# **COMMON APPLICATION FORM**



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY

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Client Master HUF Deed Overseas Audi 's Certificate & SEBI Regn. Certificate

# **Declaration for Ultimate Beneficial Ownership [UBO]** For Non-Individual (Mandatory)



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE MANDATORY (MARKED\*) FIELDS

Applicant	t's Details				
Name	M/s.				
PAN					

Listed Company / its Subsidiary Company		
(i) I / We hereby declare that ( $\checkmark$ )	(ii) Details of Listed Company $\uparrow$	
Our company is a Listed Company listed on recognized stock exchange in india	Company Name	
Our company is a subsidiary of the Listed Company	Stock Exchange on which listed	
Our company is controlled by a Listed Company	Security ISIN	

^ The details of holding/parent company to be provided in case the applicant is a subsidiary company.

Others

Non-Individuals other than Listed Company / its Subsidiary Company

i) Category (🗸)

Unlisted Company Public Charitable Trust Religious Trust Limited Liability Partnership

Private Trust / Trust created by a will

Unincorporated association/ body of individuals

ii) Details of Ultimate Beneficial Owners (If the given space below is not adequate, please provide multiple declaration forms)

Partnership Firm

Name of Beneficial Owners*	<b>PAN</b> (For Residents / NRIs)	Tax Payer Identification Number#	<b>ID Proof</b> (Foreign / PAN Exempt individual	UBO Code (Mandatory) (Refer instructions)	<b>Position / Designation</b> (To be provided wherever applicable)

\* If the beneficiary owner is minor, proof of date of birth and proof of relationship with the guardian and copy of PAN with photograph is mandatory.

# In case Tax Payer Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number.

#### **Declaration & Signature(s)**

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We are aware that I/We maybe liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatory	Authorized Signatory	Authorized Signatory
<b>Date:</b> D D M M Y Y Y Y	Place:	

## FATCA / FOREIGN TAX LAWS INFORMATION - INDIVIDUAL FORM

The Application Form should be completed in English and in **BLOCK LETTERS** only.



DATE : / /

🗌 No

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	Mr. Ms. M/s	i.																															

#### 2. FATCA / FOREIGN TAX LAWS INFORMATION

1

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

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency 1			
Tax Payer Ref. ID No. 1			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			

DECLARATION		
I hereby declare that the details furnished above are true and a information is found to be false or untrue or misleading or misrep		e to inform you of any changes therein, immediately. In case any of the above
First / Sole Applicant / Guardian	Second Applicant	Third Applicant

#### INSTRUCTIONS

#### **Details under FATCA / Foreign laws**

Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with the relevant tax authority. If you have any questions about your tax residency, please contact your tax advisor. Further if you are a Citizen or resident or green card holder or tax resident other than India, please include all such countries in the tax resident country information field along with your Tax Identification Number or any other relevant reference ID/ Number. If there is any change in the information provided, promptly intimate the same to us within 30 days.

# FOR MORE INFORMATION

Call us at (Toll Free) 1800-103-2263 & 1800-266-2676 Alternate Number 020-4011 2300 & 020-6685 4100 Email us at service@boiaxa-im.com

Website www.boiaxa-im.com

### FATCA/ FOREIGN TAX LAWS INFORMATION - NON INDIVIDUAL FORM

[Please seek appropriate advice from a tax professional on FATCA/ Foreign Tax laws related information] Self Certification Declaration



Part I: Applicant/In	vesto	r det	ails:										
Investor Name:													
PAN								Folio no.					
Part II: Declaration	s												

#### (A) Particulars

		Category	
Applicants	Country of incorporation/ constitution	Country of Tax residency	Taxpayer Identification Number#
1.			
2.			
3.			

#in case Taxpayer Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. (B) Other information:

S No	Information	Additional Information to be provided
1	We are a financial institution [including an FFI] [Refer instructions a]	Yes       No         If yes, please provide the following information:         GIIN:         (Global Intermediary Identification Number)         If GIIN not available [tick any one]:         Applied for on D D M M Y Y Y Y         Not required to apply (please describe)
2	We are a listed company [whose shares are regularly traded on a recognized stock exchange]	Yes       No         If Yes, specify the name of any one Stock Exchange where it is traded regularly:       1.         BSE/NSE/Other
3	We are 'Related Entity' of a listed company [Refer instructions b]	Yes       No         If Yes, specify the name of the listed company         Specify the name of any one Stock Exchange where it is traded regularly:         1.       BSE/NSE/Other (please specify)
4	We are an Active NFFE [Refer instructions c & d] Note: Details of Controlling Persons will not be considered for FATCA purpose	Yes       No         If Yes, specify the nature of business         Please specify the category of Active NFFE
5	We are an Passive NFFE [Refer instructions f and g] Note: Details of Controlling Persons will be considered for FATCA purpose	<ul> <li>Yes No</li> <li>If Yes, please provide: <ol> <li>Nature of business</li> </ol> </li> <li>For all Controlling Persons who are tax residents (including US citizens and green card holders) of countries other than India, please provide the necessary details including Taxpayer Identification Number (TIN) in the UBO form.</li> </ul>

I/We hereby acknowledge and confirm that the information provided hereinabove is/are true and correct to the best of my knowledge and belief. I/We further agree and acknowledge that in the event, the above information and/or any part of it is/are found to be false/untrue/misleading. I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, SEBI registered intermediaries for single updation/submission , any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We further agree to promptly intimate you in writing regarding any change/modification to the above information and/or provide additional/further information as and when required by you.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
Date: D D M M Y Y Y Y	Place:	

SIP SHIELD AUTO DEBIT FACILITY : REGISTRATION CUM MANDATE



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(To be filled in by the First applicant/ Authorized Signatory).		
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