ICICI PRUDENTIAL MUTUAL FUND
TARAKKI KAREIN!

ANNEXURE II

KNOW YOUR CLIENT(KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

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

PAN		FOLIO	

Name of the entity			
Type of Address given at KRA	☐ Residential ☐ Business ☐ Residential/Business ☐ Registered Office	**Date of Incorporation**	D D / M M / Y Y Y Y
City of Incorporation			
Country of Incorporation			

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) [Please tick (✓)] ○ Below 1 lac ○ 1 - 5 lacs ○ 5 - 10 lacs ○ 10 - 25 lacs ○ >25 lacs - 1 crore ○ > 1 crore

OR

Net Worth Rs._____ as on D D M M Y Y Y Y (Not older than 1 year)

Entity Constitution Type [Please tick (✓)] ☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company ☐ Society ☐ AOP/BOI ☐ Trust ☐ Liquidator ☐ Limited Liability Partnership ☐ Artificial Juridical Person ☐ Others specify:_____

Politically Exposed Person (PEP) Status* *(Also applicable for the authorised signatories/Promoters/Krta/Trustee/Whole time Directors)* ○ I am PEP ○ I am Related to PEP ○ 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.*

Non-individual investors involved/providing any of the mentioned services ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services ☐ Money Lending / Powning ☐ None of the above

FATCA & CRS DECLARATION

Please tick the applicable tax resident declaration

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

Sr. No.	Country	Tax Identification Number ^	Identification Type (TIN or other ^, please specify)
1			
2			
3			

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

In case TIN or its fuctional equivalent is not available, please provide Company Identification number or Global Equity Identification Number or GIIN, etc.

In case the Equity's Country of Incorporation/Tax residence is U.S. but Entity is not a specified U.S. Person, mention Equity's exemption code here:

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

We are a Financial Institution (Refer 1 of Part C) ☐ or Direct Reporting NFE (Refer 3(vii) of Part C) ☐ (Please tick (✓))	**GIN** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **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*	☐ Applied for ☐ Not obtained - Non-participating FI ☐ Not required to apply for - pleae specify 2 digits sub-category ☐☐ (Refer 1 A of Part C)

PART B *(Please fill any as appropriate) (To be filled by NFEs other than Direct Reporting NFEs)*

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes ☐ *(If yes, please specify any one stock exchange on which the stock is regularly traded)* Name of the stock exchange_____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes ☐ *(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)* Name of listed company_____ Nature of relation: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of the stock exchange_____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes ☐ Nature of Business _____ Please specify the sub-category of Active NFE ☐☐ (Mention code - Refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes ☐ Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category *(Please tick applicable category):* ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company

☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust

☐ Others (please specify_____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). *(Please attach additional sheets if necessary)*

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN			
Address	Zip ☐☐☐☐☐☐☐☐☐ State:_____ Country: _____	Zip ☐☐☐☐☐☐☐☐☐ State:_____ Country: _____	Zip ☐☐☐☐☐☐☐☐☐ State:_____ Country: _____
Address Type	☐ Residence ☐ Business ☐ Registered Office	☐ Residence ☐ Business ☐ Registered Office	☐ Residence ☐ Business ☐ Registered Office
Tax ID			
Tax ID Type			
City of Birth			
Country of Birth			
Occupation Type	☐ Service ☐ Business ☐ Others _____	☐ Service ☐ Business ☐ Others _____	☐ Service ☐ Business ☐ Others _____
Nationality			
Father's Name			
Gender	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others
Date of Birth (DD/MM/YYYY)			
Percentge of Holding$			

* To include US, where controlling person is a US citizen or green card holder

^ In case Tax Identification Number is not available, kindly provide functional equivalent

$ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary FATCA - CRS Terms and Conditions

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 require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit 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 us or our 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 this to the form.

Certification: I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform ICICI Prudential Asset Management Company Limited/ICICI Prudential Mutual Fund/Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Name	
Designation	

Signature	Signature	Signature

Place: _____

Date: _____