY Date of Commencement of Business DD - MM - YY YY

Place of Incorporation/Formation* Country of Incorporation/Formation* TIN or Equivalent Issuing Country

PAN* Form 60 furnished

TIN/GST Registration Number

2. PROOF OF IDENTITY (POI)* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation/Formation Registration Certificate Regn Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board/Managing Committee Power of Attorney granted to its manager, officers or employees to transact on its behalf

Activity proof – 1 (For Sole Proprietorship Only) Activity proof – 2 (For Sole Proprietorship Only)

3. ADDRESS (Please see instruction C at the end)

3.1 Registered Office Address/Place of Business*

Proof of Address* Certificate of Incorporation/Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* SO 3166 Country Code*

3.2 Local Address in India (If different from above)*

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* SO 3166 Country Code*

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) - Fax -

Mobile - Email ID

Mobile - Email ID

5. Number of Related Persons (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)

6. Remarks (If any)

7. Applicant Declaration (Please refer instruction G at the end)

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature/Thumb Impression]

Date: - -

Place:

Signature/Thumb Impression of Authorised Person(s)

8. Attestation / For Office Use only

Documents Received Certified Copies Equivalent e-document

KYC documents verification carried out by

Identity Verification Done Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Institution details

Name **M A R W A D I S H A R E S F I N A N C E L T D**

Code **I N 1 8 5 8**

[Employee Signature]



Annexure A2 | Legal Entity | Other than Individuals
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person

- A. Fields marked with '*' are mandatory fields.
B. Tick '✓' wherever applicable.
C. Please fill the date in DD-MM-YY format.
D. Please fill the form in English and in BLOCK letters.
E. KYC number of applicant is mandatory for update application.

- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
G. List of two-character ISO 3166 country codes is available at the end.
H. Please read section wise detailed guidelines/instructions at the end.
I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type* [] New [] Update [] Delete

(To be filled by financial institution) KYC Number [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] (Mandatory for KYC update and delete request)

1. Details of Related Person* (Please refer instruction E at the end)

- [] Addition of Related Person [] Deletion of Related Person [] Update Related Person Details

KYC Number of Related Person (if available*) [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

- Related Person Type* [] Director [] Promoter [] Karta [] Trustee [] Partner [] Court Appointment Official [] Proprietor
[] Beneficiary [] Authorised Signatory [] Beneficial Owner [] Power of Attorney Holder [] Other (Please specify)

DIN (Director Identification Number) [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] (Mandatory if Related Person Type is Director)

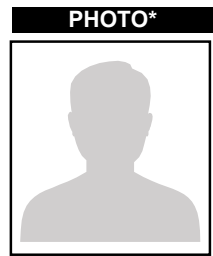
1.1 Personal Details (Please refer instruction E at the end)

Form fields for Name* (Prefix, First Name, Middle Name, Last Name), Maiden Name, Father / Spouse Name*, Mother Name, Date of Birth*, Gender*, Nationality*, PAN*, and Form 60 furnished.

1.2 Proof of Identity and Address* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- I [] A-Passport Number [] B-Voter ID Card [] C-Driving Licence [] D-NREGA Job Card [] E-National Population Register Letter [] F-Proof of Possession of Aadhaar []
II [] E-KYC Authentication []
III [] Offline verification of Aadhaar []



Address

Form fields for Address Line 1*, Line 2, Line 3, District*, Pin/Post Code*, State/U.T Code*, City/Town/Village*, and ISO 3166 Country Code*.

1.3 Current Address Details (Please refer instruction E at the end)

[] Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- I [] A-Passport Number [] B-Voter ID Card [] C-Driving Licence [] D-NREGA Job Card [] E-National Population Register Letter [] F-Proof of Possession of Aadhaar []
II [] E-KYC Authentication []
III [] Offline verification of Aadhaar []

IV [] Deemed PoA

V [] Self-Declaration

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* SO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction **D** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

[Signature/Thumb Impression]

Date: - -

Place:

Signature/Thumb Impression of Applicant

6. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC Process Equivalent e-document

KYC documents verification carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Institution details

Name

Code

[Employee Signature]



To, Marwadi Shares and Finance Limited 'Marwadi Financial Plaza' Nana Mava Main Road, Of. 150 Feet Ring Road, Rajkot-360001.

**Annexure A2 | Legal Entity | Other than Individuals
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person**

- A. Fields marked with '*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update application.

- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type* New Update Delete

(To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. Details of Related Person* (Please refer instruction E at the end)

- Addition of Related Person
- Deletion of Related Person
- Update Related Person Details

KYC Number of Related Person (if available*) (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

- Related Person Type*** Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

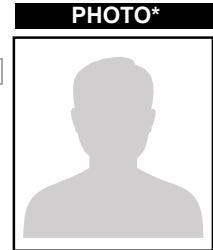
1.1 Personal Details (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

1.2 Proof of Identity and Address* (Please refer instruction E at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence Driving Licence Expiry Date
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar



Address

Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			
District*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State/U.T Code* <input type="text"/>
				City/Town/Village* <input type="text"/>
				ISO 3166 Country Code* <input type="text"/>

1.3 Current Address Details (Please refer instruction E at the end)

- Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar
- IV Deemed PoA
- V Self-Declaration

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* SO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction **D** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

[Signature/Thumb Impression]

Date: - -

Place:

Signature/Thumb Impression of Applicant

6. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC Process Equivalent e-document

KYC documents verification carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Institution details

Name

Code

[Employee Signature]



To, Marwadi Shares and Finance Limited 'Marwadi Financial Plaza' Nana Mava Main Road, Of. 150 Feet Ring Road, Rajkot-360001.

**Annexure A2 | Legal Entity | Other than Individuals
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person**



- A. Fields marked with '*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update application.
- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type* New Update Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. Details of Related Person* (Please refer instruction E at the end)

Addition of Related Person Deletion of Related Person Update Related Person Details

KYC Number of Related Person (if available*) (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 Personal Details (Please refer instruction E at the end)

Name* (Same as ID proof) Prefix First Name Middle Name Last Name

Maiden Name

Father / Spouse Name*

Mother Name

Date of Birth* DD - MM - YY YY

Gender* M- Male F- Female T- Transgender

Nationality* IN- Indian Others (ISO 3166 Country Code)

PAN* Form 60 furnished

1.2 Proof of Identity and Address* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A-Passport Number

B-Voter ID Card

C-Driving Licence Driving Licence Expiry Date DD - MM - YY YY

D-NREGA Job Card

E-National Population Register Letter

F-Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

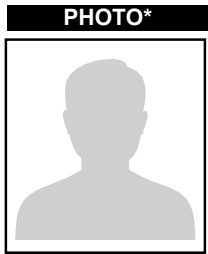
Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*



1.3 Current Address Details (Please refer instruction E at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A-Passport Number

B-Voter ID Card

C-Driving Licence

D-NREGA Job Card

E-National Population Register Letter

F-Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed PoA

V Self-Declaration

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* SO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction **D** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

[Signature/Thumb Impression]

Date: - -

Place:

Signature/Thumb Impression of Applicant

6. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC Process Equivalent e-document

KYC documents verification carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Institution details

Name

Code

[Employee Signature]



A. Clarification / Guidelines on filling 'Entity Details' section

1. Entity Constitution Type

A – Sole Partnership

B – Partnership Firm

C – HUF

D – Private Limited Company

E – Public Limited Company

F – Society

G – Association of Persons (AOP)/Body of Individuals (BOI) N – Section 8 Companies (Companies Act, 2013)

H – Trust

I – Liquidator

J – Limited Liability Partnership

K – Artificial Liability Partnership

L – Public Sector Banks

M – Central/State Government Department or Agency S – Foreign Portfolio Investors

O – Artificial Juridical Person

P – International Organisation or

Agency/Foreign Embassy or Consular Office, etc.

Q – Not Categorized

R – Others

2. In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, Form 60 may be obtained if PAN is not available.

3. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

B. Clarification / Guidelines on filling 'Proof of Identity [POI]' section

A. Activity Proof – 1 and Activity Proof – 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.

B. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.

C. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.

D. 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.

E. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

F. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C. Clarification/Guidelines for filling Proof of Address [PoA] section

A. State/U.T Code and Pin/Post Code will not be mandatory for overseas addresses.

B. Certified copy of document or equivalent e-document to be submitted.

D. Clarification/Guidelines for filling 'Related Person Details' section

A. Please mention two-digit 'country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).

B. Do not add '0' in the beginning of Mobile number.

E. Clarification/Guidelines for filling 'Related Person Details' section

1. Personal Details

▪ The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.

2. Proof of Address [PoA]

▪ PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.

▪ State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.

▪ In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR

▪ REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

C. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related' are required.

D. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F. Provision for capturing signature of multiple authorised persons is to be made by the RE.**G. List of people authorized to attest the documents after verification with the originals:**

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
9. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State/U.T	Code	State/U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarkhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Code d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

**FATCA & CRS declaration form for Non-Individual
CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) & COMMON REPORTING
STANDARDS (CRS) ON AUTOMATIC EXCHANGE OF INFORMATION (AEOI) FOR DETERMINING U.S. PERSON STATUS**
[Mandatory for all investors including Non-individual]

(Please seek appropriate advice from your professional tax advisor on your residency and related FATCA & CRS guidance)

To,
Marwadi Shares and Finance Ltd.
Marwadi Financial Plaza,
Nana Mava Main Road,
Rajkot: - 360001

1 APPLICANT Details

Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Customer ID/ Folio NO

PAN Date of Incorporation

City of incorporation Country of incorporation

Entity Constitution Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI Trust H Liquidator Limited Liability Partnership
 Artificial Juridical Person Others

Please tick the applicable tax resident declaration

Is "Entity" a tax resident of any country other than India? Yes No
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number*	Identification Type (TIN or Other*, please specify)

*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

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

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

1. We are a,

Financial institution⁶

or

Direct reporting NFE⁷

(please tick as appropriate)

GIIN not available (please tick as applicable) Applied for

If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category¹⁰

Not obtained - Non-participating FI

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

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

1. Is the Entity a publicly traded company¹ (that is, a company whose shares are regularly traded on an established securities market)

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 entity² of a publicly traded company (a company whose shares are regularly traded on an established securities market)

Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)

Name of listed company _____

Nature of relation Subsidiary of the Listed Company or Controlled by a Listed Company

Name of stock exchange _____

3. Is the Entity an active³ NFE

Yes (If yes, please fill UBO declaration in the next section.)

Nature of Business _____

Please specify the sub-category of Active NFE (Mention code –refer 2c of Part D)

4. Is the Entity a passive⁴ NFE

Yes (If yes, please fill UBO declaration in the next section.)

Nature of Business _____

¹Refer 2a, ²Refer 2b, ³Refer 2c, ⁴Refer 3(i), ⁵Refer 1, ⁶Refer 3(vii), ¹⁰Refer 1A of Section 6.

3 UBO Declaration

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 Other (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).

Owner documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country*	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ¹¹ - of Controlling	Address - Include State, Country, PIN/ ZIP Code & Contact Details Address Type -
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. %: <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address: _____ Zip: _____ State: _____ Country: _____
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. %: <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address: _____ Zip: _____ State: _____ Country: _____
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. %: <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address: _____ Zip: _____ State: _____ Country: _____

If passive NFE, please provide below additional details

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) 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. PAN: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation Type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date Of Birth: <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2. PAN: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation Type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date Of Birth: <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3. PAN: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation Type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date Of Birth: <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

*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

*Refer 3(vi), **Refer 3(iv) (A) of Section 6.

4 FATCA - CRS Terms and Conditions

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

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

Please note that you may receive more than one request for information if you have multiple relationships with Motilal Oswal Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

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

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

5 Certification

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

Name F I R S T M I D D L E L A S T

Designation

Signature	Signature	Signature
-----------	-----------	-----------

Place _____
Date _____

- 1 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.
- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
 - 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 at tributable 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.
- a) Investment entity is any entity:
- 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 03, 04, 05 and 06 - refer point 2c.)
- 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.

FI not required to apply for GIIN:

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
3	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
4	Entity is an Indian FI solely because it is an investment entity
5	Qualified credit card issuer
6	Investment Advisors, Investment Managers & Executing Brokers
7	Exempt collective investment vehicle
8	Trustee of an Indian Trust
9	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

2. Non-Financial Entity (NFE) - Foreign entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

- a. Publicly traded company (listed company)
A company is publicly traded if its stock are regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)
- b. Related entity of a publicly traded company
The NFE is a related entity of an entity of which is regularly traded on an established securities market;
- c. Active NFE : (is any one of the following):

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;
2	The NFE is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
3	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;
4	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;
5	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;
6	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;
7	Any NFE that fulfills all of the following requirements:

- 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;

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

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.

Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-

- (I) an Investor Protection Fund referred to in clause (23EA);
- (II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and
- (III) 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 including a publicly traded corporation or related entity of a publicly traded company; or
 - (ii) an investment entity defined in clause (b) of these instructions
 - (iii) a withholding foreign partnership or withholding foreign trust;
 (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)
- (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

- (5) 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, options 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 such a dealer.
- (iv) Controlling persons
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 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, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO').

Accordingly, the Beneficial Owner means '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 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.
- Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% 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.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

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
9	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

r) 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) Owner documented FFI
- An FFI meets the following requirements:
- (a) The FFI is an FFI solely because it is an investment entity;
 - (b) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
 - (c) The FFI does not maintain a financial account for any non participating FFI;
 - (d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
 - (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

vii) Direct reporting NFE

A direct reporting NFFE means a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(viii) Exemption code for U.S. persons

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)

JA bank as defined in section 581
KA 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