

Non-Profit Organization (NPO):

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please quote Registration No. of Darpan portal of Niti Aayog _____	<input type="checkbox"/> Enclosed relevant documentary proof evidencing the above definition.
If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.	

Occupation:

<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others _____	<small>please specify</small>		

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
OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <u>DD</u> / <u>MM</u> / <u>YY</u> (Not older than 1 year)					

For Individuals [Please ✓]: <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable		
For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form		
(i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No		
^ PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.		

FATCA DETAILS

Are you a Tax Resident of any Country other than India ? <input type="checkbox"/> Yes <input type="checkbox"/> No	FATCA & CRS Details: For Individuals (Mandatory).
The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide the following information [mandatory].	
<small>* Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type e.g. TIN etc.</small>	
Country of tax resident	1. _____ 2. _____ 3. _____
Tax Payer Ref ID No.	1. _____ 2. _____ 3. _____
Identification Type	1. _____ 2. _____ 3. _____
<small>In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.</small>	
Country of Birth: _____	City of Birth: _____ Country of Nationality: _____
If TIN is not available, Please ✓ the reason A, B or C : Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Refer: "Instructions for Application Form" down below for details.	

SECOND APPLICANT'S DETAILS

<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs (Please ✓)	
Name # _____	Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
<small>(Name as per PAN / ITD Records)</small>	
Father's name _____	
Mother's name _____	
PAN # _____	NOTE- PAN copy mandatory DOB # _____ CKYC / KIN _____
If we confirm, below contact details are of (Please select (✓) any) <input type="checkbox"/> Primary holder <input type="checkbox"/> ^ Family <small>Specify relationship</small> _____	
Mobile No. _____	Email ID _____
^ "Family" for this purpose shall mean self, spouse, dependent children and dependent parents.	
Phone (Off) _____	Phone (Res) _____

ADDITIONAL KYC DETAILS

Tax Status: (Please ✓)	
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Minor through guardian <input type="checkbox"/> FIs <input type="checkbox"/> PIO <input type="checkbox"/> Others _____ <small>please specify</small>	
Occupation:	
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	
<input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ <small>please specify</small>	
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	
For Individuals [Please ✓]: <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable	
^ PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.	

FATCA DETAILS

Are you a Tax Resident of any Country other than India ? <input type="checkbox"/> Yes <input type="checkbox"/> No	FATCA & CRS Details: For Individuals (Mandatory).
The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide the following information [mandatory].	
<small>* Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type e.g. TIN etc.</small>	
Country of tax resident	1. _____ 2. _____ 3. _____
Tax Payer Ref ID No.	1. _____ 2. _____ 3. _____
Identification Type	1. _____ 2. _____ 3. _____
<small>In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.</small>	
Country of Birth: _____	City of Birth: _____ Country of Nationality: _____
If TIN is not available, Please ✓ the reason A, B or C : Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Refer: "Instructions for Application Form" down below for details.	

THIRD APPLICANT'S DETAILS

☐ Mr ☐ Ms ☐ Mrs (Please ✓)

Name # _____ Gender (Please ✓) ☐ Male ☐ Female

(Name as per PAN / ITD Records)

Father's name _____

Mother's name _____

PAN # _____ NOTE- PAN copy mandatory DOB # _____ KYC / KIN _____

I/ we confirm, below contact details are of (Please select (✓) any) ☐ Primary holder ☐ ^ Family _____ Specify relationship _____

Mobile No. _____ Email ID _____

^ "Family" for this purpose shall mean self, spouse, dependent children and dependent parents.

Phone (Off) _____ Phone (Res) _____

ADDITIONAL KYC DETAILS

Tax Status: (Please ✓)

☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ HUF ☐ AOP ☐ Minor through guardian ☐ FIs ☐ PIO ☐ Others _____ please specify _____

Occupation:

☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired
☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others _____ please specify _____

Gross Annual Income:

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

For Individuals (Please ✓): ☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable

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

FATCA DETAILS

Are you a Tax Resident of any Country other than India? ☐ Yes ☐ No FATCA & CRS Details: For Individuals (Mandatory).

The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No
If Yes, please provide the following information [mandatory].

* Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type e.g. TIN etc.

Country of tax resident	1.	2.	3.
Tax Payer Ref ID No.	1.	2.	3.
Identification Type	1.	2.	3.

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.

Country of Birth: _____ City of Birth: _____ Country of Nationality: _____

If TIN is not available, Please ✓ the reason A, B or C : Reason ☐ A ☐ B ☐ C Refer: "Instructions for Application Form" down below for details.

5. BANK ACCOUNT DETAILS FOR PAYOUT (Mandatory to attach proof)

Bank Name _____ Branch _____

Bank A/c No. _____ Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ Others _____ (please specify)

Bank Address _____

City _____

Pincode _____ State _____ Country _____

IFSC (11 digits)* _____ MICR (9 digits) _____ * This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

6. INVESTMENT DETAILS

Mode of Investment ☐ Lumpsum ☐ Lumpsum with SIP ☐ SIP (First installment through cheque) ☐ Micro Investment

Scheme / Plan	Growth	Amount
Angel One Silver ETF FOF	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input checked="" type="checkbox"/>	₹ _____

(For Plans & Sub-options please see key scheme features).

7. SIP INVESTMENT DETAILS

Scheme / Plan	Growth	Amount
Angel One Silver ETF FOF	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input checked="" type="checkbox"/>	₹ _____

SIP Amount (figure) _____ (words) _____

SIP Frequency (Please ✓ any one): ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly SIP Date: DD

Start Date MMYY End Date* MMYY *Maximum duration of 40 years.

☐ SIP THROUGH AUTO DEBIT (OTM) (Please also fill and attach the SIP OTM Form available on page no. 4)

☐ SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details Cheque Nos. _____ From To _____

If Start Date is not mentioned, next applicable SIP cycle date would be applied for processing. Cheque Dates DDMMYY From To DDMMYY

Note : Please refer to Scheme SID for SIP features.

8. PAYMENT DETAILS

Payment Type (Please ✓) ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form') (Please refer instruction 7)

Investment Amount _____ A _____ Total Amount _____

Mode of Payment ☐ Cheque ☐ Electronic Fund Transfer Cheque Number _____ Date DDMMYY

Drawn on Bank / Branch _____

UTR _____ dated DDMMYY

9. SIP TOP-UP

☒ SIP Top Up (Optional) - Available only for investments effected through OTM.

Top Up Amount ₹

Top Up Frequency (✓) : ☐ Half Yearly ☐ Yearly*

Top Up Count

* Default option if not selected.

10. NOMINATION DETAILS (Mandatory for all folios held singly. Not applicable for investors holding units in demat mode.)

SECTION A

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

Nomination Details								
Mandatory Details						Additional Details		
	Name of Nominee	Share of nominee (%)**	Nominee Relationship*	Postal Address	Mobile number & E-mail	Identity Number***	D.o.B. of nominee	Guardian Name
1				<input type="checkbox"/> Postal address as per the applicant			DD/MM/YYYY	
2				<input type="checkbox"/> Postal address as per the applicant			DD/MM/YYYY	
3				<input type="checkbox"/> Postal address as per the applicant			DD/MM/YYYY	
4				<input type="checkbox"/> Postal address as per the applicant			DD/MM/YYYY	
5				<input type="checkbox"/> Postal address as per the applicant			DD/MM/YYYY	
6				<input type="checkbox"/> Postal address as per the applicant			DD/MM/YYYY	
7				<input type="checkbox"/> Postal address as per the applicant			DD/MM/YYYY	
8				<input type="checkbox"/> Postal address as per the applicant			DD/MM/YYYY	
9				<input type="checkbox"/> Postal address as per the applicant			DD/MM/YYYY	
10				<input type="checkbox"/> Postal address as per the applicant			DD/MM/YYYY	

*Nominee relationship shall be namely Spouse, Father, Mother, Daughter, Son, & if Others needs to specify

*** Provide only number: PAN or Driving Licence or last 4 digit of Aadhaar. However, in case of NRI / OCI / PIO, Passport number. Copy of the document is not required.



SECTION B (Declaration Form for opting out of nomination)

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

I/We have read and understood the instructions on nomination given in KIM/SID and I/We hereby undertake to abide by the same.

<div></div> <div>Signature of the 3rd unitholder</div>	<div></div> <div>Signature of the 3rd unitholder</div>	<div></div> <div>Signature of the 3rd unitholder</div>
--	--	--

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

Sr. No.	Witness Name & Address	Witness Signature*
1.		
2.		

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

☐ Name of nominee(s) Nomination: ☐ Yes ☐ No

2) I hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular.

He / She is authorized to encash my assets up to _____ % of assets in the account / folio or Rs. _____.
(strike off portions that are not relevant)

11. RESOLUTION OF DISPUTES (For Institutional & Corporate Investors)

(Refer instruction no. 10)

_____ Smart ODR or _____ By harnessing any independent institutional mediation, conciliation and/or online arbitration institution in India.

12. DECLARATION AND SIGNATURES

I/We hereby confirm and declare as under: - I/We have read and understood the contents of the Statement of Additional Information of Angel One Mutual Fund and the Scheme Information Document/Key Information memorandum of Angel One Silver ETF FOF ('Scheme') and the instructions. I/We, hereby apply to the Trustee of Angel One Mutual Fund for allotment of units of the Scheme of Angel One Mutual Fund, as indicated above, agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any act, regulation, rule, notification, directions or any other applicable laws enacted by the Government of India or any statutory authority.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her/it for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Angel One Mutual Fund, I/We hereby authorize the AMC/ Angel One Mutual Fund to refund the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree to notify Angel One Asset Management Company Limited immediately in the event of any information in the self-certification changes.

I/We hereby authorize Angel One Mutual Fund, the AMC and its agents to disclose my/our details including investments details to my/our bank(s)/Angel One Mutual Fund's Bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details provided by me/us, or to disclose to such other service providers as deemed necessary for conduct of business. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I/We would not hold the Fund, the AMC, its service providers or representatives responsible. I/We will also inform the AMC about any changes in my/our bank account.

For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan.

Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year.

Applicable to NRIs: I/We confirm that I am/We are Non -Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non -Resident External/Ordinary Account/FCNR Account(s).

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

SIGNATURE(S)

1 st Applicant / Guardian / POA Signature	2 nd Applicant / POA Signature	3 rd Applicant / POA Signature	Date <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
			D	D	M	M	Y	Y	Y	Y	
Place _____											

Important points to note :-

- As per new PAN validation process, name and date of birth on the application should be mentioned as per Income Tax Department (ITD)/PAN Card.
- Non Resident Indian (NRIs) investors can transact in Mutual Fund till April 30, 2025 if their KYC status is "Registered"
- It is mandatory to provide nomination details or opt out declaration for folios opened by individuals with single mode of holding. Nomination shall be optional for jointly held Mutual Fund folios.

UMRN											For office use											Date*	D	D	M	M	Y	Y	Y	Y																														
CREATE <input checked="" type="checkbox"/>	Sponsor Bank Code											Utility Code																																																
MODIFY <input type="checkbox"/>	I/We hereby authorize										ANGEL ONE MUTUAL FUND										to debit (Please <input checked="" type="checkbox"/>)										SB / CA / CC / SB-NRE / SB-NRO / Other																													
CANCEL <input type="checkbox"/>	Bank a/c number*																																																											
With Bank*	Name of customers bank										IFSC*																				MICR*																													
an amount of Rupees*											Amount in words																				₹										In Figures																			
FREQUENCY*	<input checked="" type="checkbox"/> Mthly	<input checked="" type="checkbox"/> Qly	<input checked="" type="checkbox"/> H-Yrly	<input checked="" type="checkbox"/> As & When presented											DEBIT TYPE*										<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount																																		
Reference - 1	Application no. / Folio number																				Phone No																																							
Reference - 2																					Email ID																																							

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

Maximum period of validity of this mandate is 40 years only.

PERIOD*											x x Signature of first account holder										x x Signature of second account holder										x x Signature of third account holder									
From	D	D	M	M	Y	Y	Y	Y																																
To	D	D	M	M	Y	Y	Y	Y																																
											Name of first account holder*										Name of second account holder*										Name of third account holder*									

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/ corporate or the bank whom I have authorized the debit.
- Maximum period of validity of this mandate is 40 years only.**

GENERAL GUIDELINES FOR APPLICATION FORM

- Please read the Scheme Information Document/Key Information Memorandum of the Scheme carefully before investing.
- Please furnish all information marked as 'MANDATORY'. In the absence of any mandatory information, the application would be rejected.
- The application form should be completed in ENGLISH.
- All cheques, demand drafts and pay orders should be crossed "Account Payee only" and made in favour of "Scheme Name".
- Any over-writing / changes made while filling the form must be authenticated by cancelling the original entry, re-entering correct details and ensuring that all applicants counter-sign against each correction.
- FATCA Declaration: Individual investors, please fill in FATCA / CRS annexure and attach along with Application form. Non-Individual investors, please fill in UBO form along with FATCA / CRS annexure and attach along with Application form.
- In case of new investors who are not KYC compliant, please fill the KYC form appended in the form and also available on our website.
- Please strike off sections that are not applicable.

INSTRUCTIONS FOR APPLICATION FORM

1. DISTRIBUTOR INFORMATION

- 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.
- Please mention 'DIRECT' in case the application is not routed through any distributor.
- Pursuant to SEBI circular dated September 13, 2012, mutual funds have created a unique identity number of the employee/ relationship manager/ sales person of the distributor interacting with the investor for the sale of mutual fund products, in addition to the AMFI Registration Number (ARN) of the distributor. This Employee Unique Identification Number is referred as "EUIIN". EUIIN aims to assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leaves the employment of the distributor or his/her sub broker. Quoting of EUIIN is mandatory in case of advisory transactions.
- Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided, in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIIN of the Sales Person (if any) in the "EUIIN" column.
- Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
- Investors are requested to note that EUIIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP and EUIIN is not applicable for transactions such as Instalments under SIP/STP / SWP / IDCW Reinvestments, Redemption, SWP Registration.
- Investors are requested to note that EUIIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ARN-14/12-13 dated July 13, 2012.

2. MODE OF HOLDING

Please select mode of holding, if option left blank then default option of jointly will be considered.

3. UNIT HOLDING OPTION (Demat / Non - Demat Mode)

- Investors can hold units in demat / non-demat mode. In case demat account details are not provided or details of DP ID / BO ID, provided are incorrect or demat account is not activated or not in active status, the units would be allotted in non-demat mode.
- Statement of Accounts would be sent to Investors who are allotted units in non-demat mode.
- Units held in dematerialized form are freely transferable with effect from October 01, 2011

4. UNITS HELD IN DEMATERIALIZED FORM

- In accordance with SEBI circular no. IMD/DF/9/2011 dated May 19, 2011, unit holders are given an option to hold units by way of an Account statement (physical form) or in Dematerialized (Demat) form. Unit holders opting to hold units in demat form must provide

their demat account details in the specified section of the application form. The unit holder intending to hold the units in demat form are required to have a beneficiary account with the Depository Participant (DP) and will be required to indicate in the application the DP's name, DP ID number and the beneficiary account number of the applicant with the DP. Applicant's must ensure that the sequence of names and other details like Client ID, Address and PAN details as mentioned in the application form matches that of the account held with the Depository Participant. Only those applications where the details are matched with the depository data will be treated as valid applications. If the details mentioned in the application are incomplete/incorrect not matched with the depository data, then units will be allotted in the physical mode and an account statement shall be sent to them.

- Unitholders opting to hold units in demat mode, can submit redemption/switch only through DP or through stock exchange platform.
- Unitholders opting for investment in demat mode cannot opt for facilities like STP, SWP & Top up.
- In case the unit holder desires to hold the units in a dematerialized/rematerialized form at a later date, the request for conversion of units held in non demat form into demat form or vice versa should be submitted along with a demat/remat request form to their depository participant.
- Units held in demat form will be transferable.

5. APPLICANT'S INFORMATION

- Please furnish names of all applicants. The name of the Sole /First Applicant should be mentioned in the same manner in which it appears in the Income Tax PAN card. Please note the following:

- In case the applicant is a Non-Individual investor, the Contact Person's name should be stated in the space provided (Name of Guardian / Contact Person)
- In case the applicant is a minor, the Guardian's name should be stated in the space provided (Name of Guardian / Contact Person). It is mandatory to provide the minor's date of birth in the space provided.
- In case the application is being made on behalf of a minor, he / she shall be the Sole Holder/ Beneficiary. There shall be no joint account with a minor unitholder.

- As per recent guidelines, Primary holders are required to provide their Email Address and Mobile number for ease of communications and to prevent fraudulent transactions.
- If there is more than one applicant but the mode of holding is not specified, the same would be treated as Joint.
- Please indicate the tax status of the sole/1st applicant at the time of investment. The abbreviations used in this section are :

NRI: Non Resident Indian, PIO: Person of Indian Origin, FII: Foreign Institutional Investor,



INSTRUCTIONS FOR ONE TIME MANDATE FORM

One Time Mandate (OTM) is an authorization to the bank issued by an investor to debit their bank account up to a maximum limit as provided by the investor in the OTM mandate. This would facilitate debits for all purchases initiated by the investor up to maximum limit from the bank account provided in the section.

1. To avail this facility the investor of the fund shall be required to submit one time mandate, completely filled in with all the details in the designated mandate form. Please attach a cancelled cheque copy.
2. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the one updated in the application form/ existing in the folio, the details provided on the mandate will be updated at the time of creation of folio/in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
3. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
4. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Angel One Mutual Fund.

5. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
6. Utility Code of the Service Provider will be mentioned by Angel One Mutual Fund
7. Tick on the respective option to select your choice of action and instruction.
8. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
9. Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
10. Amount payable for service or maximum amount per transaction that could be processed in words.
The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
11. For the convenience of the investors the frequency of the mandate will be "As and When Presented"
12. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
13. Angel One MF may amend the above terms and conditions, at any time without prior notice to investors and such amended terms and conditions will there upon apply to and will binding on the investors.
14. For period selection investor has option to mention end date.
15. The validity of the mandates can be only for a maximum duration of 40 years or below from the Start Date.

NGO: Non Government Organization, AOP: Association of Persons, BOI: Body of Individuals, HUF : Hindu Undivided Family.

- e. Where the investment is on behalf of a Minor by the Guardian:
 - The Minor shall be the first and sole holder in the account.
 - No Joint holders are allowed. In case an investor provides joint holder details, these shall be ignored.
 - Guardian should be either a natural guardian (i.e. father or mother) or a court appointed legal guardian.
 - Guardian should mention the relationship with Minor and date of birth of the Minor on the application form.
 - A document evidencing the relationship and date of birth of the Minor should be submitted along with the application form. Photocopy of any one of the following documents can be submitted a) Birth certificate of the minor or b) school leaving certificate / mark sheet of Higher Secondary board of respective states, ICSE, CBSE etc. c) Passport of the minor d) Any other suitable proof evidencing the relationship.
 - Where the guardian is not a natural guardian (father or mother) and is a court appointed legal guardian, suitable supporting documentary evidence should be provided.
 - If the mandatory details and/or documents are not provided, the application is liable to be rejected without any information to the applicant.
 - The bank a/c to be in name of minor or guardian with minor as joint.
- f. Angel One Mutual Fund has decided to restrict subscriptions from United States persons (U.S. person) as defined under the extant laws of the United States of America and Residents of Canada in the schemes of Angel One Mutual Fund, any individual who is a foreign national or any entity that is not an Indian Resident under the Foreign Exchange Management Act, 1999, except where registered with SEBI as an FPI, Non-Resident Indians residing in the Financial Action Task Force (FATF) Non Compliant Countries and Territories (NCCTs) & Overseas Corporate Bodies.

g. KYC Requirements And Details:

Please furnish PAN & KYC details for each applicant/unit holder, including the Guardian and/or Power Of Attorney (POA) holders as explained in the below points.

• PAN

It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account Number (PAN) and also submit a photocopy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement, please refer to KYC Form for exemption of PAN requirement.

• KNOW YOUR CUSTOMER (KYC)

Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN) in application form as per AMFI circular 135/BP/68/2016-17. To download Common KYC Application Form, please visit our website www.angelonemf.com.

• Operationalisation of Central KYC Records Registry (CKYCR)

Central Registry of Securitisation and Asset Reconstruction and Security interest of India 'CERSAI' has been authorised by Government of India to act as Central KYC Records Registry under Prevention of Money-Laundering (Maintenance of Records) Rules, 2005 ('PMLA Rules').

SEBI vide its circular ref. no. CIR/MIRSD/66/2016 dated July 21, 2016 and circular ref. no. CIR/MIRSD/120/2016 dated November 10, 2016 has prescribed that the Mutual Fund/ AMC should capture KYC information for sharing with CKYCR as per the KYC template prescribed by CERSAI.

In accordance with the aforesaid SEBI circulars and AMFI best practice guidelines for implementation of CKYC norms with effect from February 1, 2017:

- a) Individual investors who have never done KYC process under KRA regime i.e. a new investor who is new to KRA system and whose KYC is not registered or verified in the

KRA system shall be required to provide KYC details in the CKYC Form to the Mutual Fund/ AMC.

- b) Individual investor who fills old KRA KYC Form, should provide additional / missing information using Supplementary KYC Form or fill CKYC Form.
- c) Details of investors shall be uploaded on the system of CKYCR and a 14 digit unique KYC identifier ('KIN') will be generated for such customer.
- d) New investors, who have completed CKYC process & have obtained KIN may quote their KIN in the application form instead of submitting CKYC Form/ Supplementary KYC Form.
- e) AMC/ Mutual Fund shall use the KIN of the investor to download the KYC information from CKYCR system and update its records.
- f) If the PAN of investor is not updated on CKYCR system, the investor should submit selfcertified copy of PAN card to the Mutual Fund/ AMC.

The CKYC Form and Supplementary KYC Form are available at Investor Service Centre (ISC) of Angel One Mutual Fund and on its website www.angelonemf.com.

The AMC reserves the right to reject transaction application in case the investor(s) fails to submit information and/or documentation as mentioned above. In the event of non compliance of KYC requirements, the Trustee / AMC reserves the right to freeze the folio of the investor(s).

• Micro Investment

With effect from October 30, 2012, where the aggregate of the lump sum investment (fresh purchase & additional purchase) and Micro SIP instalments by an investor in a financial year i.e. April to March does not exceed Rs. 50,000/- it shall be exempt from the requirement of PAN.

However, requirements of Know Your Customer (KYC) shall be mandatory.

Accordingly, investors seeking the above exemption for PAN still need to submit the KYC Acknowledgement, irrespective of the amount of investment. This exemption will be available only to Micro investment made by the individuals being Indian citizens (including NRIs, Joint holders, minors acting through guardian and sole proprietary firms). PIOs, HUFs, QFIs and other categories of investors will not be eligible for this exemption.

h. Contact Information

- a. Please furnish the full postal address of the Sole/ First Applicant with PIN/Postal Code and complete contact details. (P.O. Box address is not sufficient).
- b. Please note that all communication i.e. Account statement, Annual Report, News Letters will be sent via e-mail, if the e-mail id of the investor is provided in the application form. The Account statement will be encrypted with a password before sending the same to the registered email id. Should the unitholder face any difficulty in accessing/opening the Account Statements/ documents sent via email, the unitholder may call/write to the AMC/Registrar and ask for a physical copy.
- c. Overseas address is mandatory for NRI/FII investors.

i. Instructions for LEI

As per the RBI circular no RBI/2020-21/82, obtaining the Legal Entity Identifier is mandatory for all non-individuals and it should be quoted in any financial transactions of Rs.50 Crores and above routed through RTGS/NEFT w.e.f 1st April 2021. It is applicable for all purchases (inward remittance), redemption / IDCW / brokerage payouts (outward remittance).

6. BANK DETAILS

- a. Please furnish complete Bank Account Details of the Sole/First Applicant. This is a mandatory requirement and applications not carrying bank account details shall be rejected. Bank details provided in the application form will be considered as the default Bank Mandate for remitting redemption proceeds/IDCW amount.
- b. Please provide your complete Core Banking Account Number, (if applicable), in your Bank Mandate in the Application Form. In case you are not aware of the Core Banking Account Number, kindly check the same with your bankers.

- c. Please attach a original cancelled cheque leaf if your investment instrument is not from the same bank account mentioned in the Application form.
- d. Angel One Mutual Fund will endeavour to remit the Redemption and IDCW proceeds through electronic mode, wherever sufficient bank account details of the unit holder are available.

7. INVESTMENT/PAYMENT DETAILS

Direct Plan:-

The AMC has a separate plan for direct investments (i.e. investments not routed through an AMFI Registration Number (ARN) Holder ("Distributor") (hereinafter referred to as "Direct Plan").

- Direct Plan is only for investors who purchase /subscribe Units in a Scheme directly with the Fund and is not available for investors who route their investments through a Distributor.
 - Investors may please note that the Direct Plan under the Schemes is meant for investors who understand the capital market, mutual funds and the risks associated therewith. The risks associated with the investments in the Schemes vary depending upon the investment objective, asset allocation and investment strategy of the Schemes and the investments may not be suited for all categories of investors. The AMC believes that investors investing under the Direct Plan of the Schemes are aware of the investment objective, asset allocation, investment strategy, risks associated therewith and other features of the Schemes and has taken an informed investment decision. Please note that Scheme Information Document(s), Statement of Additional Information, Key Information Memorandum or any other advertisements and its contents are for information only and do not constitute any investment advice or solicitation or offer for sale of units of the Schemes from the AMC.
 - All Options/Sub-Options offered under the Schemes (hereinafter referred as "Regular Plan") will also be available for subscription under the Direct Plan.
 - Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/ Plan name in the application form as "Scheme Name – Direct Plan" form for e.g. "Angel One Silver ETF FOF - Direct Plan". Investors should also indicate "Direct" in the ARN column of the application form.
- However, in case Distributor code is mentioned in the application form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the application will be processed under Direct Plan.
- Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.

Default Table

Scenario	Distributor code mentioned by the investor	Plan mentioned by the investor	Default Table/ Default plan to be captured
1	Not mentioned	Not mentioned	Direct Plan
2	Not mentioned	Direct Plan	Direct Plan
3	Not mentioned	Regular Plan	Direct Plan
4	Mentioned	Direct Plan	Direct Plan
5	Direct	Not mentioned	Direct Plan
6	Direct	Regular Plan	Direct Plan
7	Mentioned	Regular Plan	Regular Plan
8	Mentioned	Not mentioned	Regular Plan

- Please note investor needs to fill the Common Application Form and SIP Investment Form, if the investor needs to do a SIP investment.
 - Payment may be made only by Cheque or Electronic Fund Transfer. Cheque should be drawn in favour of the "Scheme name" and crossed "Account Payee only".
 - Please tick and fill in the appropriate section based on the Type of Investment i.e. LUMPSUM or SIP or Micro investment. Please fill an Auto Debit form in case of investment through SIP - Auto Debit Facility.
 - Third Party payment will not be accepted. In case of exceptions (as per AMFI Circular) to third party payment, please fill the 'Third Party Declaration Form'.
 - Third Party Payment" shall mean payment made through an instrument issued from an account other than that of the beneficiary investor. In case of payment instruments issued from a joint bank account, the first named applicant/investor must be one of the joint holders of the bank account from which the payment instrument is issued. 'Related person/s' means such persons as may be specified by the AMC from time to time.
- The investors making an application under the exceptional cases are required to comply with the following, without which their applications for subscriptions for units will be rejected / not processed.
- Mandatory KYC compliance of the investor and the person making the payment, in order to determine the identity of the investor and the person issuing the payment instrument.
 - Submit a separate, prescribed, 'Third Party Payment Declaration Form' and the person making the payment i.e., the Third Party, giving details of the bank account from which the payment is made and the relationship of the Third Party with the beneficiary. (The declaration form is available at www.angelonemf.com)
 - Submit a cancelled cheque leaf or copy of bank statement / pass book page mentioning bank account number, account holders' name and address or such other document as the AMC may require for verifying the source of funds to ascertain that funds have been remitted from the drawer's account only.

For identifying Third Party Payments, investors are required to comply with the requirements specified below:

- a. Payment by Cheque: An investor at the time of his/her purchase must provide the details of pay-in bank account (i.e. account from which a subscription payment is made) and pay-out bank account (i.e. account into which redemption/IDCW proceeds are to be paid). Identification of third party cheques by the AMC / Registrars will be on the basis of either matching of pay-in bank account details with registered/pay-out bank account details or by matching the bank account number/name/signature of the first named investor with the name/account number/signature available on the cheque. If

the name/bank account number is not pre-printed on the cheque and signature on the cheque does not match with signature on the application, then the first named applicant/investor should submit any one of the following documents:

- a copy# of the bank passbook or a statement of bank account having the name and address of the account holder and account number;
- a letter* (in original) from the bank on the bank's letterhead certifying that the investor maintains an account with the bank, alongwith information like bank account number, bank branch, account type, the MICR code of the branch & IFSC Code (where available).

*In respect of (ii) above, it should be certified by the bank manager with his/her full signature, name, employee code, bank seal and contact number. Investors should note that where the bank account numbers have changed on account of the implementation of core banking system at their banks, any related communication from the bank towards a change in bank account number should accompany the application form for subscription of units.

- b. Payment by RTGS, NEFT, ECS, Bank transfer, etc:

A copy of the instruction to the bank stating the account number debited must accompany the purchase application. The account number mentioned on the transfer Instruction copy should be a registered bank account or the first named unitholder should be one of the account holders to the bank account.

I. LUMPSUM INVESTMENT

If you are from a city where there is no designated Investor Service Centre of Angel One MF, you may make a payment by a Demand Draft for the investment amount. Please enter the cheque or DD amount, DD Charges (if applicable) and the investment amount. The AMC shall bear the DD Charges incurred by an applicant as per demand draft charges prescribed by State Bank of India. The AMC shall, however, not refund any DD charges to the investor under any circumstances.

II. INVESTMENT UNDER SIP

- a. The following criteria should be met for an SIP investment as specified in the SID :

- Minimum amount per instalment
- Minimum number of instalments
- Aggregate investment via SIP

If the SIP period is not specified by the investor then the SIP enrolment will be deemed to be for 40 years and processed accordingly. The SIP facility will be available on the date/day as chosen by the investor. If any of the date/day happens to be a holiday/non business day then the SIP transaction will be processed on the next business day.

- b. SIP Mode – Auto Debit (ECS/Direct Debit/NACH) OR Post-Dated Cheques
- c. For SIP application, the first investment cheque is optional. However, an original cancelled cheque is mandatory to verify the SIP bank details.
- d. The first instalment (in case investor wishes to make the first investment with the SIP application form) you may pay either through Auto Debit (ECS/Direct Debit/NACH) or by Post Dated Cheques.

If you wish to opt for payments through Auto Debit, please indicate your preference for SIP through Auto Debit (ECS/Direct Debit/NACH) in the box provided for the purpose and fill in the attached AUTO DEBIT FACILITY FORM. If you wish to pay for your future SIPs through Post Dated Cheques (PDC), you should not fill in the AUTO DEBIT FACILITY FORM. Please mention the second and subsequent Instalment cheque details in the space provided for the purpose.

- e. The first instalment cheque should be dated with the date of submission of the Application Form. Please note the following:
- For SIPs through PDCs, the first SIP cheque needs to be from the same bank account as the PDC's for your future SIP Instalments.
 - The first Instalment cheque and the subsequent Instalments (either through PDCs or Auto Debit) should be for the same amount.
- f. In case of SIP through Auto Debit, the Auto Debit Authorisation needs to be filled in and signed by the Bank Account holders in the same order and manner in which the Bank account is held by them.
- g. In case of any mismatch between the 'No. of instalment' and the 'SIP period', the SIP period will be considered as per the Auto Debit Facility Form.
- h. In case of any discrepancy between the Application Form and the Auto Debit Facility Form, the SIP details provided in the latter will be considered for investment.

Summary of SIP features

SIP Frequency	Minimum Amount	Minimum Instalments (Nos.)	SIP Dates / Days
Daily	Rs.250/- and in multiples of Re.1/- thereafter	30	All business days
Weekly	Rs.500/- and in multiples of Re.1/- thereafter	12	Any Day from Monday to Friday
Fortnightly	Rs.500/- and in multiples of Re.1/- thereafter	12	1st & 16th of the month
Monthly	Rs.500/- and in multiples of Re.1/- thereafter	12	Any date
Quarterly	Rs.1,500/- and in multiples of Re.1/- thereafter	4	Any date

NRI investors

NRIs and PIOs may purchase units of the scheme(s) on a repatriation and non-repatriation basis, while FIIs may purchase units only on a repatriation basis. They shall attach a copy of the cheque used for payment or a Foreign Inward Remittance Certificate (FIRC) or an Account Debit Certificate from the bankers along with the application form to enable the AMC to ascertain the repatriation status of the amount invested. The account type shall be clearly ticked as NRE or NRO or FCNR, to enable the AMC determine the repatriation status of the investment amount. The AMC and the Registrar may rely on the repatriation status of the investment purely based on the details provided in the application form.



Repatriation basis

- NRIs and PIOs may pay their subscription amounts by way of Indian Rupee drafts purchased abroad, cheques drawn on Non-Resident External (NRE) Accounts or Indian Rupee drafts payable at par at any of the centres where the AMC has a designated ISC and purchased out of funds held in NRE Accounts / FCNR Accounts. FIIs may pay their subscription amounts either by way of inward remittance through normal banking channels or out of funds held in Foreign Currency Accounts or Non Resident Rupee Accounts maintained with a designated branch of an authorised dealer with the approval of RBI.
- In case Indian Rupee drafts are purchased abroad or from FCNR/NRE accounts, an account debit certificate from the bank issuing the draft confirming the debit shall also be submitted with the application form. NRIs shall also be required to furnish such other documents as may be necessary and as requested by the AMC/Mutual Fund/Registrar, in connection with the investment in the schemes.

Non-Repatriation basis

NRIs and PIOs may pay their subscription amounts by cheques/demand drafts drawn out of Non-Resident Ordinary (NRO) accounts/ Non-Resident Special Rupee (NRSR) accounts and Non Resident Non-Repatriable (NRRN) accounts payable at the city where the application form is accepted.

8. FOREIGN ACCOUNT TAX COMPLIANCE (FATCA)

FATCA & CRS TERMS & CONDITIONS: Details under FATCA & CRS: 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 Angel One 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.

FATCA & CRS INSTRUCTIONS:

^AIn case Tax Identification Number is not available, kindly provide its functional equivalent.

Reason A: The country where the Account holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B: No TIN required. (Section this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C: Other, please state the reason therefore

For Non-Individual investors, please fill in UBO form along with FATCA / CRS annexure and attach along with Application form available on our website www.angelonemf.com. If you have any questions about your tax residency, please contact your tax advisor.

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

- With effect from November 1, 2015 all investors will have to mandatorily provide the information and declarations pertaining to FATCA/CRS for all new accounts opened, failing which the application / transaction request shall be liable to be rejected.
- Investors are requested to provide all the necessary information / declarations to facilitate compliance, considering India's commitment to implement CRS and FATCA under the relevant international treaties.

Please consult your professional tax advisor for further guidance on your tax residency, if required.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS Indicia
U.S. place of birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship; AND 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence
Telephone number in a country other than India	If no Indian telephone number is provided 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence If Indian telephone number is provided along with a foreign country telephone number 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence
Telephone number in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence

9. NOMINATION DETAILS

You may nominate a maximum of 3 persons currently, to receive the Units/amounts standing to your credit payable in the event of death of the Unit Holder(s) in respect of investment under a folio.

- The nomination may be made only by individuals applying for/holding units on their own behalf, singly or jointly.
- Non-individuals including society, trust, body corporate, partnership firm, Karta of HUF, holder of POA or a parent/guardian applying on behalf of a minor beneficiary cannot nominate.
- A minor can be nominated and in that event, all mandatory details of the guardian of the minor nominee shall be provided in the application. Nomination can also be in favour of the Central Government, State Government, and a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
- A Non-Resident Indian can be a Nominee subject to the exchange control regulations in force, from time to time.
- Transfer of units in favour of a Nominee shall be valid discharge by the AMC/Mutual Fund against the legal heir.
- The cancellation of nomination can be made only by the individual(s) who hold units on their own behalf singly or jointly and who made the original nomination. On cancellation of the nomination, the nomination shall stand rescinded and the AMC shall not be under any obligation to transfer the units in favour of the Nominee.
- In the event of the unit holders not indicating the percentage of allocation/share for each of the nominees, the AMC shall settle the claim equally amongst all the nominees
- It is recommended for the nominee/Guardian (in case the nominee is a minor) to provide the signature in the space provided.
- Investors should opt for the nomination facility to avoid hassles and inconveniences in case of unforeseen events in future.
- Nomination by a Unit holder shall be applicable for all the investments in all schemes held in a particular folio.
- Nomination shall not be allowed in a folio held on behalf of a minor Unit holder.
- Nomination shall be mandatory for all new singly held folios of individual investors.
- In case of multiple nominees, the percentage of allocation/share in whole numbers and without decimals in favour of each of the nominees should be indicated against the name of the nominees.
Such allocation/ share should total to 100 percent. In the event of the Unit holder(s) fail to indicate the percentage of allocation/share for each of the nominees, the Fund/ AMC, by invoking default option shall settle the claim equally amongst all the nominees.

In case you do not wish to nominate, kindly indicate by ticking in the space provided.

10. ONLINE DISPUTE REDRESSAL MECHANISM

In accordance with SEBI circular no. SEBI/HO/OIAE/OIAE-IAD-1/P/CIR/2023/145 dated July 31, 2023 (updated on August 24, 2023) ("the circular") all disputes between institutional or corporate clients and AMC can be resolved at the option of the institutional or corporate clients.

- In accordance with the circular and by harnessing online conciliation and/or by online arbitration as specified in the circular OR
- by harnessing any independent institutional mediation, conciliation and/or online arbitration institution in India.

11. DECLARATION AND SIGNATURES

- Please tick the box provided for EUIN declaration in this section in case the ARN is mentioned in the distributor section and the EUIN is left blank.
- All signatures should be hand written in English or any Indian language. Thumb impressions should be from the left hand for males and the right hand for females and in both cases must be attested by a Judicial Magistrate or a Notary Public.
- If the application form is signed by a Power of Attorney (PoA) holder, the form should be accompanied by a notarised photocopy of the PoA. Alternatively, the original PoA may be submitted, which will be returned after verification. If the PoA is not submitted with the application, the Application Form will be rejected. The PoA should contain the signature of the investor (POADonor) and the POAholder.
- In case of corporates or any non-individual investors, a list of authorised signatories should be submitted along with Application form or in case of any change in the authorised signatory list, the AMC / Registrar must be notified within 7 days.
- In case of application under POA or by a Non-Individual (i.e. Company, trust, society, partnership firm etc.) the relevant POA or the resolution should specifically provide for/ authorize the POA holder/ authorized signatory to make application/ invest moneys on behalf of the investor.

12. GO GREEN INITIATIVE IN MUTUAL FUNDS

- With respect to the directives issued by SEBI via Gazette Notification SEBI/LAD-NRO/ GN/2018/14 & Circular SEBI / HO / IMD / DF2 / CIR / P/2018/92 regarding Go Green Initiative in Mutual Funds regarding disclosing and providing information to investors through digital platform as a green initiative measure.
- In line with above initiative, Angel One Mutual Fund has adopted 'Go Green Initiative for Mutual Funds' and accordingly, the scheme Annual Reports /Abridged Summary will be hosted on our website www.angelonemf.com in a downloadable format. Further, wherever email ids are registered in our records, the scheme Annual Reports / Abridged Summary will be sent via email.
- If you do not opt-in to receive a physical copy of the scheme Annual Report/ Abridged Summary, you can view the same on our website or alternatively contact our registered office to get a physical copy of the Annual Report/Abridged Summary.

13. IMPLEMENTATION OF AMENDMENTS IN INDIAN STAMP ACT, 1899

Investors / Unit Holders of all the Scheme(s) of the Mutual Fund pursuant to Notification No. S.O. 4419(E) dated December 10, 2019 issued by Department of Revenue, Ministry of Finance, Government of India, read with Part I of Chapter IV of Notification dated February 21, 2019 and Notification dated March 30, 2020 issued by Legislative Department, Ministry of Law and Justice, Government of India on the Finance Act, 2019, a stamp duty @ 0.005% of the transaction value would be levied on mutual fund transactions with effect from July 1, 2020. Accordingly, pursuant to levy of stamp duty, the number of units allotted on purchase, switch-ins, SIP/STP instalments (including IDCW reinvestment) to the unitholders would be reduced to that extent.

APPLICATIONS SUPPORTED BY BLOCKED AMOUNT (ASBA)

Application Form (to be used by investors adopting the ASBA route)

KEY PARTNER/AGENT INFORMATION (Investors Applying under direct plan should mention "DIRECT" in ARN Column)			
Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	*Employee Unique Identification Number (EUIIN)
<small>* EUIIN Declaration (Only where EUIIN box is left blank) - EUIIN Declaration: I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor/sub broker and the distributor has not charged any advisory fees on this transaction.</small>			
Signature of Sole/First Applicant		Signature of Second Applicant	Signature of Third Applicant

1. INVESTOR'S DETAILS (Names should be in the same sequence as appearing in your Demat Account. In case of discrepancies, the Application is liable to get rejected.)			
Sole/First Applicant			
KYC Identification Number (KIN)	PAN	Proof to be enclosed (✓) <input type="checkbox"/> PAN card copy	
Guardian's Name (If Sole / First Applicant is a Minor) OR Contact Person's (In case of Non-Individual Investors only)			
Name			
KYC Identification Number (KIN)	PAN	Proof to be enclosed (✓) <input type="checkbox"/> PAN card copy	
Are you a resident of USA/Canada? (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No Default if not ticked.			
Email Address		Contact No.	
Legal Entity Identification [*Applicable for Non-Individuals only]			
Bank Name		IFSC Code	
A/c No.	Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others (please specify)		
2nd holder Name			
KYC Identification Number (KIN)	PAN	Proof to be enclosed (✓) <input type="checkbox"/> PAN card copy	
Email Address		Contact No.	
3rd holder Name			
KYC Identification Number (KIN)	PAN	Proof to be enclosed (✓) <input type="checkbox"/> PAN card copy	
Email Address		Contact No.	

2. INVESTMENT DETAILS	
Scheme Name	Plan (✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Growth ISIN
Total amount to be blocked in figures ₹ (in words)	

3. SCSB ACCOUNT DETAILS (please refer websites of NSE, BSE and SEBI for list of SCSBs)	
Bank Name	
Branch Address	
Bank A/c. No.	A/c. Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE* * For NRI Investors

4. DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)	
Please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/ Cancelled delivery instruction slip.	
NSDL <input type="checkbox"/> DP Name	DP ID I N Beneficiary A/c No.
CDSL <input type="checkbox"/> DP Name	Beneficiary A/c No.

5. UNDERTAKING BY ASBA INVESTOR / ACCOUNT HOLDER	
<p>1) I/We hereby undertake that I/We am/are an ASBA investor(s) as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009.</p> <p>2) In accordance with ASBA process provided in the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009, I/We authorize (a) the Self Certified Syndicate Bank (SCSB) to do all acts as are necessary to make an application for purchase of units in the NFO blocking the amount to the extent mentioned above in the "SCSB details" or unblocking of funds in the bank account maintained with the SCSB specified in the ASBA Form, transfer of funds to the Issuer's account designated for this purpose on receipt of instruction from the Registrar after finalisation of the basis of allotment entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar to Angel One Mutual Fund to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the ASBA Form, upon finalisation of the basis of allotment and to transfer the requisite money to the Issuer's account designated for this purpose.</p> <p>3) In case the amount available in the bank account specified in the ASBA Form is insufficient for blocking the amount equivalent to the application money, the SCSB shall reject the application.</p> <p>4) If the DP ID, Client ID or PAN furnished in the ASBA Form is incorrect or incomplete, the ASBA Application shall be rejected and the AMC, R&TA and SCSB shall not be liable for losses, if any.</p> <p>5) I/We hereby authorise the SCSB to make relevant revisions as may be required to be done during the NFO, in the event of price revision.</p> <p>Having read and understood the contents of the SID and SAI, I/ We hereby apply under Direct / AMFI Certified empaneled distributors to the Trustees of Angel One Mutual Fund for units of the Scheme / Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/ We have understood the details of the Scheme and I / We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/ We hereby authorise Angel One Mutual Fund, its Investment Manager and its Agents to disclose details of my / our investment to my / our bank(s) / Angel One Mutual Fund's Bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us. I/ We hereby declare that the particulars given above are correct and express my / our willingness to make payments referred above through participation in ECS / Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/ We would not hold Angel One Mutual Fund, their appointed service providers or representatives responsible. I/ We will also inform Angel One Mutual Fund, about any changes in my / our bank account. We have understood that the present scheme does not offer any guarantee or assured return and that the scheme is subject to credit risk or default risk including possible loss of principal, any losses in case of a default will be borne by me/us.</p> <p>*I/ We confirm that I am / We are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I/ We confirm that the details provided by me / us are true and correct. I/ We hereby declare that the amount being invested by me / us in the Scheme of Angel One Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. *Applicable to NRI I / We confirm that the ARN holder has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I/We acknowledge that the AMC has not considered my/our tax position in particular and that I/we should seek tax advice on the specific tax implications arising out of my/our participation in the scheme. I/We confirm that I am/We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).</p>	
Signature of the Applicant(s)	1. Sole / First Applicant / Guardian / POA
Signature of the Bank Account Holder(s)	1. Sole / First Applicant / Guardian / POA
	2. Second applicant / POA
	2. Second applicant / POA
	3. Third Applicant / POA
	3. Third Applicant / POA

Attn: NRI investors; payment must be made through NRE/FCNR Accounts)

ACKNOWLEDGEMENT SLIP - APPLICATIONS SUPPORTED BY BLOCKED AMOUNT (ASBA)

Scheme Name _____ Plan _____ Option _____

Received from Mr./Ms. _____

SCSB Account details: Account No. _____

Bank Name _____ Branch _____

Total Amount to be blocked : _____


Mutual Fund

Application No. _____

Folio No. _____

PAN No. _____

Instructions for filling up the Application Form

Background:

In its continuing endeavor to make the existing New Fund Offer process more efficient, SEBI introduced a supplementary process of applying in New Fund Offer, viz: the "Applications Supported by Blocked Amount (ASBA)" process. Accordingly, Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2009, as amended have been amended for ASBA process. The salient features of circular no. SEBI/CFD/DIL/ASBA/1/2009/30/12 dated December 30, 2009 available on SEBI website for "Additional mode of payment through Applications Supported by Blocked Amount (hereinafter referred to as "ASBA") are mentioned below for understanding the ASBA process:

1. **Meaning of ASBA:** ASBA is an application for subscribing to a New Fund Offer (NFO), containing an authorisation to block the application money in a bank account.
2. **Self Certified Syndicate Bank (SCSB):** SCSB is a banker to an issue registered with the SEBI which offers the facility of applying through the ASBA process. The list of SCSBs will be displayed by SEBI on its website at www.sebi.gov.in from time to time. ASBAs can be accepted only by SCSBs, whose names appear in the list of SCSBs displayed on SEBI's website. Investors maintaining their accounts in any of these Banks may approach one of the designated branches of these SCSBs for availing this facility. Further it may be noted that from time to time new banks register themselves as SCSBs who become eligible to provide these services and also the existing SCSBs designate additional branches that also provide this facility. An updated list of all the registered SCSBs, their controlling branches, contact details and details of their contact persons, a list of their designated branches which are providing such services is available on the website of SEBI at the address <http://www.sebi.gov.in>. Further these details are also available on the websites of the Stock Exchanges at <http://www.bseindia.com> and <http://www.nseindia.com>. Alternatively, investors may also contact the AMC, R&TA for information about the SCSBs or the ASBA process. These SCSBs are deemed to have entered into an arrangement with the Issuer and shall be required to offer the ASBA facility to all its account holders for all issues to which ASBA process is applicable. An SCSB shall identify its Designated Branches (DBs) at which an ASBA Applicant shall submit ASBA and shall also identify the Controlling Branch (CB), which shall act as a coordinating branch for the Registrar to the Issue, Stock Exchanges and Merchant Bankers. The SCSB, its DBs and CB shall continue to act as such, for all issues to which ASBA process is applicable. The SCSB may identify new DBs for the purpose of ASBA process and intimate details of the same to SEBI, after which SEBI will add the DB to the list of SCSBs maintained by it. The SCSB shall communicate the following details to Stock Exchanges for making it available on their respective websites. These details shall also be made available by the SCSB on its website:
 - (i) Name and address of the SCSB (ii) Addresses of DBs and CB and other details such as telephone number, fax number and email ids.
 - (iii) Name and contact details of a nodal officer at a senior level from the CB.
3. **Eligibility of Investors:** An Investor shall be eligible to apply through ASBA process, if he/she:
 - (i) is a Resident Retail Individual Investor, Non Institutional Investor, QIBs, Eligible NRIs applying on non-repatriation basis, Eligible NRIs applying on repatriation basis i.e. any investor,
 - (ii) is applying through blocking of funds in a bank account with the SCSB; Such investors are hereinafter referred as „ASBA Investors%.
4. **ASBA Facility in Brief:** Investor shall submit his / her Application through an ASBA Application Form, either in physical or electronic mode, to the SCSB with whom the bank account of the ASBA Investor or bank account utilised by the ASBA Investor (ASBA Account) is maintained. The SCSB shall block an amount equal to the NFO application Amount in the bank account specified in the ASBA Application Form, physical or electronic, on the basis of an authorisation to this effect given by the account holder at the time of submitting the Application. The Application Amount shall remain blocked in the aforesaid ASBA Account until the Allotment in the New Fund Offer and consequent transfer of the Application Amount against the allocated Units to the Issuers account designated for this purpose, or until withdrawal/failure of the Offer or until withdrawal / rejection of the ASBA Application, as the case may be. The ASBA data shall thereafter be uploaded by the SCSB in the electronic IPO system of the Stock Exchanges. Once the Allotment is finalised, the R&TA shall send an appropriate request to the Controlling Branch of the SCSB for unblocking the relevant bank accounts and for transferring the amount allocable to the successful ASBA Applicants to the AMC account designated for this purpose. In case of withdrawal/

Rejection of the Offer, the R&TA shall notify the SCSBs to unblock the blocked amount of the ASBA Applicants within one day from the day of receipt of such notification.

5. **Obligations of the AMC:** AMC shall ensure that adequate arrangements are made by the R&TA to obtain information about all ASBAs and to treat these applications similar to non-ASBA applications while allotment of Units, as per the procedure specified in the Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2009. Investors are requested to check with their respective banks about the availability of the ASBA facility.

6. Other Information for ASBA Investors:

1. On the closure date of the NFO, the ASBA form should be submitted to the SCSBs before the 3.00 p.m. or such other time as may be decided by respective SCSBs.
2. The Applicant intending to invest in the Scheme through ASBA Process will be required to have a beneficiary account with a Depository Participant (DP) of NSDL/ CDSL and will be required to mention in the application form DP ID No. and Beneficiary Account No. with the DP at the time of purchasing Units during the NFO.
3. Signatures as available with depository will be taken for all purpose after the allotment of units incase of demat holding.
4. All static details in our records would be taken from the demat account (DP ID) provided by you.
5. Bank account details provided in the ASBA Application form will be used for refunding reject applications where DP ID is not matching
6. Bank Mandate for redemptions/dividend will be as per your DP ID incase of demat holding.
7. SCSB shall give ASBA investors an acknowledgement for the receipt of ASBAs.
8. SCSB shall not upload any ASBA in the electronic system of the Stock Exchange(s) unless (i) it has received the ASBA in a physical or electronic form; and (ii) it has blocked the application money in the bank account specified in the ASBA or has systems to ensure that Electronic ASBAs are accepted in the system only after blocking of application money in the relevant bank account opened with it.
9. SCSB shall ensure that complaints of ASBA investors arising out of errors or delay in capturing of data, blocking or unblocking of bank accounts, etc. are satisfactorily redressed.
10. SCSB shall be liable for all its omissions and commissions in discharging responsibilities in the ASBA process.
11. R&TA shall act as a nodal agency for redressing complaints of ASBA and non-ASBA investors, including providing guidance to ASBA investors regarding approaching the SCSB concerned.
12. ASBA facility is currently available only to those investors who wish to hold the units in dematerialized form.

Grounds for rejection of ASBA applications

ASBA application forms can be rejected by the AMC/Registrar/ SCSBs, on the following technical grounds:

1. Applications by persons not competent to contract under the Indian Contract Act, 1872, including but not limited to minors, insane persons etc.
2. Mode of ASBA i.e. either Physical ASBA or Electronic ASBA, not selected or ticked.
3. ASBA Application Form without the stamp of the SCSB.
4. Application by any person outside India if not in compliance with applicable Foreign and Indian laws.
5. Bank account details not given/incorrect details given.
6. Duly certified Power of Attorney, if applicable, not submitted along with the ASBA Application Form.
7. No corresponding records available with the Depositories matching the parameters namely (a) Names of the ASBA applicants (including the order of names of joint holders) (b) DP ID (c) Beneficiary account number or any other relevant details pertaining to the Depository Account.
8. Insufficient funds in the investor's account.
9. Application accepted by SCSB and not uploaded on/with the Exchange / Registrar.

ACKNOWLEDGEMENT SLIP - APPLICATIONS SUPPORTED BY BLOCKED AMOUNT (ASBA)

Scheme Name _____ Plan _____ Option _____
 Received from Mr./Ms. _____
 SCSB Account details: Account No. _____
 Bank Name _____ Branch _____
 Total Amount to be blocked : _____

 **AngelOne**
Mutual Fund

Application No. _____
 Folio No. _____
 PAN No. _____



Website: www.angelonemf.com



Email: support@angelonemf.com



Contact number - 1800-209-0231

(9.00 a.m. to 6.00 p.m. on Monday to Friday & from 9.00 a.m. to 1 p.m. on 1st & 3rd Saturday except Sunday, 2nd & 4th Saturday & Non Business Day)

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

ADDITIONAL KYC INFORMATION AND FATCA & CRS ANNEXURE FOR INDIVIDUAL ACCOUNTS

(Including Sole Proprietor) (Refer to instructions)

FIRST / SOLE APPLICANT / GUARDIAN				
Name			PAN	
OR PAN Exempt KYC Ref No. (PEKRN)				
Place of Birth:		Country of Birth:		
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____		Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Office <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'No', please proceed with the signature of declaration				
If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries				
Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
* Please specify reason				
Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.				
Reason B : No TIN required. (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)				
Reason C : others; please state the reason thereof.				
Occupation Details : <input type="checkbox"/> Service Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <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				
Politically Exposed Person (PEP) Status* <input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable				
*PEP are defined as individuals who are or have been entrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.				
SECOND APPLICANT				
Name			PAN	
OR PAN Exempt KYC Ref No. (PEKRN)				
Place of Birth:		Country of Birth:		
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____		Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Office <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'No', please proceed with the signature of declaration				
If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries				
Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
* Please specify reason				
Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.				
Reason B : No TIN required. (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)				
Reason C : others; please state the reason thereof.				
Occupation Details : <input type="checkbox"/> Service Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <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				
Politically Exposed Person (PEP) Status* <input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable				
*PEP are defined as individuals who are or have been entrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.				

THIRD APPLICANT

Name

PAN

OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth:

Country of Birth:

Nationality:

☐ Indian

☐ U.S.

☐ Others (Please specify)

Tax Residence Address (for KYC address):

☐ Residential

☐ Office

☐ Registered Office

☐ Business

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

If 'No', please proceed with the signature of declaration

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

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

* Please specify reason

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B : No TIN required. (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C : others; please state the reason thereof.

Occupation Details :

☐ Service Private Sector

☐ Public Sector

☐ Government Service

☐ Student

☐ Professional

☐ Housewife

☐ Business

☐ Retired

☐ Agriculture

☐ Proprietorship

☐ Others (please specify)

Gross Annual Income

☐ Below 1 Lac

☐ 1 - 5 Lacs

☐ 5 - 10 Lacs

☐ 10 - 25 Lacs

☐ 25 Lacs - 1 Crore

☐ >1 Crore

Politically Exposed Person (PEP) Status*

☐ PEP

☐ Related to PEP

☐ Not Applicable

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

POWER OF ATTORNEY (POA) HOLDER

Name

PAN

OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth:

Country of Birth:

Nationality:

☐ Indian

☐ U.S.

☐ Others (Please specify)

Tax Residence Address (for KYC address):

☐ Residential

☐ Office

☐ Registered Office

☐ Business

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

If 'No', please proceed with the signature of declaration

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

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

* Please specify reason

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B : No TIN required. (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C : others; please state the reason thereof.

Occupation Details :

☐ Service Private Sector

☐ Public Sector

☐ Government Service

☐ Student

☐ Professional

☐ Housewife

☐ Business

☐ Retired

☐ Agriculture

☐ Proprietorship

☐ Others (please specify)

Gross Annual Income

☐ Below 1 Lac

☐ 1 - 5 Lacs

☐ 5 - 10 Lacs

☐ 10 - 25 Lacs

☐ 25 Lacs - 1 Crore

☐ >1 Crore

Politically Exposed Person (PEP) Status*

☐ PEP

☐ Related to PEP

☐ Not Applicable

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

CERTIFICATION

I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief. I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators / Tax authorities.

SIGNATURES

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Date

D

D

M

M

Y

Y

Y

Y

Place

Details of Additional FATCA & CRS Information

(Only for Non Individuals)



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"

PAN

Date of incorporation

City of incorporation _____

Country of incorporation _____

Please tick the applicable tax resident declaration:

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

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

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

% 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

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)

We are a, Financial institution ⁵ <input type="checkbox"/> OR Direct reporting NFE ⁶ <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____
GIIN not available (please tick as applicable) If the entity is a financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ⁷ <input type="text"/> <input type="checkbox"/> Not obtained - Non-participating FI

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

1	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (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 ² of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3	Is the Entity an active ³ NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part C)
4	Is the Entity a passive ⁴ NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business _____

¹Refer 2a of Part C | ²Refer 2b of Part C | ³Refer 2c of Part C | ⁴Refer 3(ii) of Part C | ⁵Refer 1 of Part C | ⁶Refer 3(vii) of Part C | ⁷Refer 1A of Part C

FATCA - CRS Terms and Conditions

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

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

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

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

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

CERTIFICATION

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

Name : _____ Designation : _____

Signature	Signature	Signature
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Date

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PART C FATCA Instructions & Definitions

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 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.
- 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 of 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

- 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	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

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;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
03	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;
04	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;
05	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;
06	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;
07	Any NFE that fulfils 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, labour 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

Code	Sub-category
	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.
07	Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:- <ul style="list-style-type: none"> (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) IDCW,
- (2) Interest
- (3) Income equivalent to interest,
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a 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) 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.

(v) 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.

(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.

(vii) 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)
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 FORM OF ULTIMATE BENEFICIAL OWNERSHIP [UBO] / CONTROLLING PERSONS

I. INVESTOR DETAILS

Investor Name

PAN

II. CATEGORY

Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed[#].

Security ISIN[#]

Name of the Listed Company (applicable if the investor is subsidiary/associate):

[#] mandatory in case of Listed company or subsidiary of the Listed Company

☐ Unlisted Company
 ☐ Partnership Firm / LLP
 ☐ Unincorporated association / body of individuals
 ☐ Public Charitable Trust
☐ Private Trust
 ☐ Religious Trust
 ☐ Trust created by a Will.
 ☐ Others Please specify

UBO / CONTROLLING PERSON(S) DETAILS.

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?

☐ Yes ☐ No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#	<input type="text"/>	<input type="text"/>	<input type="text"/>
UBO / SMO PAN# [For Foreign National TIN to be provided]	<input type="text"/>	<input type="text"/>	<input type="text"/>
% of beneficial interest#	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)
UBO / SMO Country of Tax Residency#	<input type="text"/>	<input type="text"/>	<input type="text"/>
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#	<input type="text"/>	<input type="text"/>	<input type="text"/>
UBO / SMO Identity Type	<input type="text"/>	<input type="text"/>	<input type="text"/>
UBO / SMO Place & Country of Birth#	Place of Birth <input type="text"/> Country of Birth <input type="text"/>	Place of Birth <input type="text"/> Country of Birth <input type="text"/>	Place of Birth <input type="text"/> Country of Birth <input type="text"/>
UBO / SMO Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
UBO / SMO Date of Birth [dd-mm-yyyy] #	<input type="text"/>	<input type="text"/>	<input type="text"/>
UBO / SMO PEP#	<input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP	<input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP	<input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP
UBO / SMO Address [include City, Pincode, State, Country]	Address: <input type="text"/> <input type="text"/> City: <input type="text"/> Pincode: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	Address: <input type="text"/> <input type="text"/> City: <input type="text"/> Pincode: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	Address: <input type="text"/> <input type="text"/> City: <input type="text"/> Pincode: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
UBO / SMO Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____
UBO / SMO Father's Name			
UBO / SMO Occupation	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
SMO Designation#			
UBO / SMO KYC Complied?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.




Mandatory column.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

DECLARATION

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries / or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

 Authorized Signatory	 Authorized Signatory	 Authorized Signatory
Name:	Name:	Name:
Place <input type="text"/>	Date <input type="text"/>	