Account Opening Form for Corporate

Lucky Investments

Day	Month	Year

For Office use only

Folio No.:	

NOTE: ALL FIELDS IN THE FORM ARE MANDATORY UNLESS MENTIONED OTHERWISE ANNEXURE I MUST BE FILLED BY EVERY INVESTOR

ACCOUNT DETAILS

Company / Business Name:

NTN Number (if exempted please provide exemption letter):

Incorporation / Registration No. | Date of Incorporation / Registration of Legal Person / Arrangements:

Business Address: | City: | Country:

Registered Address: | City: | Country:

CONTACT PERSON NAME | Email

Office: | Mobile | Mobile Network:

BANK ACCOUNT DETAIL FOR REDEMPTION PURPOSE

Bank Account No. (IBAN preferred)

Bank Name: | Branch: | City:

DIVIDEND MANDATE

Cash Dividend: ☐ Re-invest OR ☐ Provide Cash

Nature of Business:

Geographies Involved	**Domestic** ☐ Sindh ☐ Punjab ☐ KPK ☐ Balochistan ☐ Others _____	**International** ☐ FATF Compliant ☐ FATF Non-Compliant
Type of Counter Parties	**Domestic** ☐ Sindh ☐ Punjab ☐ KPK ☐ Balochistan ☐ Others _____	**International** ☐ FATF Compliant ☐ FATF Non-Compliant

Possible Modes of Transactions: ☐ Online ☐ Physical ☐ Both | Expected No. of Transactions (Monthly) _____

Expected Turnover in Account: ☐ Monthly Rs. _____ or ☐ Annually Rs. _____

Expected Amount of Investment: ☐ below Rs. 2.5 M ☐ Rs. 2.5 M to Rs. 5 M ☐ Rs. 5 M to Rs. 10 M ☐ Rs. 10 M to Rs. 100 M ☐ Above Rs. 100 M

SUBSCRIPTION REQUEST

Fund Manager's Report (FMR): ☐ Send through email ☐ Do not send (Account Statements will be sent on email)

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(s)

We hereby confirm that all information provided in this form is true and correct to the best of our knowledge. We also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplement Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual funds.

_____

Name and Signature of Authorised Signatories with Company stamp

APPLICATION CHECK LIST (To be filled by Sales Officer)

- ☐ Memorandum and Article of Association/Bye Laws/Trust Deed
- ☐ Name and CNIC Copies of Authorized Signatories
- ☐ Name and CNIC Copies of Directors/Trustees
- ☐ Certificate of Incorporation/Registration
- ☐ Board Resolution (authorizing investments)
- ☐ Company's Audited Accounts

OTHER INFORMATION (To be filled by Sales Officer)

Sector: ☐ Public Ltd. ☐ Private Ltd. ☐ Insurance ☐ Bank ☐ DFI ☐ Modarabas ☐ Retirement Funds ☐ NGO ☐ Partnership ☐ Sole Proprietorship ☐ Others ☐ Mutual Funds

Target (Risk Profile) ☐ Low Risk ☐ High Risk

Sales Person's Name and Code	Sales Person's Signature	Signature and Stamp of Distributor
Reporting Date	**Signature of Reporting Person**	
Signature of Person Authorising Transaction at TA		Signature & Stamp of Transfer Agent
REMARKS		

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Annex I - Entity Self Certification For FATCA

Lucky Investments

Information collected will be used solely to fulfil Lucky Investments Limited's requirements under the U.S. Federal Tax Law and will not be used for any other purpose.

Title of Account: _____

Instructions for completion

The Foreign Account Tax Compliance Act (FATCA) was enacted into U.S. Law in March 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Under U.S. federal tax law, Lucky Investments Limited (LIL) is required to request certain taxpayer information from certain persons who maintain an account (whether such persons are U.S. taxpayers Information collected will be used solely to fulfil the LIL's requirements under U.S federal tax law and will not be used for any purpose.

To assist you in completing this form, a glossary of terms is attached to this form. LIL does not provide tax advice and will not be liable for any errors contained in this form. If you have any questions about how to complete this form you should contact your tax advisor.

Section 1: Classification for FATCA Purpose

Please tick(✓) one box only in this section.

A. Financial Institution

1.1	Exempt Beneficial Owner	☐ Please provide Form W8 BEN E
1.2	Participating Foreign Financial Institution	☐ Please provide Form W8 BEN E and complete Section 2
1.3	Non-Participating Foreign Financial Institution	☐ Account cannot be opened
1.4	Pakistani Financial Institution or a Partner Jurisdiction Financial Institution	☐ Please provide Form W8 BEN E and complete Section 2
1.5	Financial Institution resident in the USA or in a US Territory	☐ Please complete Section 2
1.6	Deemed Compliant Foreign Financial Institution (besides those listed above)	☐ Please provide Form W8 BEN E

B. Non-Financial Foreign Entity

1.7	Active Non-Financial Foreign Entity	☐
1.8	Passive Non-Financial Foreign Entity	☐ Please complete Section 3

C. Specified U.S. Person

1.9	Specified U.S. Person	☐ Please provide Form W-9 and US-TIN Number _____

Section 2: Financial Institutions

2.1 Please provide your Global Intermediary Identification Number ('GIIN') ☐

2.2 If you are unable to provide a GIIN, please tick (✓) one of the below reasons;

(i) The Entity is a IGA Partner Jurisdiction Financial Institution and have not yet obtained a GIIN ☐

(ii) GIIN not yet obtained but sponsored by another entity which does have a GIIN ☐

Sponsor's Name: _____

Sponsor's GIIN: _____

(iii) US Person but not a Specified US Person ☐

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Section 3: Passive Non-Financial Foreign Entity

If you are a Passive Non-Financial Foreign Entity, we are required to establish whether any Controlling Person (refer Glossary for meaning of Controlling Person) is a U.S citizen or resident in the U.S for tax purpose. Please provide certification for all such controlling persons of the entity.*

S.No	Full Name	US Citizen	US Resident	Place of Birth	Address	Telephone Number
		☐ Yes ☐ No	☐ Yes ☐ No			
		☐ Yes ☐ No	☐ Yes ☐ No			
		☐ Yes ☐ No	☐ Yes ☐ No			
		☐ Yes ☐ No	☐ Yes ☐ No			

*If additional self-certifications are required, please copy this page.

Declaration:

- We hereby confirm the information provided above is true, accurate and complete.
- Subject to applicable local laws, we hereby consent for LIL, to share our information with domestic or overseas regulator s or tax authorities where necessary to establish our tax liability in any jurisdiction.
- Where required by domestic or overseas regulators or tax authorities, we consent and agree that LIL may withhold from our account(s) such amounts as may be required according to applicable laws, regulations and directives.
- We undertake to notify LIL within 30 calendar days if there is a change in any information which we have provided to LIL.
- We will indemnify and hold harmless LIL from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by LIL in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

Company Secretary/Authorized Signatories

Name _____ Signature _____ Date _____

Glossary

◆ **Financial Institution**

The term "Financial Institution" means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company as defined below:

- Custodial Institution: Any Entity that holds, as a substantial portion of its business, financial assets for the account of others Depository
- Institution: Any Entity that accepts deposits in the ordinary course of a banking or similar business.
- Investment Entity: Any Entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:
  1. 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;
  2. Individual and collective portfolio management; or
  3. Otherwise investing, administering, or managing funds or money on behalf of other persons.

◆ **Exempt Beneficial Owner**

The term "Exempt Beneficial Owner" means:

- Governmental Entity
- International Organization
- Central Bank
- Pension Fund of an Exempt Beneficial Owner
- Investment Entity wholly owned by Exempt Beneficial Owners

◆ **Participating Foreign Financial Institution (PFFI)**

A Participating Foreign Financial Institution is a FFI that enters into an agreement with the US Internal Revenue Service (IRS) to undertake certain due diligence, withholding and reporting requirement for US account holders, including an FFI that is treated as a Reporting FI under a Model 2 IGA and that is certifying that it will comply with the terms of an FFI Agreement, as modified by the terms of the applicable Model 2 IGA.

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CRS Tax Residency Self Certificate form for Entity (CRS-E)

Lucky Investments

Account No
(For Official Use Only)

Please read these instructions carefully before completing the form

Chapter XIIA of Income Tax Rules, 2002 and Regulations based on the OECD Common Reporting Standard (CRS) require Lucky Investments Limited to collect and report certain information about an account holder's tax residency. If the account holder's tax residence is located outside Pakistan and/or United States of America (USA), we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Federal Board of Revenue (FBR) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

Where the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution, please also complete "CRS Tax Residency Self Certification Form for Controlling Persons". You can find summaries of defined terms in the Glossary of Terms provided at page 3 of this form.

Please complete this form if account holder is entity i.e. legal person or a legal arrangement, such as a company, corporation, organization, partnership, trust, foundation, NGO, NPO, etc.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self certification.

Legal Name of Entity	Country of Incorporation or Organisation

PART 1 ENTITY TYPE

Please tick (✓) ONE box only in this part.

1.1 Financial Institution

A	☐	Depository Institution, Custodial Institution or Specified Insurance Company (e.g. Bank, Life Insurance Co., etc.)
B	☐	An Investment Entity (Investment Co, Mutual Fund, Asset Management Co, Brokerage House, etc.) ***If you have ticked box A or B, please proceed to Part 4***

1.2 Active Non-Financial Entity - Active NFE

A	☐	Active NFE - A company/corporation whose shares are regularly traded on one or more established securities markets
B	☐	Active NFE - Related entity of a company/corporation whose shares are regularly traded on one or more established securities markets
C	☐	Active NFE - A Government Entity, an International Organization (e.g. United Nations or NATO) or a Central Bank ***If you have ticked box A, B or C, please proceed to Part 4***
D	☐	Active NFE - The entity is an Active NFE other than above (for example a non-profit NFE, NGO, Trust or a Manufacturing/Trading/Service entity which derives more than 50% of gross income and assets from active income, like sales of goods and/or services) ***If you have ticked box D, please proceed to Part 2***

1.3 Passive Non-Financial Entity - Passive NFE

A	☐	Passive NFE (i.e. more than 50% of its gross income from Passive Income, for instance: Interest, dividend, return on investments)
B	☐	An Investment Entity incorporated/located in a Non-CRS Participating Jurisdiction and managed by another Financial Institution
		If you have ticked box A or B in section 1.3, please provide the name of all Controlling Persons of the entity, proceed to Part 2 and also complete *"CRS Tax Residency Self Certification Form for Controlling Persons"*. Name of Controlling Person(s) _____

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PART 2 CRS - DECLARATION OF TAX RESIDENCY

Is entity a tax resident of Pakistan or/and USA **ONLY?**

☐ Yes (Proceed to Part 4)

☐ No (Proceed to Part 3)

PART 3 COUNTRY OF RESIDENCE FOR TAX PURPOSE

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number (TIN) or functional equivalent for each country indicated. Please refer to the OECD website for more information on tax residency ***http://www.oecd.org/tax/automatic-exchange/crsimplementation-and-assistance/tax-residency/***

If Tax Identification Number (TIN) Is not available, please tick (✓) the appropriate box with reason A, B or C as defined below and provide Supporting Evidence:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please provide reasons if this is selected)

Reason C - No TIN is required (Note: Only select this reason, along with evidence, if the domestic law of the relevant country does not require the collection of the TIN issued by such country)

	Country(ies) of Tax Residence	TIN or Equivalent	*Tick (✓) ONE only (If TIN is not available)*		
			Reason A	*Reason B*	*Reason C*
1					
2					
3					

If Reason B selected, please explain in th following box(es) why entity is unable to obtain a TIN or Functional Equivalent	
1	
2	
3	

PART 4 DECLARATION AND SIGNATURE

I/We understand that the information supplied by us/me is covered by the full provisions of the terms and conditions governing the Account and share the information supplied by us/me. We/I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. Holder's relationship with Lucky Investments Limited setting out how Lucky Investments Limited use

I/We declare that all statements made in this declaration are, to the best of our/my knowledge and belief, correct and complete. We/I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status or where any information contained herein to become incorrect.

I / We hereby allow/authorize Lucky Investments Limited (LIL) to conduct NADRA Verisys against my Computerized National Identity Card (CNIC), provided by me in this form.

Company Secretary/Authorized Signatories

Name: _____ Signature: _____

Name: _____ Signature: _____

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Investment Application Form
(for Corporate)

Lucky Investments

Kindly Avoid Cash Transaction, therefore please make the payment through Cross Cheque or Online Transfer.

براۓ مہربانی نقد رقم دینے سے پرہیز کریں
لہذا کراس چیک یا آن لائن ٹرانسفر کے ذریعے ادائیگی کریں.

Day	Month	Year

Folio No.:	

CORPORATE ACCOUNT HOLDER

Name (as per NTN)	
Contact No.	

Investment Detail

Name of Fund	Type	Amount in Rs.	Amount in Words

Payment Instrument Details

Date	Cheque No. / Online Transfer	Bank Name	Branch

For Monthly/Quarterly Saving Payment Options

- ☐ 100% Profit
- ☐ 90% Profit periodically & remaining at financial year end
- ☐ 90% Profit with capital growth
- ☐ Systematic withdrawal Rs. _____
  (In case of fixed withdrawal amount, principal amount may be diminished)

Frequency of Payment

- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-Annually
- ☐ Annually

I authorize LIL to redeem my units to pay requested amount at regular interval based in the above instruction.

Units Mode Holdings (Optional) ☐ Account Statement ☐ Physical Units ☐ CDS Account (mention details below)

CDS Information: Participant/IAS ID: | Client / House / Investor A/c #:

Cooling Off Rights for Investor

- Individual investor(s) can claim refund of their first time investment in a fund (cooling off right) along with deducted front end (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes.
- Cooling off period shall be three business day commencing from the date of issuance of Investment Acknowledgment Letter.
- Refund can be obtained by submitting written request at any of LIL office/branch.
- The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 business days.

Note:

- Please write your Account No. (if any) or CNIC No. (In case of new investors) on the front of cheque. In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that will be rejected. For Name and type of Funds please refer to the next page. Please prepare payment instrument-CDC Trustee (fund name/plan name)

Declaration and Specimen Signature of Account Holder(s)

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We confirm that the representative of LIL/distributor has explained the features and risk of the product and I/we have understood these features and risks in which I/we have agreed to invest. I/We agree that I/we shall assume sole responsibility for determining the merits or suitability of any and all advice and/or recommendations of LIL before relying on the same to enter into any transaction. I/We will not hold LIL responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions. I/We have been fully informed and understand that investment in units of mutual funds/CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of AMCs are not responsible for any loss to investor resulting from the operations of any CIS launched/to be launched by AMCs unless otherwise mentioned. I/We also confirm having the knowledge of applicable load percentages specified on the page 2 of this form. I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same.

_____

Signature of Principal / Joint Account Holder(s) with rubber stamp in case of Institutional Clients

Form Received By	Name & Signature of Reporting Agent	Signature and Stamp of Distributor
Order Number		
Reporting Date	Trade Authorized by	Signature and Stamp of Transfer Agent
Order Authorized by		

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(s):

I/We have read and understood the Fund Manager Report, associated charges and the Risk Level of the invested fund as mentioned above.

_____

Signature of Principal / Joint Account Holder(s) (with rubber stamp in case of Institutional Clients)

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Risk Disclosure Statement (for Individual)

Lucky Investments

Name of Funds	Risk Profile	Recommended Investment Duration	Account Payee Title	Sales Load (Up to)
• Lucky Islamic Stock Fund	High	3-5 years & above	CDC Trustee Lucky Islamic Stock Fund	3.00%
• Lucky Islamic Energy Fund	High	3-5 years & above	CDC Trustee Lucky Islamic Energy Fund	3.00%
• Lucky Islamic Dividend Yield Fund	High	3-5 years & above	CDC Trustee Lucky Islamic Dividend Yield Fund	3.00%
• Lucky Islamic Income Fund	Moderate	1-2 year(s) & above	CDC Trustee Lucky Islamic Income Fund	3.00%
• Lucky Islamic Fixed Term Fund	Low - Medium	Term Based	CDC Trustee Lucky Islamic Fixed Term Fund <Plan Name>	Not Applicable
• Lucky Islamic Cash Fund	Low	0-1 year(s) & above	CDC Trustee Lucky Islamic Cash Fund	3.00%
Lucky Islamic Money Market Fund	Low	0-1 year(s) & above	CDC Trustee Lucky Islamic Money Market Fund	3.00%
• Lucky Islamic Capital Protected Fund	Medium	Term Based	CDC Trustee Lucky Islamic Capital Protected Fund <Plan Name>	3.00%
• Lucky Islamic Pension Fund	Allocation Dependent	Minimum 60 years of age or 25 years of contribution	CDC Trustee Lucky Islamic Pension Fund	3.00%

TO BE FILLED BY INVESTOR

I/We confirm that I/we am/are investing in_____Fund and the risk level of this fund is mentioned in the table given above. I/We confirm that I/We will not hold LIL responsible for any loss which may occur as a result of my/our decision. I/We further agree that LIL has advised me/us to select a specific fund category as per my/our risk profile. However, I/we reserve the discretion to invest in any other fund category. I/we further confirm that I/we have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these investment/conversion transaction.

میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم _____ فنڈ میں سرمایہ کاری کر رہے ہیں اور اس فنڈ کے رِسک لیول کا ذکر نیچے جدول میں کیا گیا ہے۔ میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم لکی انویسٹمنٹ لمیٹڈ (لکی) کو کسی بھی نقصان کیلئے ذمے دار نہیں ٹھہرائیں گے جو میرے/ہمارے فیصلے کے نتیجے میں ہوسکتا ہے۔ میں/ہم مزید اتفاق کرتے ہیں کہ لکی نے میرے/ہمارے رِسک پروفائل کے مطابق ایک مخصوص فنڈ کیٹگری کی تجویز پیش کی ہے۔ تاہم، مجھے/ہمارے پاس کسی بھی فنڈ کے زمرے میں سرمایہ کاری کرنے کی صوابدید ہے۔ میں/ہم مزید تصدیق کرتے ہیں کہ میں/ہم نے فنڈ منیجر کی رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکومنٹ، ضمنی ٹرسٹ ڈیڈ اور ضمنی آفرنگ ڈاکومنٹ کو پڑھا ہے۔

_____ Dated

_____ Signature of Principal / Joint Account Holder(s)

Declaration and Specimen Signature of the Sales Person

I, _____, hereby confirm the following:

1. I have explained the risk of the fund being sold to investor
2. I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money
3. I have not made or implied any guarantee with respect to return or investment amount
4. I have not quoted an fixed return percentage or amount to the investor
5. I have shown all the relevant material before finalizing the investments (i.e. FMR, Marketing Material etc)

_____ Name & Signature of Sales Agent

_____ Name & Signature of Immediate Supervisor

_____ Date

_____ Date

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Declaration of Ultimate Beneficial Owner Form

Lucky Investments

Name of Corporate Entity: _____ Folio Number: _____

1. Details Of All Natural Persons* Who Are "Ultimate Beneficial Owners" (UBO) In The Corporate Entity:

	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality
	Residential Address:				% of Share - holding:	
2.	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality
	Residential Address:				% of Share - holding:	
3.	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality
	Residential Address:				% of Share - holding:	

Please copy & replicate the above table if there are additional Ultimate Beneficial Owners. Further, also share copy of valid CNICs

2. Where No Natural Person Is Identified As Ultimate Beneficial Owner (UBO) In The Corporate Entity, Please Provide Details Of Senior Management Officials**:

	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality	Designation
1.							
	Residential Address:				% of Share - holding:		
2.	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality	
	Residential Address:				% of Share - holding:		
3.	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality	
	Residential Address:				% of Share - holding:		

Please copy & replicate the above table if there are additional Senior Management Officials Further, also share copy of valid CNICs

3. Details Of Board Of Director / Trustees

	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality
1.						
2.						
3.						

Please copy & replicate the above table if there are additional Directors/ Trustees. Further, also share copy of valid CNICs

I / We hereby declare that the information provided in this Form is true and accurate, and if such information changes, I / We will promptly notify within 30 days in writing.

Name	Designation	Signature & Company Stamp	Date

***Note:**

- Natural person(s) who directly/indirectly exercise control or have significant influence or having shareholding/ voting rights of more than 25% or 10% in case no holds the 25%,shall be considered as UBOs, If UBO is a corporate then its UBO must be shared; and
- For Foundations, Trusts and Non-Profit Organizations, Natural Person(s) serving as Directors, Settlor, Trustee(s) and Beneficiaries shall be considered UBO(s)
- Natural Person(s) owning the ultimate parent Company of a Corporate Entity shall also be declared as UBO.

** Chief executive officer/ Managing director, Deputy managing director, Chief Operating Officer, Company Secretary, Chief Financial Officer, Chief Compliance Officer and Chief Regulatory Officer and any holder of such positions by whatever name called who have sufficient knowledge of entity's risk exposure and of sufficient authority who may affect Risk Management.

Version: LIL-DOUBO-Form-221123