

## Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant \_\_\_\_\_ PAN of the Applicant \_\_\_\_\_

Sr. No.	PAN	PMS Code	Name of the Authorized signatories /Promoters /Partners / Karta/ Trustees /Whole Time Directors	DIN (For Directors) / Aadhar Number (for others)	Residential / Registered Address	Relation with the holder (i.e. promoters, whole time directors etc.)	Please tick the relevant option.*	Photograph
							<input type="checkbox"/> PEP <input type="checkbox"/> RPEP	
							<input type="checkbox"/> PEP <input type="checkbox"/> RPEP	
							<input type="checkbox"/> PEP <input type="checkbox"/> RPEP	
							<input type="checkbox"/> PEP <input type="checkbox"/> RPEP	
							<input type="checkbox"/> PEP <input type="checkbox"/> RPEP	

\*Please tick if any of the Authorized Signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP).

"Note: (1) If Director/s is also a Authorized Signatory then both DIN and Aadhar number is required to be furnished.

(2) In case there are more Authorized Signatories then please use an additional sheet to provide details."

"I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios."

Name & Signature of the Authorised Signatory(ies) \_\_\_\_\_ Date | d | / | m | / | y | y |

