|  |
| --- |
| Only Individuals to affix recent photograph (3.5 cm x 2.5 cm) |
| Signature/ Left Thumb Impression across the photo |

|  |  |
| --- | --- |
|  | Only Individuals to affix recent photograph  (3.5 cm x 2.5 cm) |
|  |  |
|  | **Signature/Left Thumb** |

**THE GAZETTE OF INDIA : EXTRAORDINARY**

**COMMON APPLICATION FORM**

[Single Combined Application form for registration of Foreign Portfolio Investor (FPI) with SEBI, Allotment of Permanent Account Number (PAN) and Know Your Customer (KYC) for opening Bank & Demat Account.]

To avoid mistake(s), please follow the accompanying instructions and examples before filling up the form

***Note****:*

* *The above Photograph section is not applicable for Non -Individual Clients.*
* *Clients are required to sign on every page of the document. Initials are not acceptable.*
* *Please ensure mandatory fields are duly filled. These are marked as \**

Sir,

I/We hereby request that a Permanent Account Number & FPI registration number be allotted to me/us. In this context, I/We give below necessary particulars:



|  |
| --- |
| **1) Name of the Applicant (Full expanded name to be mentioned as appearing in proof of identity/ address documents: initials are not permitted)\***  *(Applicant must write their full name starting from the 1st row titled Last Name. If the name is longer than the space provided for the last name, it can be continued in the space provided for First and Middle Name)* |

Please select title, as applicable.  Shri/Mr.  Smt/Mrs.  Kumari/Ms.  M/s

|  |  |
| --- | --- |
| Last Name |  |
| First Name |  |
| Middle Name |  |

|  |
| --- |
| **2) Abbreviation of the Name, as you would like it, to be printed on the PAN card**  *(This field has a limitation of 75 characters only and will be auto-populated basis information provided above and is not required to be completed by the applicant)* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |
| --- |
| **3) Have you ever been known by any other name?**  *(This section is not applicable to Non-Individual applicants)* |

Yes  No  Not applicable (Please select as applicable)

If yes, please give that other name

Please select title:  Shri/Mr.  Smt/Mrs.  Kumari/Ms.  M/s

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **4) Date of Birth/Incorporation/Agreement/ Formation of body of Individuals or Association of Persons/ Establishment (DD/MM/YYYY)\***  *Note: The FPI applicant to update the date of incorporation, formation date or date of establishment of the entity. The date of commencement should be equal or greater than the date of incorporation or date of establishment or formation document* |  |

**Have you ever been known by any other name?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Particulars** | **Date**  **(DD/MM/YYYY)** | | | | | | | |
| a) | Date of Birth/ Incorporation/Agreement/ Partnership or Trust Deed/ Establishment/ Formation of body of Individuals or Association of Persons | D | D | M | M | Y | Y | Y | Y |
| b) | Date of Commencement of Business | D | D | M | M | Y | Y | Y | Y |

|  |  |
| --- | --- |
| **5) Place and Country of Birth/ Incorporation/ Establishment/ Formation** |  |

**Persons/ Establishment (DD/MM/YYYY)**

|  |  |  |  |
| --- | --- | --- | --- |
| Place\* | *[city]* | Country\* | [*country]* |

**In case of Foreign Individual applicant, please specify the nationality and passport no. of the applicant:** *(Please mention ‘Not applicable’ for non-individual clients)*

|  |  |  |  |
| --- | --- | --- | --- |
| Nationality | **Not Applicable** | Passport No. | **Not applicable** |

|  |  |
| --- | --- |
| **6) Legal Entity Identifier & Tax Residency Certificate details**  ***Note****: The FPI applicant should mention a valid LEI number. The LEI should not be expired and should be valid. The Tax residency certificate is not a mandatory field. If applicable kindly update the details or mention “Not applicable”* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Particulars** | **Details** | | |
| a) | Legal Entity Identifier (LEI) |  | | |
| b) | Tax Residency Certificate (TRC) No.  *(Incase of Multiple Tax Residency countries, client to add multiple rows)* |  | Country of Tax Residency |  |

|  |  |
| --- | --- |
| **7) Address & Communication Details** |  |

**) Legal Entity**

|  |  |  |  |
| --- | --- | --- | --- |
| ***a) Registered /Residence Address***  *(Please mention the registered address of the applicant)* | | | |
| Flat/ Room/ Door/ Block No. |  | | |
| Name of Premises/Building/ village\* |  | | |
| Road/ Street/Lane/ Post Office Area/ Locality/ Taluka/ Sub-Division Town/ City/ District \* |  | | |
| State/Union Territory \* |  | | |
| Pin Code/ Zip Code \* |  | Country Name\* |  |

***b) Office Address  Same as above*** *(If the office address is different than the Registered address, additional address proof is required to be submitted by the applicant)*

|  |  |  |  |
| --- | --- | --- | --- |
| Flat/ Room/ Door/ Block No. |  | | |
| Name of Premises/Building/ village\* |  | | |
| Road/ Street/Lane/ Post Office Area/ Locality/ Taluka/ Sub-Division Town/ City/ District\* |  | | |
| State/Union Territory\* |  | | |
| Pin Code/ Zip Code\* |  | Country Name\* |  |

***c) Address of Communication/Correspondence*** *(Please select as applicable) (Clients who wish to apply for PAN card please note that the physical PAN will be dispatched to the Office address)*

Registered/Residence Office

***d) Contact Details :***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Particulars** | **Registered/Residence** | | | **Office** | | |
| **Country Code** | **Area/ STD Code** | **Number** | **Country Code** | **Area/ STD Code** | **Number** |
|
| 1 | Telephone Number \* |  |  |  |  |  |  |
| 2 | Mobile Number |  | | | | | |
| 3 | Fax Number |  | | | | | |
| 4 | Email id \* *(limited to 40 characters only)* |  | | | | | |
| 5 | Website *(limited to 30 characters only)* |  | | | | | |

|  |  |
| --- | --- |
| **8) Information regarding Ultimate Beneficial Owner (End Natural Person)** |  |

*(This section is not required to be completed by applicants seeking registration under regulation 5(a)(i) i.e. as Government and Government related investors such as Central Banks, Governmental Agencies, Sovereign Wealth Funds, International /Multilateral Organizations/Agencies)*

**a)Individual Custodian/DDPs may seek additional documentation/ownership details at a lower threshold than prescribed, based on their independent evaluation and risk classification of the respective FPI applicants on the basis of multiple parameters such as home jurisdiction, type of entity, nature of business etc.**

We declare that there is no natural person/individual who are ultimately holding > 10% beneficial ownership directly/indirectly into the entity as well as on controlling basis for companies, Trust & General Partner / Limited Partnership structure. We therefore provide details of the senior managing official\* of the FPI as under.

*(\*Senior Managing official means an individual as designated by the entity / FPI who holds a Senior Management Position and makes key decisions relating to the entity / FPI)*

**OR**

The list of beneficial owners as per materiality threshold for controlling ownership interest and / or on control basis is provided as under *(This section is applicable only if a natural person has been identified as the ultimate beneficial owner of the applicant):*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No | Name & Address of the Beneficial Owner (Natural Person) | Date of Birth | Tax Residency Jurisdiction | Nationality | Whether acting alone or together, or through one or more natural person as group with their name & address | BO Group Percentage Shareholding / Capital/Profit Ownership in the FPIs | Tax Residency Number/Social Security Number/Passport Number of BO/ any other Government issued identity document number (example Driving Licence) [Please provide any] |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**7) Address & Communication Details**

**b) Does it have few persons or persons of the same family holding beneficial ownership and control?**

*(Applicable if a natural person has been identified as the ultimate beneficial owner under Section 8a)*

Yes  No

|  |  |
| --- | --- |
| **9) Income details (Select multiple options, if applicable)** |  |

1. ***Source of Income*** *(Applicants are requested to kindly contact their local tax consultant to complete information in this section)*

Salary  Capital Gains  Income from Business/Profession  No Income

Income from Other Sources  Income from House Property

1. **Gross Annual Income** (in INR) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Net Worth** (Asset less liabilities) (in INR) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As on date** *(cannot be older than one year from the date of application)* – dd/mm/yyyy

|  |  |
| --- | --- |
| **10) Occupation Details** |  |

*(Applicants are required to kindly contact their local tax consultant to complete information)*

Charitable Organisation (C) Non-Government Organisation (N)

**e options, if applicable)**

Financial Institution (S) Body Corporate (D)

Public Company (U)  Private Company (R)

|  |  |
| --- | --- |
| **11) Documents submitted as Proof of Identity (POI) and Proof of Address (POA) for KYC** |  |

***PROOF OF IDENTITY (POI) \* -*** *(Please select as applicable)*

Certificate of Incorporation/Formation Registration Certificate

Memorandum of Article of Association/Partnership Deed/Trust Deed /Prospectus /Offering memorandum or equivalent document

***PROOF OF ADDRESS (POA) \*****(Please select as applicable)*

Certificate of Incorporation/Formation

Power of Attorney given by FPI to Custodians (duly notarized and/or apostilled or consularised) that mentions the registered address of the FPI

Utility bill, which is not more than two months old, of any service provider (landline or electricity)

Bank account statement, not more than 3 months old

Registration Certificate

|  |  |
| --- | --- |
| **12) Whether the applicant or the applicant's authorized signatories/ Promoters/Partners/Trustees/Whole Time**  **Directors/Office bearer is** |  |

**a) A politically exposed person: P**  Yes  No

**b) Related to a politically exposed person: P**  Yes  No

|  |
| --- |
| **PART B***-* **FPI REGISTRATION INFORMATION** |

|  |  |
| --- | --- |
| **13) Category of Applicant** |  |

Classification of applicant (please select the most appropriate category.)

1. **Type of Category** \*  Category I **OR**  Category II

**Name of Sub-Category \*** *(Please select the most appropriate sub-category from the options given below)*

*Sub categories of Category I*  (Select any one box)

Central Bank

Sovereign Wealth Fund

International/Multilateral Organizations/Agencies

Entity controlled or atleast 75% owned by Government and Government related investor(s)

Pension Fund

University Fund

Appropriately Regulated – Insurance or Reinsurance entity

Appropriately Regulated – Bank

Appropriately Regulated – Asset Management Company

Appropriately Regulated – Investment Manager

Appropriately Regulated – Investment Advisor

Appropriately Regulated – Portfolio Manager

Appropriately Regulated – Broker Dealer

Appropriately Regulated – Swap Dealer

Appropriately Regulated - Stock Exchange

Appropriately Regulated - Clearing Corporation

Appropriately Regulated - Central Securities Depository

Appropriately Regulated Fund

Unregulated fund whose Investment Manager is Category I FPI

University related Endowment

Entity whose Investment Manager is Category I FPI from FATF member country

Entity which is at least 75% owned by Pension Fund

Entity which is at least 75% owned by University Fund

Entity which is at least 75% owned by appropriately regulated entities

Entity which is at least 75% owned by university related endowments

**OR**

*Sub categories of Category II* (Select any one box)

Appropriately regulated Fund not eligible as Category I-FPI

Endowment / Foundation

Charitable Organisation

Corporate Body

Family Office

Appropriately regulated entity investing on behalf of their client

Unregulated fund – Limited Partnership / Trust

Others

1. **Investing/Non-Investing entity (only applicable for Investment Manager)**\*

Investing Entity OR  Non-Investing Entity

|  |  |
| --- | --- |
| **14) Whether the applicant is seeking registration under Multi Investment Manager (MIM) structure?** \* |  |

YES  NO

|  |  |
| --- | --- |
| **15) Details of Investment Manager of FPIs which are registered under regulation 5 (a) of SEBI (FPI) Regulations, 2019 (as amended from time to time) or FPI seeking registration under MIM structure** |  |

|  |  |  |
| --- | --- | --- |
| Sr. No. | Name of investment Manager | SEBI Registration No. |
|  | *Please update the name of the investment manager on the basis of which the unregulated funds (FPI applicant) is seeking FPI Category 1 License.*  *Or*  *In case of MIM structure, please update the details of Investment Manager seeking FPI registration* | *Please mention the registration number if already registered with SEBI else mention “Applied for”* |

|  |  |
| --- | --- |
| **16) Whether the applicant has provided with valid self-certification/ FATCA/ CRS declaration form? \*** |  |

YES  NOT APPLICABLE

|  |  |
| --- | --- |
| **17) Information pertaining to the compliance officer \*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name**\*** |  | | |
| Job Title**\*** |  | | |
| Telephone No.**\*** |  | Fax No. |  |
| E-mail ID**\***  *(limited to 50 characters only)* | | | |

|  |  |
| --- | --- |
| **18) Details of Regulatory authority by which the applicant is regulated (If Applicable) \*** |  |

*(Please provide the name and details of the regulatory authority providing regulatory or supervisory control over the FPI. This is a very important requirement wherein SEBI requires the applicant to be regulated by an appropriate regulatory body. However, there is not a clear definition of the term “appropriate regulatory body”. Most members of the International Organization of Securities Commissions (“IOSCO”) (*[*www.iosco.org*](http://www.iosco.org) *would be suitable) SEBI expects the applicant to be resident of a country whose securities market regulator is a signatory to International Organization of Securities Commission’s Multilateral Memorandum of Understanding (MMOU) (Appendix A Signatories) (*[*http://www.iosco.org/library/index.cfm?section=mou\_siglist*](http://www.iosco.org/library/index.cfm?section=mou_siglist)*) or a signatory to bilateral Memorandum of Understanding (MOU) with SEBI (*[*www.sebi.gov.in/cms/sebi\_data/attachdocs/MoUSebi.pdf*](http://www.sebi.gov.in/cms/sebi_data/attachdocs/MoUSebi.pdf)*). In the event that the applicant is not regulated or regulated by a governing body outside of IOSCO, then DDP will consider the application on a “case by case” basis. If the applicant is a Bank then the applicant should be a resident of a country whose central bank is a member of Bank for International Settlements {BIS} as mentioned in the BIS website (*[*http://www.bis.org/about/orggov.htm*](http://www.bis.org/about/orggov.htm)*. This information should be factual and consistent with the information provided in Constitution documents / Undertakings provided by client.)*

|  |  |  |
| --- | --- | --- |
| Name **\*** |  |  |
|  |  |  |
| Country**\*** | Web-site**\*** |  |
| Registration Number/ Code with Regulator, if any**\*** |  |  |
| Category / Capacity in which the applicant is Regulated**\***  *(Please mention in what capacity is the applicant regulated in its home jurisdiction)* |  |  |

**R (as amended from time to time) or FPI seeking registration under MIM structure**

|  |
| --- |
| **19) Whether the applicant is coming through Global Custodian?*.*** |

YES  NO

|  |  |
| --- | --- |
| **If yes, please provide name of Global custodian \*** |  |
| **Name of Regulator** |  |
| **Registration Number/ code with regulator, if any** |  |
| **Address \*** |  |

|  |  |
| --- | --- |
| **20) Details of the designated depository participant, custodian of securities and designated AD Category I bank appointed** |  |

1. **Name of DDP/Custodian of Securities/Depository Participant**

|  |  |
| --- | --- |
| Name \* |  |
| SEBI Registration number \* |  |

1. **Details of designated AD category I bank (approved by RBI)**

|  |  |
| --- | --- |
| Name of the Bank &Branch\* |  |
| Address \* |  |
|  |  |
|  |  |
|  |  |

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| --- |
| **21) Disciplinary History** |
| Whether there has been any instance of violation or non-adherence to the securities laws, code of ethics/conduct, code of business rules, for which the applicant or its parent/holding company or associate/or promoter/investment manager may have been subjected to criminal liability or suspended from carrying out its operations or the registration, has been revoked, temporarily or permanently or any regulatory actions that have resulted in temporary or permanent suspension of investment related operations in the applicant's home jurisdiction and has a bearing on obtaining FPI registration for investing in India?  (*The client needs to check (√) the relevant option. If there have been any instances of violation, full details should be provided. This question is relevant to the applicant, but also to its parent group or holding company. If answering yes, then full details of any suspensions, fines or disciplinary details should be provided. This information should be factual and consistent with the information provided in Constitution documents / Undertakings provided by client)* | |  | |
|  | |
| YES NO  (If yes, please mention details briefly in below box. For more details, enclose Annexure) | | |
|  |
|
|

|  |  |  |  |
| --- | --- | --- | --- |
| **22) Clubbing of Investment Limit** | | | |
| We do not share common ownership, directly or indirectly, of more than fifty percent or common control with other FPIs and are not exempt from regulation 22(4).  We share common ownership, directly or indirectly, of more than fifty per cent or common control with other FPIs and are not exempt from regulation 22(4). Details of investor group are as below:  *(FPIs shall provide details of all entities having direct or indirect common shareholding / beneficial ownership / beneficial interest, of more than 50%, as a part of their group, for submitting this data.*  *The common end beneficial owner(s) shall be identified on the basis of (1) shareholding, (2) voting rights (3) any other forms of control, in excess of 50%, across FPIs, if any)* | | | |  |
|  |
| **Sr. No.** | **Name of FPI/ ODI subscriber with whom the applicant shares, ownership of more than 50% or common control** | **If ODI subscriber, please mention the name of dealing FPI** | **Registration No. of FPI** |  |
|  | *Please provide the name of FPIs with whom the applicant shares common end beneficial owners. This information should be factual and consistent with the SEBI approval.)* | *Please provide the Name of the dealing FPI* | *Please provide the FPI registration number.* |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| In case Clubbing of investment limits of FPIs having common control is not being done in case of public retail funds (PRF\*)as referred in Regulation 22(4), please provide following details :  (\**Note: (1) Public retail funds mean (i) mutual funds or unit trusts which are open for subscription to retail investors and do not have specific investor type requirements e.g. accredited investors etc.,(ii) insurance companies where segregated portfolio with one to one correlation with a single investor is not maintained and (iii) pension funds.*  *(2) Control includes the right to appoint majority of the directors or to control the management or policy decisions exercisable by a person or persons acting individually or in concert, directly or indirectly, including by virtue of shareholding or management rights or shareholders agreements or voting agreements or in any other manner)* | | | |  |  |  |
|  |
| **Sr. No.** | **Name of FPI** | **FPI Registration Number** | **Name of Common Controlling Person** |  |
|  | *Please provide the name of FPIs having common control is not being done in case of public retail funds* |  | *Please provide the name of the common controlling entity /person* |  |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- |
| **23) Details of Prior association with Indian securities market** |
| Whether the applicant was anytime associated with Indian securities market as FPI, FII, sub account, QFI or FVCI ? |

YES NO

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, please provide details in the below table: | | |  |
| **Name of the Entity** | **Registered/ associated as** | **SEBI Registration No. (if applicable)** | |
|  |  |  | |



*(Applicants who do not have a PAN card and wish to apply for PAN using this form are required to kindly contact their local tax consultant to complete information in Section 25 to Section 31.)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **24) Whether the applicant already holds PAN** | | | | | | | | | | | | | | | | |
| If Yes, please mention PAN: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If No, then below mentioned fields will be applicable. | | | | | | | | | | | | | | | | |
| **25) Status of Applicant** | | | | | | | | | | | | | | | | |

Individuals Company Partnership Firms Government Trusts Body of Individuals

Artificial Juridicial Person Local Authority Limited Liability Partnership Association of Persons

|  |
| --- |
| **26) Assessing Officer (AO Code)** |

*(While seeking assistance from the tax consultants, client may also verify the valid options by referring to the following link: https://tin.tin.nsdl.com/tan/servlet/TanAOSearch?city=MUMBAI&display=N)*

|  |  |
| --- | --- |
| Area Code |  |
| AO Type |  |
| Range Code |  |
| AO No |  |

|  |
| --- |
| **27) Registration number (for Company, firms, LLP, etc.)** |

|  |
| --- |
| **28) Representative or Agent of the Applicant in India** *(If client appoints a Representative or Agent in India, then the physical PAN will be sent to the address of the agent provided in the below section)* |

Do you wish to appoint Representative Assessee or Agent of Application in India?

YES (If yes, please fill below details)  NO

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name (Full expanded name: initial are not permitted)** | | | | | | | | | | | | | | | | | |  | |  |  | |  | |  | |  | |
| Please select title, as applicable |  |  | | Shri/Mr. |  |  | Smt/Mrs. |  |  | Kumari/Ms. |  |  | M/s |  |  |  |  | |  | |  |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name/Surname | | |  | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
| First Name | | |  | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
| Middle Name | | |  | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address** | |  |  |
| Flat/ Room/ Door/ Block No. |  | | |
| Name of Premises/Building/ village |  | | |
| Road/ Street/Lane/ Post Office Area/ Locality/ Taluka/ Sub-Division Town/ City/ District |  | | |
| State/Union Territory |  | | |
| Pin Code/ Zip Code |  | | |
| Proof of Identity (POI) for Representative Assessee |  | | |
| Proof of Address (POA) for Representative Assessee |  | | |

|  |
| --- |
| **29) In case of Public company, whether listed on a Stock Exchange** |

YES NO

If Yes, then indicate name of the Stock Exchange

|  |
| --- |
| **30) Is the entity involved / providing any of the following services** |

Foreign Exchange, Money Changer Services YES NO

Gaming / Gambling / Lottery services (Casinos and Betting Syndicates) YES NO

Money Lending, Pawning  YES NO

|  |
| --- |
| **31) Documents Submitted as a proof of identity (POI) & Proof of Address(POA) for PAN – This has been pre-filled so no input required.** |

I/We have enclosed the below documents as proof of identity & proof of address

Copy of certificate of registration with the competent authority in India



--------------------------------------SECTION NOT APPLICABLE TO INSTITUTIONAL INVESTORS------------------------



|  |
| --- |
| **32) Details To Be Obtained For Opening Depository Account** |

1. Authorisation

We hereby request Depository Participant viz., **<<…>>** to open Depository account in my/our name as mentioned in the application form.

**OR**

I/We is/are non-investing FPI and do not wish to open Depository account.

1. Mode of Operation for Sole/First Holder (in case of joint holdings, all the holders must sign)

|  |  |
| --- | --- |
| Any one single |  |
| Jointly by |  |
| As per resolution |  |
| Others (please specify) | **Account to be operated by the Custodian in India** |

|  |
| --- |
| **33) Bank Account information** |

We hereby request to open Special Non Resident Rupee Account (SNRA) in my/our name.

**OR**

I/We is/are non-investing FPI and do not wish to open Bank Account.



|  |
| --- |
| **Declaration & Undertaking** |

I/We --------------- ,the applicant, in the capacity of ------------------- do hereby declare that what is stated in the aforesaid application form(including the enclosed documents/annexures) is complete and true to the best of my/our information and belief. I/we undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

I/we hereby apply for registration as Foreign Portfolio Investor(“FPI”) in accordance with the Securities and Exchange Board of India (Foreign Portfolio Investors) Regulations, 2019, obtain Permanent Account Number (PAN) from Income Tax Department of India and open Depository Account & Bank Account (if applicable). Further, I/We have read and understood the Securities and Exchange Board of India (Foreign Portfolio Investors) Regulations, 2019, circulars issued thereunder,its operating guidelines, reply to frequently asked questions on FPI regime provided by SEBI and shall abide with any other terms and conditions specified by SEBI from time to time.  
I/We hereby declare that I/we fulfill the eligibility criteria under the FPI Regulations and I/we am/are eligible to register as a FPI.

Further, I/we hereby declare that I/we do not hold PAN issued by Income Tax Department currently and shall be liable for penalty of Rs. 10,000/- as per provision of section 272(B) of Income Tax Act, 1961 for possession of more than one PAN.

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| **For & on behalf of the applicant** |

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| Name of the authorized signatory |  |
| Designation |  |
| Place |  |
| Date |  |



|  |  |
| --- | --- |
| Name of Depository Participant |  |
| Address of Depository Participant |  |
| DP ID | Client ID |

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| **Applicant Bank Account Information** (To be captured in the depository system) | | | | | | | | | | | | | | | | | | |
| Bank account type Others (Please specify) - SNRA | | | | | | | | | | | | | | | | |
| Bank Account Number | |  | | | | | | | | | | | | | | |
| Bank Name | |  | | | | | | | | | | | | | | |
| Branch Address | |  | | | | | | | | | | | | | | |
|  | City/town/ village | | MUMBAI | | | PIN Code | | |  |  | |  |  |  | |  | |
| State | | MAHARASHTRA | | | Country | | | INDIA | | | | | | | | |
| MICR Code | | |  |  |  | |  |  |  | |  | |  | |  | | |

Emp. Name Emp. Code

Emp. Designation \_Emp. Branch

Signature

INSTITUTION DETAILS

Name

Code\_