C N

Scheme/s

DSP BLACKROCK	/	EXISTING INVESTOR		FORM	FINANCIAL
MUTUAL FUNI	-		5 MANJACHON		TRANSACTIONS
Please fill only in the space provided the unused Sections of the Form to a	l. Any additional detai avoid misuse. Please u	ls/notings/instructions or those provided at a nor ise separate Transaction Form for each Transactio	n designated area of the form may no n and for each Scheme / Plan and Ki	t be executed. Kindly strike off ndly refer Instructions overleaf.	
Distributor / RIA Name and ARN / Code	Sub Broker ARN Name	1 & Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For	Office use only
ARN-82882			E028251		
I/We confirm that the EUIN interaction or advice by the		ly left blank by me/us as this is an "exec	ution-only" transaction without	any	
,		ered Distributors based on the investors' assessment of various	factors including the service rendered by the di		
Existing Folio Number		Name of Sole / First Unitholder		(Sole / First A	pplicant's Signature Mandatory)
	,	PTION WILL BE APPLIED INCASE OF NO IN		'	
		if single cheque with multiple schemes OR "Scheme Not Option/Sub Option	lame", in case of single scheme / scheme Amount (₹)	· Fayment Mi	
1. DSPBR - So	cheme	Plan Option/Sub Op	otion		cility (One Time Mandate)
2. DSPBR - So	cheme	Plan Option/Sub Op	otion	NEFT	Funds transfer
3. DSPBR - So	cheme	Plan Option/Sub Op	otion	Ref. No.	/RTGS/NEFT Details:
Total Amour	nt in words	· · · · · · · · · · · · · · · · · · ·	Amount in Fig	Data d d	/ m m / y y y y
Payment from Bank A/c No.		Pay In A/c No.		DD charges Current INRE INRO	
raymenen om Banka/erio.			A/C. Type Savings		
Bank Name & Branch					
Documents Attached to avo	oid Third Party Pay	ment Rejection, where applicable:	Bank Certificate, for DD	Third Party Declarations	
•		/ Option / Sub Option on top)			ption / Sub Option on top)
5	Amount in Words	5	Amount in Figures Rs.	Amount in Words	
Rs.				itch can be done either in Ur	its or in Amount and not in both)
	ption can be done e Units in Words	ither in Units or in Amount and not in both)	Units in Figures	Units in Words	,
			Switch-in To Scheme / Plan /	/ Ontion* / Sub Ontion*	
		oceeds (This should NOT be construed	DSP BlackRock		
as "Change of Bank Mandate	•	nstructions overleaf.) Intirely at our risk to the following bank account,	PAN AND KYC UPDATIC)N	KYC LETTER
		account if no bank account is mentioned here.	Sole / First Applicant /		Attached
Bank Name			Guardian Second Applicant /		
Account No.			Guardian Third Applicant /		Attached
		onsidered, even if mentioned here. To change	Guardian		Attached
designated form for this purpose. It	f unit holder(s) provide	ount registration facility and use a specific e a new and unregistered bank mandate with	PoA (Power of Attorney) Name of the	REGISTRATION DETAILS (Refer Instructions overleaf)
the redemption request (with or w be considered for payment of rede		orting documents) such bank account will not will not be registered.	PoA holder PAN of the		
1,2		rmation, ambiguity or discrepancy.	PoA holder		Attached KYC Letter (Mandatory) Notarized copy of PoA
DECLARATION & SIGNATU	RES			(To	be signed as per Mode of Holding)
		nation Document and Statement of Additional Informat vant Scheme and agree to abide by the terms and cor			
sources only and is not designed for the	he purpose of contraven	tion or evasion of any Act, Regulation, Rule, Notifica ctly or indirectly in making this investment. The ARN	tion, Directions or any other applicable	laws enacted by the Government of	India or any Statutory Authority. I / We have
the different competing Schemes of va	arious Mutual Funds from	n amongst which the Scheme is being recommended t	o me/us. Applicable to NRIs only: I/We o	confirm that I am/We are Non-Reside	nt(s) of Indian Nationality.
person of the above distributor or notw	ithstanding the advice of	the EUIN box has been intentionally left blank by me/ in-appropriateness, if any, provided by the employee/	relationship manager/sales person of the	distributor and the distributor has no	t charged any advisory fees on this transaction.
Sole / First Unit H	older	Second Unit Holder	Third Unit Hol	der	POA Holder, if any
<u></u> >	<u> </u>		<u> </u>	_ <u> </u>	·-×
ACKNOWLEDGEMENT	SLIP				LACKROCK MUTUAL FUND
	tion. Request may not be	processed in case of incomplete / ambiguous / improper	/ incorrect details in Transaction Form.	Redemption or	Switch
Investor Name				Amount (Rs.)	
Folio Number		Additional Purcha	ase or 🗌 SIP (PDC)	OR Units	

Addition	al Purchase or 🗌 SIP (PDC)	
Total Amount		PAN and KYC Updation
		PoA Registration STP or SWP or DTP
Total Cheque	25	
Cheques	From	
No.(s)	То	
		ISC Stamp & Signature

DSP BLACKROCK

SIP (PDC) / STP / SWP / DTP

Distributo			Sub Broker A Name		Broker/Branch/RM Internal Code	EU	IIN (Refer note below	v)	For Office use only		
Name of Sole	e / Firs	t Unitholo	ler (Leave space	e between first /	middle / last name)	□ Mr. □	Ms. 🗆 M/s. 🗆 Oth	ners	Folio Number		
Scheme Nam	ne/Plar	n/Option*/	Sub Option*	DSPBR -							
SVSTEMAT		/ESTMEN	IT DI AN (SID)		CHEQUES (PDC)		□ I/We confirm that	t the EUIN box is intentio	onally left blank by me/	us as this is an "execution-	
(Separate Ch	heque should	required f I be of sa	for investment me date of the	in different Sch months / quarte	eme / Plan)		only" transaction Upfront commission	without any interaction	or advice by the distribution of the investor to the AMFI register to the AMFI register of the the transmission of transmission of the transmission of transmission of the transmission of transmi	outor personnel concerned.	
SIP Date [Investment F					1st 🗆 25th 🗆 28t	th					
SIP Period				/ Y Y TO D		YY		Sole / FirstAppl	icant's Signature Mand	latory	
(Minimum 12 Cheque Nos.			in case of DSPB	R TaxSaver Fund) To			DIVIDEND TRA	NSFER PLAN (DTP)	-	-	
				10				7 days to register [
Drawn on Ba	INK			City			•	complete Scheme, Plan From where Dividend i	• •		
Branch				City	7	CTD)	DSPBR -				
			plan (STP) (on*/Sub Option	•	days to register	STP)			То		
DSPBR -	ineme/						Target Scheme (Te	o where Dividend is to	be transferred)		
Transfer		□ Fixed :	Sum of Rs.		(Minimum R	s 500/-)	DSPBR -				
Amount		_		subject to Minimum	`	3.3007)	SYSTEMATIC W	ITHDRAWAL PLAN ((SWP) (Please allow 7	days to register SWP)	
	STP I			FREQUENCY	7		Withdrawal	□ Fixed Sum of Rs.			
□ 1st* [□ 7th	□ 10th	□ 14th	Monthly*	-		Amount	_		(Minimum Rs.500/-)	
		□ 25th	□ 28th	Quarterly	OR 🗆 Daily		Withdrawal Date		ion, subject to Minimum 4th □ 21st □ 28th		
							Frequency	□ Monthly* □ Qua		ult Option	
Transfer Period (Period to cover -		From	D D / M M	/ Y Y To	D D / M M /	ΥY	Withdrawal Period	From D D / M	-		
	done i				investments throug		(Period to cover - minimu 6 SWP transactions)	um ^e <u>b</u> <u>b</u> ,			
the load stru DECLARAT			ill be applicabl	e.	* Default Optio	n	* Default Option ma	ay be applied in case		nbiguity or discrepancy. s per Mode of Holding)	
Having read and to the Trustee o legitimate source I / We have neiti payable to him f If EUIN is left bla	understo of DSP Bla es only a ther rece for the di ank/not n	od the conten ackRock Mutua nd is not des ived nor bee fferent compo- nentioned; I/V	nts of the Scheme In al Fund for Units of igned for the purpos n induced by any re eting Schemes of var We hereby confirm th	the relevant Scheme se of contravention or bate or gifts, directly rious Mutual Funds from hat the EUIN box has be	and agree to abide by the evasion of any Act, Regula or indirectly in making thi n amongst which the Schen een intentionally left blank	terms and con ition, Rule, Not s investment. ne is being reco by me/us as th	ditions, rules and regulati ification, Directions or an The ARN holder has disclos ommended to me/us. Appl is is an "execution-only" t	ions of the Scheme. I / We of y other applicable laws enaccies sed to me/us all the commis- icable to NRIs only: I/We con ransaction without any intera	issued by DSP BlackRock Mu declare that the amount inv ted by the Government of I ssions (in the form of trail of firm that I am/We are Non- action or advice by the emplo	tutal Fund, I / We, hereby apply rested in the Scheme is through ndia or any Statutory Authority. commission or any other mode), Resident(s) of Indian Nationality. byee/relationship manager/sales advisory fees on this transaction.	
S	ole / Fi	irst Unit He	older	Sec	ond Unit Holder		Third Uni	it Holder	POA Ho	lder, if any	
						INSTRUCTI	ONS			· •	
of the bank account certificate, bank pas are advised to visit v	should be used for i sbook cop	one of the ban ssuing the payr y or statement acrock com for	count . < account holders in the nents to the fund. If th to prove that the fund details on documents.	e pay-in bank account. Pu his is not evidenced on th s are from a bank accoun restrictions on third part	rchase application through Che e payment cheque/funds trans t held by first unit holder only.	que/DD/RTGS/N sfer/RTGS/NEFT If the documents f the offices of th	EFT/Funds transfer requests s request, or in case of demand are not submitted with the a le fund	hould necessarily mention the pa d drafts, unit holder should attac application, the fund reserves the	ay-in bank account details i.e. ac ch necessary supporting docume e right to reject the application	s carefully before filling up the form. will be considered and applied. Where in more than one scheme such cheque ind) cheque should be drawn in favour count number and bank, branch name nts as required by the fund, like bank or call for additional details. Investors n your folio under OTM facility, please	
ADDITIONAL PURCH mention the bank ac KYC COMPLIANCE: In Applications are liab REDEMPTION REQUE	ASE THRC count nun nvestors si le to be re EST: Reder	DUGH OTM FAC hber and bank i hall note that k ejected without nption may not	ILITY: If you are makin name where you wish t YC is mandatory and th any intimation to the be processed if folio in	g payment through OTM he debit to happen. If the hey need to comply with applicants, if required KN umber and full scheme na	facility registered in your fólio e same is not mentioned or is n the 'Know Your Client' requiren 'C compliance is not completed me including plan and option is	b), please tick the lot registered, de nents as applicable d by all the applie s not mentioned.	relevant box and do not atta- fault bank mandate under OT le from time to time. For mor cants/unit holders. Please ensure that either of a	ch any cheque. If more than one M facility will be considered to c re information on KYC, please log mount or units is mentioned in th	e bank accounts are registered in debit the purchase amount. g on to www.dspblackrock.com he redemption request. The fun	n your folio under OTM facility, please /www.amfindia.com before investing. d offers a facility to register multiple of the existing registered bank account Multiple Bank Accounts Facility", the d and validated in the folio at the time ult bank account will be used. • If unit osed. The POA must have signatures of focuments. same amount . The Cheque should be ore STP / SWP start date. STP/ SWP is in any week, month or quarter, there	
Dank accounts and of in the redemption re existing facility of n	equest for equest for edemptio	one of the bar receiving reder n with change	IX account as "Default nption proceeds. A new of bank mandate is di S: Please note the follo	BANK Account". Default non-registered bank accoss scontinued by the fund.	BARK Account will be used for a bunt specified in the specific re New bank accounts can only lated to payment of redemation	au dividends and demption reques be registered us	recemptions payouts includin at for receiving redemption pro- ing the designated "Bank Ac- preeds of any redemption room	IG FMP schemes maturity proceed oceeds will not be considered. Co count Registration Form".	as unless investor specifies one consequent to introduction of "	or the existing registered bank account Multiple Bank Accounts Facility", the	
of redemption transa holder(s) provide a	action pro	cessing. Unit unregistered b	holder(s) may choose t ank mandate with a sp	o mention any of the exis	ting registered bank accounts i est (with or without necessary	with redemption y supporting doc	request for receiving redempion required uments) such bank account	tion proceeds. If no registered bank a will not be considered for paym	ank account is mentioned, defau nent of redemption proceeds.	It bank account will be used. • If unit	
THE INVESTIGATION: the investor as well SYTEMATIC INVESTIN drawn in favour of "	: Unly a Ge the PoA ho AENT PLAI Name of t	eneral Power of older. If the sigr N (SIP): Minimu he Scheme and	Attorney agreement w nature of PoA holder is m Investment Amount Plan" as applicable. A	ntnout any restrictions ar not available, the fund m for each SIP instalment is separate SIP Form must b	no perennial validity is accepte ay call for additional documen Rs.500/ SIP Facility is availab be filled for each Scheme / Plai	a. The PoA must ts or declarations ble only on specia n. Please mention	pe executed on stamp paper as s on a case to case basis. PoA fic dates of the month. All Che n your folio number and name	and registered in India and a dul will be registered within 10 work eques should be of the same date on reverse of the Cheque.	y notarized copy should be encl king days of receipt of all valid c e of month / quarter and of the	osed. The POA must have signatures of locuments. same amount . The Cheque should be	
SYSTEMATIC TRANS	FER PLAN chemes of	(STP) / SYSTE the Fund. Plea	MATIC WITHDRAWAL F ise note the default op	PLAN (SWP): Please allow tions highlighted in the fo	upto 7 days for STP/ SWP to rm which will be used in case of	be registered an of incorrect deta	d first STP/ SWP transaction t ils in the form. For investors a	to happen. Hence form should b availing the transfer/ withdrawal	e submitted atleast 7 days before of 'appreciation' option, where	ore STP / SWP start date. STP/ SWP is any week, month or quarter, there	

is no appreciation or is less than Rs.500/-, switch/withdrawal as mentioned above, may not be carried out. You can choose to discontinue this facility by giving 30 days written notice to the Registrar. DIVIDEND TRANSFER PLAN (DTP): Please allow upto 7 days for DTP to be registered. Hence form should be submitted atleast 7 days before the record date of any forthcoming proposed dividend. Please refer to www.dspblackrock.com > Services > Dividend Transfer Plan for list of Source Scheme, Target Schemes and detailed terms and conditions. The Minimum amount of dividend eligible for transfer under Dividend Transfer Plan is 8s. 500/-.

DSP BLACKROCK

APPLICATION FORM

Please read Product labeling details available on cover page and instructions before filling this Form

Distributor/RIA name and AR	N/Code Sub Broker AR	RN & Name Sub Broker/Brand	ch/RM Internal Code EUII	N (Refer note below)	For Office use on	ly
We confirm that the EUIN b	ox is intentionally left bl	ank by me/us as this is an "e distributor personnel concerr	xecution-only"			
pfront commission shall be p ssessment of various factors	aid directly by the investo including the service rend	or to the AMFI registered Distri lered by the distributor.	ibutors based on the inve	stors'		
] I am a First Time Invest	or in Mutual Fund Indus	stry. 🗌 I am an Existin			Sole / First Applicant's Signature N	landatory
I. FIRST APPLICAN	T'S DETAILS					
Name of First Applicar	It (Should match with P	PAN Card)			PAN (1st Applicant / Guardian)	רא ⊡ א ו
Existing Folio Number		Name of Guardian (if I	minor)/POA/Contac	t Person	PAN (POA)	П К.
On behalf of Minor * Attach Mandatory Documents as per instr	Date of Birth	D D / M M / Y		ate of Birth oof attached *	Guardian named is :	irt Appointe
· ·		ONDENCE ADDRESS				
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. KYC DETAILS (Ma		✓) ○ Indian Resident Indivi				
					m ○ Limited Partnership (LLP) ○ ○ Society ○ Provident Fund	PUDIIC Ltd.
 Private Ltd. Co. Superannuation / Pe Others 	Body Corporate \bigcirc Bank nsion Fund \bigcirc Gratuity Fu	○ FIs ○ Insurance Companie und ○ Mutual Fund ○ FII ○	es O Government Body FPI-Category I/II/III O (Please specify)	○ AOP/BOI ○ Trust ○ FCRA ○ GDN ○ Defer	○ Society ○ Provident Fund nce Establishment ○ NPS Trust	PUDIIC LTD.
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	PBLACKRO			ebit Ma	andate F	orm N/	ACH/ECS	/DIRECT	DEBIT	Date	D D M M	Y Y Y Y
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Decla	ration: This is to conf	irm that the decl	aration has been carefully read	e of Account I, understood a	nd made by me/u	s. I/We have	understood that I	Account Holde /we are authori:	sed to cancel/amer	nd this mandate	ne of Account Ho by appropriately co	ommunicating the
I/We	hereby confirm adhere	ence to the terms	entity or the bank where I have of OTM Facility and as amended Standing instructions facility ar	d from time to	time and of NACH/	ECS (Debits)/	Direct Debits /Sta	inding Instruction	ns. Authorisation to	Bank: This is to	inform that I/We h	ave registered for
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Dist	ributor/RIA Name a	and ARN/Code	Sub Broker ARN & Name	Sub Broker	/Branch/RM Int	ernal Code	EUIN (Refer note	e below)		For Office us	e only	
	We confirm that	the FLIIN box	is intentionally left blar	k by me/us	as this is an "	execution	only"transact	tion without	any interac.			
ti	on or advice by t	he distributor	personnel concerned. I 'assessment of various fa	Jpfront com	mission shall be	paid direct	ly by the inve	stor to the AM		Sole / FirstAp	plicant's Signature	Mandatory
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1.	DSPBR -					□ 10 ¹		Monthly*	to	· · · · · · · · · · · · · · · · · · ·	Top-Up CAP*:	Half-yearly
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First	SIP transactions	via single cheo	ue no.		favo	ouring 'DSP	BlackRock Mu	itual Fund'	Dated D	D M M Y	Y Y Y	
	oit Bank Details:	Bank Name:						A/C. No.:				
BlackR	ock Mutual Fund mentione	d within, I hereby de	ne contents of OTM Facility, the Sche clare that the particulars given above ne commissions (trail commission or a	e are correct and	express my willingne	ss to make payr	nents towards SIP ins	stalments referred a	above through particip	ation in NACH/ECS	/Direct Debit/Standing	tive Scheme(s) of DSP
										benefice is being re	commended to me/us	Instructions. The ARN
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Website : www.dspblackrock.com | E-mail : service@dspblackrock.com | Contact Centre : 1-800-200-4499

Instructions

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- 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 ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- 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.
- 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 DSP BlackRock Mutual Fund.

Instructions

- With the introduction of One Time mandate (OTM) facility, the mandate registration and SIP registration through OTM facility has been delinked. There are two separate forms, 1) for onetime mandate registration and 2) for SIP Registration.
- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions or lump sum purchase transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- While the Fund and RTA reserve the right to enhance the SIP period to ensure minimum installments as per respective scheme offer documents, even if the investor has submitted the form late or requested for a period less than minimum installments, they may reject the applications for less than minimum installments.
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered. If end date is not specified, SIP will be registered till December 2099 or end date of mandate, whichever is earlier.
- If any time during the SIP period, the onetime mandate is to be modified to reduce the validity period which is more than SIP end period registered through OTM, investor should first cancel the SIP and thereafter modify the OTM end period.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with DSP BlackRock Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year.
- For detailed terms and conditions on SIP, including for OTM facility, please visit our website www.dspblackrock.com and also refer to scheme related documents.
- For SIPs through OTM, the maximum per installment amount after Top-Up shall not exceed Rs. Five lakhs or the maximum amount mentioned in OTM form, whichever is less.

DSP BLA

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ndatory for	Non-Individual	Investors,	including	HUF

DSP BLACKROCK MUTUAL FUND Please refer Page 2 for Definitions / Instru	ctions / Guidance	Mandato	FATCA, CRS AND ADDITIONAL K Details and Declaration for bry for Non-Individual Investors, including H			
INVESTOR DETAILS		Mandate				
Entity Name: PAN Folio Nos		A	pplication No.			
Type of Address given at KRA Resid	lential or Business	Residential	Business Registered Office			
		YC DETAILS (Mandat	•			
Gross Annual Income (Please tick ✓) ○ Net-worth in ₹ ○	○ Below 1 Lac ○ 1-5 L as on □ □ /	acs O 5-10 Lacs O M M / Y Y Y	10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore (Not older than 1 year)			
INCO	RPORATION and TAX F	RESIDENCY DETAILS	(Mandatory)			
City of Incorporation:	Country of Incorporati	on:	Date of Incorporation:			
Is Entity a tax resident of any country other than India?		ţ	Ifyes,pleaseprovidecountry/iesinwhichtheentityisaresident ior tax purposes and the associated Tax ID number below)			
In case TIN or its functional equivalent is not avai	lable, please provide Company	Identification number of Gl	obal Entity Identification Number or GIIN, etc.			
Country of Tax Residency		TIN or equivalent nu	umber Identification Type/Reason*			
1.						
3.						
4.						
In case the Entity's Country of Incorporation Person (as per definition E5), please mentio	n the exemption code in th	e box:	(refer definition D4)			
(Please consult	FATCA and CRS your professional tax adviso	DETAILS (Mandator r for further guidance on F				
PART I (to be filled by Financial In						
We are a, (please tick as appropriate) Financial Institution (Refer definition A) or Direct reporting NFE (Refer definition B)	GIIN Note: If you do not have a C GIIN above and indicate you	GIIN but you are sponsored ir sponsor's name below	by another entity, please provide your sponsor's			
	Name of sponsoring entity:					
GIIN - Not Available App	lied for					
If the entity is a financial institution, 🗌 Not	required to apply for - pl	ease specify 2 digits sub	o-category (refer definition C)			
Not	obtained - Non-participat	ting Fl				
PART II (please fill Any One as app	ropriate, to be filled	by NFEs other than	Direct Reporting NFEs)			
Is the Entity a publicly traded company? (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)	Yes (If yes, please spender of stock exchange)		e on which the stock is regularly traded)			
Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) (Refer definition D2)	Name of listed company Nature of relation:	Subsidiary of the Listed Cor	nd one stock exchange on which the stock is regularly traded)			
Is the Entity an Active NFE? (<i>Refer definition D3</i>)	Name of stock exchange Yes Nature of Business Please specify the sub-c	Also provide UBO Form 🗆				
	i lease specify the sub-C	acegory of Active NFE	(Mention code - refer D3)			

Is the Entity a Passive NFE?	Yes
(Refer definition E2)	Nature of Business

Also provide UBO Form

Nature of Business

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.
I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and schements) and hereby confirm that the information provided by me/us on this form are true, correct, and complete.

Date :

Place	:		
Page	1	of	2