

Declaration of Ultimate Beneficial Ownership [UBO]

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I : Investor details

Investor Name DHARMESH RATHOD LLP

PAN AIXFR7882N

Part II : Listed Company / its subsidiary or controlled company

We hereby declare that _____ <Name of the Investor>

- Our company is a Listed Company listed on recognized stock exchange in India Our company is a subsidiary of the Listed Company
- Our company is controlled by a Listed Company

If any of the above options is selected, please provide details of the Listed company.

ISIN _____

Name of the Listed Company _____ Stock exchange on which listed _____

If none of the above options are applicable, please provide the mandatory information in Part III below.

Part III : Non-individuals other than Listed Company / its subsidiary or controlled company

Category [tick applicable category]:

- Unlisted Company Partnership Firm / LLP Unincorporated association / BOI / AOP / Society Private Trust / Trust created by a Will
- Charitable / Religious Trust / Non-profit Organisation / Educational institution Others _____ <please specify>

Details of Ultimate Beneficiary Owners*:

Sr. No.	Name of the UBO with Designation / Position wherever applicable and CIN Number	PAN or PERN / any other valid ID proof if PAN is not applicable	Country of Birth (COB), Country of Residence (COR) and Nationality / Citizenship (CCN)	Tax Residence Status [include USA if US Citizen or Greencard holder]	Percentage of Holding (%) [Enclose appropriate proof]	UBO Code [Refer Instruction (E)]	KYC (Yes/NO) [ref note i & ii]†
1.	DHARMESH RATHOD	AIXPR7882N	COB _____ COR _____ CCN _____	Country of Tax residence: _____ Foreign Tax ID No. _____	50 %		YES
2.	S D RATHOD	AIXPR7882B	COB _____ COR _____ CCN _____	Country of Tax residence: _____ Foreign Tax ID No. _____	50 %		YES
3.			COB _____ COR _____ CCN _____	Country of Tax residence: _____ Foreign Tax ID No. _____			
4.			COB _____ COR _____ CCN _____	Country of Tax residence: _____ Foreign Tax ID No. _____			
5.			COB _____ COR _____ CCN _____	Country of Tax residence: _____ Foreign Tax ID No. _____			

* If the given rows are not sufficient, investor can submit multiple declarations covering all Beneficial Owners.

† Attached document should be self certified by the UBO and certified by the Applicant / Investor's Authorised Signatory.

- Notes:**
- If UBO is already KYC compliant, KYC Complied proof to be enclosed.
 - If UBO is not KYC compliant, then enclose (a) PAN or any other valid identity proof and (b) address proof. In such case, the UBO shall complete the KYC formalities and send the intimation to the Mutual Fund / CAMS.
 - Position / Designation like Director / Settler of Trust / Protector of Trust etc. to be specified wherever applicable.
 - In case of UBO who is tax resident of country other than India, please provide Social Security Number [SSN] if Tax ID Number is not issued.
 - Submit documentary proof like Shareholding pattern as proof of holding.

Details of Ultimate Beneficiary Owners* (Contd.):

Sr. No.	Name of the UBO with Designation / Position wherever applicable and CIN Number	PAN or PERN / any other valid ID proof if PAN is not applicable	Country of Birth (COB), Country of Residence (COR) and Nationality / Citizenship (CCN)	Tax Residence Status [include USA if US Citizen or Greencard holder]	Percentage of Holding (%) [Enclose appropriate proof]	UBO Code [Refer Instruction (E)]	KYC (Yes/NO) [ref note i & ii] [‡]
6.			COB _____ COR _____ CCN _____	Country of Tax residence: _____ Foreign Tax ID No. _____			
7.			COB _____ COR _____ CCN _____	Country of Tax residence: _____ Foreign Tax ID No. _____			
8.			COB _____ COR _____ CCN _____	Country of Tax residence: _____ Foreign Tax ID No. _____			

* If the given rows are not sufficient, investor can submit multiple declarations covering all Beneficial Owners.

[‡] Attached document should be self certified by the UBO and certified by the Applicant / Investor's Authorised Signatory.

Part IV : Declaration

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete 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 shall be liable for it. In case the above information is not provided, we understand that it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit and in such case, the Mutual Fund / AMC reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed immediately 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 end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

		
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Date

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 Place

