

# SIP TRANSACTION FORM

Investors must read the Key Information Memorandum and the instructions before completing this Form.



Pramerica

MUTUAL FUND

## 1. DISTRIBUTOR INFORMATION

ARN code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
ARN - 111873	ARN -		E 025671

In case the Employee Unique Identification Number (EUIIN) box has been left blank please refer point 3 related to EUIIN.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

## 2. APPLICANTS DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)

Sole/First Unit Holder  First Name  Middle Name  Last Name  Folio No.

## 3. INVESTMENT DETAILS (MANDATORY)

New SIP Registration  SIP renewal  Change in Bank Details (for a SIP registered earlier)

Scheme  Plan

Option (✓)  Growth OR  Dividend Payout OR  Dividend Reinvestment Dividend Frequency

Payment Type [Please (✓)]  Non-Third Party Payment  Third Party Payment (Please attach 'Third Party Payment Declaration Form')

1st Instalment Details Amt. (₹)  Chq/DD No.  Dated:  DDMMYYYY Drawn on:

<input type="checkbox"/> SIP Investment (Please ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) Please also fill and attach the SIP Auto Debit Facility Form OR <input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details Cheque Nos. From <input type="text"/> To <input type="text"/> Dated From <input type="text"/> DDMMYYYY To <input type="text"/> DDMMYYYY	<b>Second and Subsequent Instalment Details:</b> (All subsequent instalment amounts should be same as the first instalment.) Instalment Amount ₹ <input type="text"/> SIP Date (Please ✓): <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates SIP Period (Please ✓): <input type="checkbox"/> Till I/We instruct to discontinue the SIP <input type="checkbox"/> No. of instalments <input type="text"/> Please mention Enrolment Period: From <input type="text"/> MMYYYY To <input type="text"/> MMYYYY
--	---

**DECLARATION & SIGNATURE:** I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned. I/We confirm that the ARN Holder has disclosed to me/us all the commissions (in the form of trail commission or any Other mode), payable to him for different competing Schemes of various Mutual Funds from amongst which the Scheme is recommended to me/us. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors (Delete if not applicable):** I/We hereby declare that I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Please ✓ if the EUIIN space is left blank: I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

**Authorisation to Bank:** This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in DHFL Pramerica Mutual Fund shall be made from my/our below mentioned bank account with your Bank. I/We authorize the representatives of DHFL Pramerica Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

SIGNATURE (S) (Applicants must sign as per Common Application Form)	<input type="checkbox"/> Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA	<input type="checkbox"/> 2 <sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA	<input type="checkbox"/> 3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/POA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order)

Certified that the signature of account holder and the Details of Bank account are correct as per our records

Signature verification request (To be retained by the Customer's Bank)

Signature of Authorised Official from Bank (Bank stamp and date)

## MANDATE INSTRUCTION FORM (Please read Instruction no. 4 overleaf) (\*Mandatory field)

UMRN  For office use  Date\*  DDMMYYYY

Sponsor Bank Code  For office use  Utility Code  For office use

CREATE  MODIFY  CANCEL

I/We hereby authorize  DHFL PRAMERICA MUTUAL FUND to debit (Please ✓)  SB / CA / CC / SB-NRE / SB-NRO / Other

Bank a/c number\*

With Bank\*  Name of customers bank  IFSC\*  MICR\*

an amount of Rupees\*  SIP instalment amount in words  ₹  In Figures

FREQUENCY\*  Mthly  Qtly  H-Yrly  As & When presented DEBIT TYPE\*  Fixed Amount  Maximum Amount

Reference - 1  Application no. / Folio number Phone No

Reference - 2  Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD\*

From  DD  MM  YY  YY  YY  YY

To  DD  MM  YY  YY  YY  YY

OR  Until Cancelled

Signature of first account holder  Signature of second account holder  Signature of third account holder

Name of first account holder\*  Name of second account holder\*  Name of third account holder\*

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

## GENERAL GUIDELINES

1. This form should only be used by existing investors for the following:
  - a) Registering systematic investments under existing folios through Auto Debit/Post Dated cheques.
  - b) Renewal of SIP investments.
  - c) Change in Bank details for Auto Debit for existing SIPs.
2. Please read the Scheme Information Document(s) carefully before investing.
3. Please countersign in accordance with your mode of holding against any corrections that you make in this Form.
4. **PERMANENT ACCOUNT NUMBER (PAN)** : It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement. Please refer to KYC Form for exemption of PAN requirement.
5. **KNOW YOUR CUSTOMER (KYC)**  
KYC Compliance is compulsory for all irrespective of the amount of investment. Non Individuals must submit UBO declaration form along with this transaction form only if they were not submitted previously.
6. Please refer the 'INSTRUCTIONS' below. This should help you fill in the form correctly and completely. In the absence of any necessary information, your application would be rejected.
7. Completed forms may be submitted to the nearest Investor Service Center of DHFL Pramerica Mutual Fund or Karvy.

## INSTRUCTIONS TO FILL IN THE SIP TRANSACTION FORM

1. **Distributor Information**
    - a) In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
    - b) Any edition or cancellation of the Distributor Information should be countersigned by the investor else the same is liable to be rejected.
    - c) Quoting of EUIN is mandatory in case of advisory transactions.
    - d) Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
    - e) Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / Dividend Transfer Plan and EUIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, Dividend Reinvestments, Redemption, SWP Registration, Zero Balance Folio creation and installments under Dividend Transfer Plans.
    - f) Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ARN-14/12-13 dated July 13, 2012.
  2. **APPLICANT'S DETAILS:**
    - a) Please furnish the name of the Sole/First Unit Holder and the existing Folio Number in Section 2.
    - b) **To comply with the requirements of Foreign Account Tax Compliance Act (FATCA) & CRS (Common Reporting Standard), it is mandatory for all investors (including Guardian & POA) to provide the FATCA & CRS declaration W.e.f. November 1, 2015 (if not already submitted). The FATCA & CRS declaration forms can be downloaded from our website at -<http://www.dhflpramericamf.com/downloads/KIMforms>.**
  3. **INVESTMENT DETAILS:**
    - a) Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "Scheme Name - Direct Plan" for e.g. "DHFL Pramerica Midcap Opportunities Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
    - b) Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
    - c) Please indicate whether your request is for Registration of a new SIP, Renewal of an existing SIP or for Change in Bank Details of an existing SIP.
    - d) The below mentioned criteria should be met for an SIP investment as specified in the Scheme Information Document or any addenda issued there to:
      - Minimum amount per instalment
      - Minimum number of instalments
      - Aggregate investment via SIP
    - e) Please furnish/indicate the below mentioned details with respect to your systematic investment
      - i) Scheme/Plan/Option and Dividend Frequency, where applicable.
      - ii) SIP Instalment Amount
      - iii) **SIP Frequency** - Monthly or Quarterly. Please tick the appropriate option.
        - iv) **SIP Dates (Monthly/Quarterly)** - 1st, 7th, 10th, 15th, 21st, 25th and 28th of every month or quarter. You also have a choice to have SIP instalments on all 7 dates by ticking the appropriate box provided for all 7 dates.
        - v) **SIP Instalment Requirement**  
Monthly: 10 instalments of ₹ 500/- each and in multiples of ₹ 100/- thereafter.  
Quarterly: 5 instalments of ₹ 1,000/- each and in multiples of ₹ 100/- thereafter.
        - vi) **SIP Auto Debit Enrollment Period** - Please mention the Auto Debit Enrollment commencement date and end date in the Auto Debit Form and the Mandate Instruction Form. In order to save you from the hassle of sending us renewal instructions each time your SIP expires, DHFL Pramerica offers you two ways to invest. If you know how long you wish to invest for, specify the From Date and To Date. Alternatively, you can choose the open option-where you specify only the From Date and select the option 'Until Cancelled' in the Mandate Instruction Form - and can discontinue your SIP by writing to us.
        - vii) **Your first Instalment Details.** Please note that the instrument should be made favoring the scheme name in which you wish to invest. For eg. DHFL Pramerica Midcap Opportunities Fund.
        - viii) **Your preferred SIP Payment Mode** Auto Debit (NACH/ECS/Direct Debit) or Post Dated Cheques (PDC).
        - ix) If your preferred SIP Payment mode is through PDCs, the second and subsequent SIP Cheque details.
        - f) Your first Instalment can be for any day of the month. However, please note that there has to be a minimum gap of 21 days between your first SIP and your second SIP instalment (if you are paying for your subsequent SIP through Auto Debit).
- Note:**
- Third Party payment will not be accepted. In case of exceptions (as per AMFI Circular) to third party payment, please fill the 'Third Party Declaration Form'. In case of payment made by Bank draft, please attached Banker certificate as well.
4. **INSTRUCTIONS TO FILL THE MANDATE INSTRUCTION FORM:**
    - i. Date and the period of the mandate should be mentioned in DD/MM/YYYY format.
    - ii. UMRN, Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund.
    - iii. Please furnish your Bank Account details from which the Auto Debit is to be effected. Please note that the sole/first applicant as mentioned in the "Applicant Information" section on this form need to be one of the a/c holders in the bank records registered for Auto Debit. If your bank is part of the Core Banking System (CBS), then the full CBS Account Number should be provided.
    - iv. Please indicate the Bank Account Type
    - v. It is mandatory to furnish the Name of Bank and Branch, IFSC and MICR Code. In the absence of this information, your SIP application would be rejected.
    - vi. Please mention the SIP Instalment amount in Words and Figures. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
    - vii. Please mention your folio number or application number in the space provided for Reference 1 and the Scheme name in the space provided for Reference 2.
    - viii. For the convenience of our investors, the following fields have been pre-populated on the Mandate:
      - Action - 'Create'
      - Name of the Company - 'DHFL Pramerica Mutual Fund'
    - ix. The name(s) and signature(s) on the Mandate Instruction Form should be in the order in which the Bank Account is held and in the manner in which they appear in the Bank records. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked "XX" in the same order and manner in which their signatures appear on bank records.

## TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

1. SIP Auto Debit is available through NACH, ECS or Direct Debit Facility. By opting for this facility you agree to abide by the terms and conditions of NACH facility of National Payment Corporation of India (NPCI), ECS facility of Reserve Bank of India (RBI), Direct Debit Facility of the Banks as applicable at the time of investment and as may be modified or amended from time to time.
2. ECS - The SIP through ECS Facility is offered only to investors having Bank Accounts in select cities listed below:
 

• Agra • Ahmedabad • Allahabad • Amritsar • Anand • Asansol • Aurangabad • Bangalore • Bardhaman • Baroda • Belgaur • Bhavnagar • Bhilwara • Bhopal • Bhubaneswar • Bikaner • Calicut • Chandigarh • Chennai • Cochin • Coimbatore • Cuttack • Dargeeing • Davangere • Dehradun • Delhi • Dhanbad • Durgapur • Erode • Gadag • Gangtok • Goa • Gorakhpur • Gulbarga • Guwahati • Gwalior • Haldia • Hubli • Hyderabad • Indore • Jabalpur • Jaipur • Jalandhar • Jammu • Jamnagar • Jamshedpur • Jodhpur • Kakinada • Kanpur • Kolhapur • Kolkata • Kota • Lucknow • Ludhiana • Madurai • Mandya • Mangalore • Mumbai • Mysore • Nagpur • Nasik • Nellore • Patna • Pondicherry • Pune • Raichur • Raipur • Rajkot • Ranchi • Salem • Shimla • Shimoga • Sholapur • Siliguri • Surat • Thirupur • Tirunelveli • Tirupati • Trichur • Trichy • Trivandrum • Tumkur • Udaipur • Udipi • Varanasi • Vijaywada • Vizag • Hasan • Imphal • Shillong

The cities listed above may be modified/ removed at any time purely at the discretion of DHFL Pramerica Mutual Fund without assigning any reason or prior notice. Applications for SIP ECS Facility would be accepted only if the Bank Branch in the locations listed above in point 2 participates in local MICR/ECS Clearing.
3. Direct Debit - Applications for SIP Direct Debit would be accepted for the following banks where the Core Banking Account number is provided.
 

Direct Debit banks with Core Banking Account Number Length

Bank of Baroda - 14 digits, Bank of India - 15 digits, Union Bank of India - 15 digits, IDBI Bank - 13 to 16 digits, IndusInd Bank - 13 to 16 digits, Kotak Mahindra Bank - 15 digits, Citibank - 10 digits, State Bank of India - 11 digits starting with 1, 2, 3, 5 and 6, Punjab National Bank - 16 digits, Axis Bank - 15 digits, United Bank of India - 13, State Bank of Patiala - 11, Corporation Bank - Not fixed but should accompany with copy of the bank passbook
4. In case your bank chooses to cross-verify the Auto Debit mandate with you as the Bank's customer, you would need to promptly act on the same. DHFL Pramerica Mutual Fund (DHFLPMF) and its Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank/branch or its refusal to register the SIP mandate or any charges that may be levied by your Bank/Branch on you.
5. The installment after the Common period should be dated after the date of declaration of first NAV. Any payments intended for the interim period will not be processed and will be treated void. While mentioning the SIP Auto Debit period (from) in this form, please consider the minimum gap requirement is at least of 15 days for NACH & Direct Debit setup & 21 days for ECS setup and indicate the correct SIP Auto Debit commencement date.
6. For Cancellation/ Modification of the Auto Debit (NACH/ ECS/Direct Debit) Facility, you need to give a SIP Cancellation cum Modification request in the prescribed format at least 21 days in advance to the AMC or its Registrars. The cancellation request format is available on our website [www.dhflpramericamf.com](http://www.dhflpramericamf.com)
7. You will not hold DHFL Pramerica Mutual Fund (DHFLPMF) / DHFL Pramerica Asset Managers Private Limited (DHFLPAMPL) (erstwhile Pramerica Asset Managers Private Limited) / Trustees to the Fund, its Registrars and other service providers responsible if the transaction is not/incorrectly effected due to incomplete or incorrect instructions from the applicant. Besides, you will not hold either of the entities listed herein before responsible if the transaction is delayed or not effected or the applicant bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH/ RBI's ECS/local holidays.
8. DHFLPMF/DHFLPAMPL (erstwhile Pramerica Asset Managers Private Limited) reserves the right not to re-present any mandate for Auto Debit facility, if the registration could not be effected in time for reasons beyond its/their control.
9. DHFLPMF/DHFLPAMPL (erstwhile Pramerica Asset Managers Private Limited) / Trustees to the Fund, its Registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage, etc. incurred /suffered by you as a result of use of this facility.
10. As per the RBI circular DPSS (CO) EPPD No. 191/04.01.01/2009-2010, SIP- ECS instructions from January 01, 2010, has to be forwarded only with the Core Banking System (CBS) Account Numbers. In order to enable smooth processing of the debits from your bank account towards purchase of SIP units, we request you to mention the CBS account number, wherever applicable.

For more information visit us at  
[www.dhflpramericamf.com](http://www.dhflpramericamf.com)

E-mail us at  
[customer@dhflpramericamf.in](mailto:customer@dhflpramericamf.in)

Call us (Toll free) at  
1800 266 2667

**Additional KYC Information and FATCA & CRS  
Annexure for Individual Accounts**  
(Including Sole Proprietor) (Refer to instructions)



**Pramerica**

MUTUAL FUND

**FIRST / SOLE APPLICANT / GUARDIAN**

Name

Gender  Male  Female PAN  Occupation  Service  Business  Others

Father's Name

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth  Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number *	Identification Type (TIN or Other, please specify)

\*To also include USA, where the individual is a citizen / green card holder of The USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Occupation Details  Service Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  
 Retired  Agriculture  Proprietorship  Others (please specify)

Gross Annual Income  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR  
Net-worth (Mandatory for Non-Individuals) ₹  as on  (Not older than 1 year)

Politically Exposed Person (PEP) Status\*  PEP  Related to PEP  Not Applicable

\*PEP are defined as individuals who are or have been entrusted with prominent publications 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.

**SECOND APPLICANT**

Name

Gender  Male  Female PAN  Occupation  Service  Business  Others

Father's Name

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth  Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number *	Identification Type (TIN or Other, please specify)

\*To also include USA, where the individual is a citizen / green card holder of The USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Occupation Details  Service Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  
 Retired  Agriculture  Proprietorship  Others (please specify)

Gross Annual Income  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR  
Net-worth (Mandatory for Non-Individuals) ₹  as on  (Not older than 1 year)

Politically Exposed Person (PEP) Status\*  PEP  Related to PEP  Not Applicable

\*PEP are defined as individuals who are or have been entrusted with prominent publications 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.

**THIRD APPLICANT**

Name

Gender  Male  Female PAN  Occupation  Service  Business  Others

Father's Name

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth  Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number *	Identification Type (TIN or Other, please specify)

\*To also include USA, where the individual is a citizen / green card holder of The USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Occupation Details  Service Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others (please specify)

Gross Annual Income  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR  
 Net-worth (Mandatory for Non-Individuals) ₹  as on  (Not older than 1 year)

Politically Exposed Person (PEP) Status\*  PEP  Related to PEP  Not Applicable

\*PEP are defined as individuals who are or have been entrusted with prominent publications 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.

**POWER OF ATTORNEY (POA) HOLDER**

Name

Gender  Male  Female PAN  Occupation  Service  Business  Others

Father's Name

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth  Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number *	Identification Type (TIN or Other, please specify)

\*To also include USA, where the individual is a citizen / green card holder of The USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Occupation Details  Service Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others (please specify)

Gross Annual Income  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR  
 Net-worth (Mandatory for Non-Individuals) ₹  as on  (Not older than 1 year)

Politically Exposed Person (PEP) Status\*  PEP  Related to PEP  Not Applicable

\*PEP are defined as individuals who are or have been entrusted with prominent publications 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.

**CERTIFICATION**

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same

**SIGNATURES**

First / Sole Applicant / Guardian Second Applicant Third Applicant

Date  Place

## FATCA & CRS TERMS & CONDITIONS

Details under FATCA & CRS: 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 DHFL Pramerica Mutual Fund 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.

## FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your 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.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"><li>1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;</li><li>2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND</li><li>3. Any one of the following documents: Certified Copy of *Certificate of Loss of Nationality <b>or</b> Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; <b>or</b> Reason the customer did not obtain U.S. citizenship at birth</li></ol>
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"><li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li><li>2. Documentary evidence (refer list below)</li></ol>
Telephone number in a country other than India	<p><b>If no Indian telephone number is provided</b></p> <ol style="list-style-type: none"><li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li><li>2. Documentary evidence (refer list below)</li></ol> <p><b>If Indian telephone number is provided along with a foreign country telephone number</b></p> <ol style="list-style-type: none"><li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; <b>OR</b></li><li>2. Documentary evidence (refer list below)</li></ol>
Telephone number in a country other than India	<ol style="list-style-type: none"><li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li><li>2. Documentary evidence (refer list below)</li></ol>

### List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body\*
2. Valid identification issued by an authorized government body\* (e.g. Passport, National Identity card, etc.)

\* **Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**

### AMC contact address & call center details.

#### DHFL Pramerica Asset Managers Private Limited

Nirlon House, 2nd floor, Dr. Annie Besant Road, Worli, Mumbai – 400030. **Tel.:** +91-22-61593000 **Fax:** +91-22-61593100

**E-mail us at :** [customercare@dhflpramericamf.in](mailto:customercare@dhflpramericamf.in) **For more information visit us at :** [www.dhflpramericamf.com](http://www.dhflpramericamf.com) **Call us (Toll free) at :** 1800 266 2667

**CIN : U74900MH2008FTC187029**

# Additional KYC Information & Details of Ultimate Beneficial Owner including Additional FATCA & CRS Information



Pramerica

MUTUAL FUND

Name of the entity

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office  
 \*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes\*

PAN  Date of incorporation

City of incorporation  Country of incorporation

Entity Constitution Type (Please tick as appropriate)  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  Trust  Liquidator  Limited Liability Partnership  Artificial Juridical Person  Others  specify

### Please tick the applicable tax resident declaration:

1. 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.)

Country	Tax Identification Number <sup>**</sup>	Identification Type (TIN or Other, please specify)

<sup>\*\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent\$.  
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

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

### ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.)  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore

OR

Net-worth (Mandatory for Non-Individuals) ₹  as on  (Not older than 1 year)

Politically Exposed Person (PEP) Status\* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)  PEP  Related to PEP  Not Applicable

Is the entity involved in any of the mentioned services:  Foreign exchange/ Money changer  Gaming/ Gambling/ Lottery (Casinos, betting syndicates)  Money lending/ Pawning  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.

### FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

#### PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution

OR

Direct reporting NFE  (please tick as appropriate)

GIIN

**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 required to apply for - please specify 2 digits sub-category   Not obtained - Non-participating FI

#### PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <b>or</b> <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active <sup>3</sup> NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part C)
4	Is the Entity a passive <sup>4</sup> NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

<sup>1</sup>Refer 2a of Part C | <sup>2</sup>Refer 2b of Part C | <sup>3</sup>Refer 2c of Part C | <sup>4</sup>Refer 3(ii) of Part C | <sup>5</sup>Refer 1 of Part C | <sup>6</sup>Refer 3(vii) of Part C | <sup>7</sup>Refer 1A of Part C

**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  Private Trust  
 Public Charitable Trust  Religious Trust  Others

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			
PAN / Any Other Identification Number			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No.*			
Tax ID Type			
Address	_____ _____ Zip _____ State _____ Country _____ Contact detail _____	_____ _____ Zip _____ State _____ Country _____ Contact detail _____	_____ _____ Zip _____ State _____ Country _____ Contact detail _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
City of Birth			
Country of Birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
Nationality			
Father's Name (Mandatory if PAN is not available)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y
Percentage of Holding (%)^			

If passive NFE, 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

^Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

**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 DHFL Pramerica Mutual Fund 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 provide an explanation and attach this to the form.

**CERTIFICATION**

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name \_\_\_\_\_

Designation \_\_\_\_\_

Signatures	Signatures	Signatures
------------	------------	------------

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place \_\_\_\_\_

## PART C FATCA Instructions & Definitions

### 1 Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of

- (i) The three financial years preceding the year in which determination is made; or
- (ii) The period during which the entity has been in existence, whichever is less.

- Investment entity is any entity:

- That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
  - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
  - (ii) Individual and collective portfolio management; or
  - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

**or**

- The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

- (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made;

**or**

- (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

#### • FI not required to apply for GIIN:

##### A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

### 2. Non-financial entity (NFE) - Foreign entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

#### a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

#### b. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

### c. Active NFE : (is any one of the following):

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements: <ul style="list-style-type: none"> <li>• It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>• It is exempt from income tax in India;</li> <li>• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> </ul> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</p> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ol style="list-style-type: none"> <li>(i) an Investor Protection Fund referred to in clause (23EA);</li> <li>(ii) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</li> <li>(iii) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;</li> </ol>

### 3. Other definitions

#### (i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

#### (ii) Passive NFE

The term passive NFE means

- (i) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or
- (ii) an investment entity defined in clause (b) of these instructions
- (iii) a withholding foreign partnership or withholding foreign trust;

(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

#### (iii) Passive income

The term passive income includes income by way of:

- (1) Dividends,
- (2) Interest
- (3) Income equivalent to interest,
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE



**PART C FATCA Instructions & Definitions (Contd.,)**

- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

**(iv) Controlling persons**

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of entitlements to:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

**(A) Controlling Person Type:**

Code	Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-other
09	CP of legal arrangement-Other-settlor equivalent
10	CP of legal arrangement-Other-trustee equivalent
11	CP of legal arrangement-Other-protector equivalent
12	CP of legal arrangement-Other-beneficiary equivalent
13	CP of legal arrangement-Other-other equivalent
14	Unknown

**(v) Specified U.S. person - A U.S. person other than the following:**

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;

- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

**(vi) Owner documented FFI**

An FFI meets the following requirements:

- (a) The FFI is an FFI solely because it is an investment entity;
- (b) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FFI does not maintain a financial account for any non participating FFI;
- (d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

**(vii) Direct reporting NFE**

A direct reporting NFE means a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

**(viii) Exemption code for U.S. persons**

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan