

1. Distributor / Broker Information

Code/Name : 1000004/ASHIKA STOCK BROKING LIMITED Email : mf@ashikagroup.com Mo. : 033 40102500

2. UCC Details

Tax Status : Holding Nature : Client Code :
 Nomination Opted : Yes No Aadhar Update : Yes No Paperless : Yes No

3. First Applicant Details

Name : PAN :
 Exempt Category : Exempt Ref. No. :
 DOB : Gender : Occupation :
 Communication Mode : Physical Mobile Email KYC Type:
 Email : Mobile : CKYC No :
 Email Declaration : Mobile Declaration :

4. Second Applicant Details

Name : PAN :
 Exempt Category : Exempt Ref. No. :
 DOB : KYC Type: CKYC No :
 Email : Mobile :
 Email Declaration : Mobile Declaration :

5. Third Applicant Details

Name : PAN :
 Exempt Category : Exempt Ref. No. :
 DOB : KYC Type: CKYC No :
 Email : Mobile :
 Email Declaration : Mobile Declaration :

6. Guardian Applicant Details

Name : PAN :
 Exempt Category : Exempt Ref. No. :
 DOB : KYC Type: CKYC No :

7. Nominee Details

Nomination Authorization Mode : Wet Signature (W) eSign (E) OTP Authentication (O)
 Nominee SOA : Yes No

Nominee 1 Detail

Name : DOB :
 Identity Type : PAN Aadhaar Driving License OCI / Passport Identity No :
 Relation : Percentage(%) : Mobile : Email ID :
 Guardian Name : Guardian PAN :
 Address 1 : Address 2 : Address 3 :
 City : Pincode : Country :

Nominee 2 Detail

Name :			DOB :		
Identity Type : <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Driving License <input type="checkbox"/> OCI / Passport			Identity No :		
Relation :		Percentage(%) :	Mobile :		Email ID :
Guardian Name :			Guardian PAN :		
Address 1 :		Address 2 :		Address 3 :	
City :		Pincode :		Country :	

Nominee 3 Detail

Name :			DOB :		
Identity Type : <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Driving License <input type="checkbox"/> OCI / Passport			Identity No :		
Relation :		Percentage(%) :	Mobile :		Email ID :
Guardian Name :			Guardian PAN :		
Address 1 :		Address 2 :		Address 3 :	
City :		Pincode :		Country :	

8. Bank Details

SR NO	Bank Name	Bank Branch	Account Type	Account No	MICR	IFSC	Is Default Bank? (Yes/No)

Cheque name:			Dividend Payment Mode:				
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* Account Type Should be : SB – Saving Account , CB – Current Account , NE – NRE Account , NO – NRO Account

9 .Address Details (India)

Address 1 :			Address 2 :				
Address 3 :			City :				
State :		Pincode :			Residence Phone :		
Office Phone :		Office Fax :			Residence Fax :		

10. Address Details (Foreign)

Address 1 :			Address 2 :				
Address 3 :		City :			State :		
Pin Code :		Country :			Residence Phone :		
Office Phone :		Office Fax :			Residence Fax :		

11. Other Details

Mapin Id. :		LEI No :		LEI Validity :	
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12. Declaration and Signature

I/We confirm that the information provided by me/us is true and correct. I/We acknowledge that the responsibility of the information provided in the registration form solely rests with me/us and that NSE / NSCCL will not be responsible or liable for any loss, claim, liability that may arise on account of any incorrect and/or erroneous data/information provided by me/us. I/We hereby confirm that I/we will comply with the terms and conditions for Know Your Customer (KYC). All correspondence/communication in respect of the transactions including the payment link for online fund transfer will be sent to the registered email address and SMS alerts will be sent to the registered mobile number provided at the time of registration on NMF II. I/we also hereby confirm that the email id and the mobile no. provided at the time of registration by the distributor in the NMF II is pertaining to me/us and all communication/correspondence/transactions related alerts shall be sent to same email id/mobile no.

I/We confirm that for existing investments, I/we had gone through, understood the contents of the Scheme Information Document and Key Information Memorandum, addenda issued from time to time regarding each Mutual Fund Scheme, in which I/We had chosen to subscribe / redeem. I/We will also ensure that I/we shall go through,

understand the contents of the Scheme Information Document and Key Information Memorandum, issued from time to time regarding each Mutual Fund Scheme, in which I/We will choose to subscribe to / redeem.

I/We hereby authorize the Distributor, NSE & AMC (including its Registrars) to utilize my/our KYC information, such as identity, address and signature for the purpose of validation and to comply with the legal and regulatory requirements. I/We accept that for any transaction submitted offline i.e. with wet signatures, the signature available in my KYC records would be used for signature verification and in the event of such signature not being available or legible, the AMC would be within its rights to carry out further checks to validate the authenticity of the request or reject any such offline request.

Date :

Place :

Signature 1st Applicant :

Signature 2nd Applicant :

Signature 3rd Applicant :

***Documents Required:**

Trust : Trust Deed and Authorised Signatory List
Partnership Firm : Partnership Deed and Authorised Signatory List.
Societies : Bye-Laws and Authorised Signatory List
FII & LLP : Overseas Auditors Certificate, Authorised Signatory List ,Board Resolution/Authorisation to Invest
Corporate : Board Resolution and Authorised signatory List
Minor : Proof of Date of Birth

For all investors, a Cancelled cheque may be submitted as proof of bank account.

Individual Investor – Additional KYC and FATCA compliance mandatory for UCC activation.

Corporate / HUF Investor – Additional KYC, FATCA and UBO compliance mandatory for UCC activation.

Note: For Corporate and HUF investors all forms have to be submitted in physical post making necessary submissions on NSE Invest platform. Once the submissions are made on the platform printed version of forms will be generated from NSE Invest platform.

This UCC Form was generated through NSE Invest platform.

FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Entities

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PART - A

PEKRN*									
Name									
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Unspecified						
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office							
Place of Birth				Country of Birth					
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1-5 Lacs	Net Worth in INR. In Lacs		_____				
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	Net Worth Date						
	<input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> > 1 Crore							
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning <input type="checkbox"/> To be blank if the same is not applicable			Any other information [if applicable]	[Please specify]				

Is your [Entity] Country of Tax Residency other than India – Yes No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency	Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type <i>[TIN or other, please specify]</i>

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code here _____ *(Refer Instructions o)*

Part B [to be filled by Financial Institutions or Direct Reporting NFFEs]

<p>We are a</p> <p><input type="radio"/> Financial Institution / FFI [refer instructions a.]</p> <p><input type="radio"/> Direct Reporting NFFE [refer instructions a.]</p>	<p>GIIN (Global Intermediary Identification Number):</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><i>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</i></p> <p>Name of the sponsoring entity</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>GIIN not available [tick any one]:</p> <p><input type="checkbox"/> Applied For</p> <p><input type="checkbox"/> Not required to apply for – specify sub-category code <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> [refer instructions c.]</p> <p><input type="checkbox"/> Not obtained - Non-participating FFI</p>																				

Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]

1	<p>Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions d.]</p>	<p>Yes <input type="checkbox"/> (Please specify the name of the Stock Exchange(s) where it is traded regularly)</p> <p>1. _____</p> <p>2. _____</p>
2	<p>Is the entity a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.]</p>	<p>Yes <input type="checkbox"/> (Please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly)</p> <p>Name of the listed company: _____</p> <p>Name of the Stock Exchange: _____</p>
3	<p>Is the entity an Active NFE?</p>	<p>Yes - Nature of business _____</p> <p>Please specify sub-category of Active NFE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> [refer instructions g.]</p>
4	<p>If the entity a Passive NFE: [refer instructions h.]</p>	<p>Yes - Nature of business _____</p> <p>Also submit UBO Form [provided separately]</p>

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [Fund/AMC/RTA/NSE] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND) , the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/We authorize Fund/AMC/RTA/NSE to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date :

Place :



Declaration Form of Ultimate Beneficial Ownership [UBO]/Controlling Persons

I: Investor details:

Investor Name									
PAN (Mandatory)									

II: Category

Our Company is a Listed Company on a recognized stock exchange in India/ subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange Where it is listed. _____ Others _____

Security ISIN _____

Name of the Listed Company (applicable if the investor is subsidiary/associate): _____

Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals

Public Charitable Trust Private Trust Religious Trust Trusted created by a Will.

Others [Please Specify] _____

Ultimate Beneficiary Owner (UBO) / Controlling Person(s) / Senior Managing Official details.

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? # Yes No

If 'YES' - we hereby declare that the following individual holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - Declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO / SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			

UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmmyyyy]#			
UBO / SMO PEP#	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied**. If not complied, please complete KYC process independently and then submit the proof.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.

Mandatory column.

**In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Participating Mutual Fund(s) / RTA may call for additional information/documentation whenever required or if a given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

	UBO-4	UBO-5	UBO-6
Name of the UBO / SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmmyyyy]#			
UBO / SMO PEP#	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied**. If not complied, please complete KYC process independently and then submit the proof.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.

Mandatory column.

**In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Participating Mutual Fund(s) / RTA may call for additional information/documentation whenever required or if a given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employee / RTAs ('the Authorized parties') or any Indian or Foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India(FIU-IND), the tax / revenue authorities in India or outside India whenever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries / or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Name: Designation:
Name: Designation:

Name: Designation:
Name: Designation:

Name: Designation:
Name: Designation:

Place: _____

Date: ___/___/___

Declaration Form of Non-Profit Organization(NPO)
(Mandatory for Trusts / Society)

Investor Name										
PAN										

I/We hereby confirm that above stated entity / organization is falling under "Non-profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860(21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013(18 of 2013).

Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal	
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If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

I/We hereby confirm that the above stated entity / organization is NOT falling under Non-profit organization as defined above or in PMLA Act / Rules thereof.

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclosure, share, rely, remit in any form, m or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory to facilitate single submission / update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators / tax authorities.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Place: _____

Date: ___/___/___

UMRN Date Tick

Sponsor Bank Code Utility Code I/We hereby authorize to debit (tick) Bank a/c number with Bank IFSC or MICR an amount of Rupees ₹ FREQUENCY Mthly Qtly H-Yrly Yrly As & when presentedDEBIT TYPE Fixed Amount Maximum AmountReference 1 (Mandate Reference No.) Phone No. Reference 2 (Unique Client Code-UCC) 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 To Signature of Primary Account HolderSignature of Account HolderSignature of Account Holder

1. _____ 2. _____ 3. _____

- 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, based on the instructions as agreed and signed by me.

- I have understood that I am authorised 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.