MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISIN

D	etails of ultir	nate	be	ne	fic	ial	0\	wn	er	in	clu	JD	in	g ad	d	iti	on	al	. F/	AT	C	8	& C	RS	5 i	nfo	orn	na	tic	วท
Nam	e of the entity																													
Type of address given at KRA 🗸 Resi									Business 🗸 Residential								Business Registered Office													
	"Address of	tax resi	dence	wou	ld be	taker	as	avail	able	in K	(RA d	atal	base	. In cas	e o	of any	y ch	ang	e, pl	eas	e apj	proa	ach k	KRA 8	<u>ֆ</u> ոշ	tify	the c	:hang	ges"	
Cust	omer ID / Folio Number																													
PAN											<u>г т</u>			Date of	f in	corp	orati	ion			D	D	/	Μ	М	/	Y	Y	Y	Y
	of incorporation																	_												
	ntry of incorporation						15			ha Li															6		/B0I			
Entity Constitution Type Please tick as appropriate						b Hl		c F ited l						i Arti									_	peci		AUP	/801			
Pleas	se tick the applicable tax			· ·										7 11 21										000	· y					
	s "Entity" a tax resident o					India	a			Yes			VO V	7																
	es, please provide country/ie							tax pı						 ed Tax I	D n	umbe	er be	low.))											
	Country					Tax Identification Number [%]										Identification Type														
	country								ax IC	Jent	incati	ONN	umb	er				(TIN or Other [®] , please specify)												
[%] In case Tax Identification Number is not available, kindly provide its functional equivalent [®] .																														
In ca	In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.																													
	ese the Entity's Country o Aption code here	of Incorpo	oratior	n / Ta	ax res	idenc	e is	U.S.	but	Enti	ity is	not	a Sp	pecified	U	.S. P	erso	n, r	nent	ion	Enti	ty's								
exen	nption code nere																													
	FATCA & CRS Declaration																													
		(Please	e cons	ult yo	our pro	ofess	iona	al tax	advi	isor	for fu	urth	er gı	uidance	e or	ר FA	ΓCA	& C	CRS	clas	sifica	atio	n)							
PART	A (to be filled by Financial I	nstitution	is or Dii	rect R	Reporti	ng NF	Es)																							
1.	We are a,			GIN	Γ				Τ			Τ							Τ											
	Financial institution ⁶	1	,	Note	: If vo	u do	u do not		a Gl	IIN F	out vo	u a	re sr	onsore	red b	by an	nother	er ei	entity		ase	pro	vide	vour	spo	onsor	's			
						we and indicate your sponsor's name below											her entity, please provide your sponsor's													
	Direct reporting NFE ⁷			ne of s	spons	orin	ig ent	ity]	
	(please tick as appropri	ate)													T														T	Í
	GIIN not available (plea	se tick a	lage a	icabl	le)			Applie	ed for	r			•								-		•							
	If the entity is a financi					equire	ed t	o app	ly fo	or -	pleas	e sp	pecif	y 2 dig	its	sub-	cate	ego	ry ¹⁰	Γ	Τ	1								
			[\checkmark	Not o	btain	ed -	– Nor	n-par	rtici	patin	g Fl	I																	
PART	B (please fill any one as ap	propriate	"to be	filled	by NFE	Es oth	er th	nan Di	rect F	Repo	orting	NFE	s")																	
1.	Is the Entity a publicly t	blicly traded company (that is, a company									s	7	(If yes	nlease	snec	ify an	v one	stor	k evcl	nange		hich	the s	tock is	regi	ılarly tı	raded)			_
1.	whose shares are regula						ipui	, iy									y one	ne stock exchange on which the stock is regularly traded)												
	securities market)								Name of 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)									Ye			regula	rly tradeo	1)		me oi	the	listed	com	pany	and d	one st	оск ех	cnan	ge on	wnicn	the st	LOCK	5
										Na Na	ame c ature	of lis of r	sted elatio	compa on: 🔽	ny_ Su	bsidia	ary o	f the	e List	ed C	Comp	any	or 🗸	Cor	troll	ed by	a Lis	ted C	Comp	any
														exchan																
3.	Is the Entity an active ³ NFE									Ye	s 🖣	/	(If yes	, please f	ill U	IBO de	eclara	tion i	in the	next	sectio	on.)								
 Is the Entity a passive⁴ NFE 								ature																						
								Ple	ease s	_	-	ne sub-									(Me	entio	n co	de –	refer	2c o	of Pa	rt D)		
							Ye		/		, please f	ill U	IBO de	eclara	tion i	in the	next	sectio	on.)											
				-							ature				_					-										
Refer	2a of Part D ² Refer 2	2b of Par	tD	ٌRe	efer 20	c of P	art	DI	^⁴ Re	fer 3	3(ii) c	of Pa	art D	∣ [°] R	efe	er 1 c	of Pa	irt D)	′Re	efer 3	3(vi	i) of	Part	D	1º F	Refer	1A o	of Pa	rt D

UBO Declaration																	
Category (Please tick applicable category):	✓ Unlisted Co	ompany	-	/ Partne	rship F	irm		🗸 Lim	nited Lia	abilit	y Partr	nership	o Con	npar	ny		
✓ Unincorporated association / body of individuals		/ Public	Charitat	ole Trust			🗸 Reli	gious T	rust			✓ Pr	ivate	Tru	ıst		
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). 5 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E																	
Name - Beneficial owner / Controlling person	Tax ID Type - T						nclude S						ntact	Deta	ils		
Country - Tax Residency* Tax ID No Or functional equivalent for each country [®]	est - in pe f Controlli	ercentage	;														
1. Name	Tax ID Type				Add	lress											
Country	Type Code																
Tax ID No. [®]	Address Type	ResidRegis	lence stered of	 Busines fice 	is Zip			Sta	ate:		C	ountry:					
2. Name	Tax ID Type				Add	lress											
Country	Type Code																
Tax ID No. [*]	Address Type	ResidRegis	lence stered of	 Busines fice 	is Zip			Sta	ate:		C	ountry:					
3. Name	Tax ID Type				Add	lress											
Country	Type Code																
Tax ID No. [%]	Address Type	ResidRegis	lence stered of	 Busines fice 	s Zip			Sta	ate:		C	ountry:					
# If passive NFE, please provide below additional details.					(Plea	ase atta	ach addit	ional sh	eets if n	neces	sary)						
PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA City of Birth - Country of Birth	Nationali	ity	Service, B andatory i				е			te of B Male, F		, Oth	er				
1. PAN		Occupat	ion Type						DO	в	D	D/MM	/YY)	(Y			
City of Birth		National							Ger	nder	Male	V Fe	emal	e 🗸	7		
Country of Birth		Father's	Name								C)thers	\checkmark		-		
2. PAN		Occupat	ion Type						DO	в	D	D/MM	/ / / /	ſΥ			
City of Birth		National							Ger	Gender Male 🗸 Female 🗸							
Country of Birth		Father's	Name								0)thers	\checkmark		_		
3. PAN		Occupat	ion Type						DO	в	D	D/MM	/YY)	(Y			
City of Birth		National	lity						Ger	nder	Male	V Fe	emal	e 🗸	7		
Country of Birth	Father's	Name							Others 🗸								
# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: * To include US, where controlling person is a US citizen or green card holder [*] In case Tax Identification Number is not available, kindly provide functional equivalent																	
,	of Part D ⁵Re) ¹¹ Ref	er 3(iv)		Part D										
															_		
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 (insert FI's name) 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																	
					luentin	ers. II 1		yeravan		105 11	or yer b	20111550	ueu, p	lease	e		
Certification		-l • •	L		la 1			1.	. C				_				
I/We have understood the information requirements of by me / us on this Form is true, correct, and complete. I hereby accept the same.	this Form (read / We also confir	along with m that I /	h the FAI 'We have	ca & crs read and	unders	tions) tood t	and her he FATC	reby cor CA & CR	nfirm tr S Term	nat tř ns an	ne infoi d Cond	mations	n pro belov	vide w an	id id		
Name																	
Designation																	
									e								
Signature	gnature				Sig	nature	Date	e	_/ _	/							