

APPLICATION NO. 

Old Bridge Asset Management Private Limited

Registered Office: 1705, One BKC, C Wing, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051.

## COMMON APPLICATION FORM

FOR FIRST TIME INVESTORS FOR LUMP SUM INVESTMENTS / SIP INVESTMENTS.

PLEASE READ THE KEY INFORMATION MEMORANDUM, INSTRUCTIONS AND PRODUCT LABELLING BEFORE FILING OF THIS FORM.

ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLOCK LETTERS)

Distributor ARN <b>ARN-181211</b>	SUB-Distributor ARN <input type="text"/>	Internal SUB-Broker/Sol ID <input type="text"/>	EUIN E - <b>E528682</b>	RIA CODE^ <input type="text"/>
Employee Code <input type="text"/>	PMR (Portfolio Manager's Registration) Number^^ <input type="text"/>	Serial No., Date & Time Stamp <input type="text"/>		

Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors, including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole Holder / Guardian	Second Holder	Third Holder	Power of Attorney Holder
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## TRANSACTION CHARGES (Please tick any one of the below. For details refer KIM)

☐ I am a first time investor in Mutual Funds ☒ OR ☐ I am an existing investor in Mutual Funds (Default)

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

## UNIT HOLDING OPTION

☐ Physical Mode ☐ Demat Mode  
(in case of Demat, please fill sec 8)

## 1 APPLICATION INFORMATION (Mandatory, To be filled in BLOCK Letters)

(In case of investment "On behalf of minor", Please refer instruction No. 11)

Existing folio number  ☐ I/We want to create new Folio (Instruction No. 24)

Mode of Operation ☐ Single ☐ Joint ☐ Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).

1st Holder Name (Should match with PAN Card)

Aadhaar No.  PAN/PEKRN (1st Holder) ☐ KYC

My Guardian's Name (if minor)/POA/Contact Person (For Non-individuals)  PAN/PEKRN (Guardian/POA Holder) ☐ KYC

Date of Birth Minor's  Attach Mandatory Documents as per instructions

Guardian named is ☐ Father ☐ Mother ☐ Court Appointed ☐ Other  Nationality  ☐ Date of Birth Proof attached\*

## 2 JOINT APPLICANTS (IF ANY) DETAILS

2nd Holder Name (Should match with PAN Card)

Aadhaar No.  PAN/PEKRN (Second Holder) ☐ KYC

3rd Holder Name (Should match with PAN Card)

Aadhaar No.  PAN/PEKRN (Third Holder) ☐ KYC

## 3 MY CONTACT DETAILS (As per KYC records, To be filled in Block Letters)

(For electronic communication, Please refer instruction No. 16)

Address Type (Mandatory) ☐ Residential & Business ☐ Residential ☐ Business ☐ Registered Office

Address

City  State  Pin Code

Add overseas address (Mandatory for NRI / FII Applicants)

City  State  Code

Email ID and Mobile number should pertain to First Holder only.

Mobile No.  Tel No.  Email ID (CAPITAL letters only)

Mobile No. / Email ID\* provided pertains to (Please tick(✓)) \* if none of the below options is ticked (✓) or selected then (Self) option is considered as a default.

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS

☒ I wish to receive Scheme Account Statement along with Annual Report & Abridged Summary: ☐ Online (Preferred & Default) ☐ Physical Copy (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)

☒ I declare that Email address and Mobile Number provided in this form belongs to (✓ any one): ☐ Self OR ☐ Family Member, and approve for usage of these contact details for any communication with Old Bridge Mutual Fund.

(For KYC details. Refer Instruction No. 8)

<sup>5</sup>If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer instruction 20)

(Avail Multiple Bank Registration Facility)

(For investments, Please refer instruction No. 1, 2, 7, 13 & 22)

(Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied incase of no information, ambiguity or discrepancy).

Full Scheme/Plan/Option		Amount/Each SIP Amount	Frequency	SIP Period	TOP-UP Facility (Optional) Only available for Monthly SIP			
<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SIP		₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly* <input type="checkbox"/> Fortnightly^ <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Start Date		Frequency	Amount	
Scheme Name <input type="text"/>		Less DD charges <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Half Yearly   ₹ <input type="text"/>	<input type="text"/> in figures	
Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct		SIP Date		End Date		<input type="checkbox"/> Yearly	in words <input type="text"/> <input type="text"/> <input type="text"/>	
Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Payout		(if left blank 10th will be considered as the default date for Monthly/ Quarterly/ Half Yearly and Yearly.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<input type="checkbox"/> Reinvestment		<input type="text"/> <input type="text"/>		OR				
				Mandate can be registered upto 40 years only.		<input type="checkbox"/> Dynamic TOP-UP		

**Default Option :** Growth Option in case Growth Option or Income Distribution cum Capital Withdrawal (IDCW) Option is not indicated. Payout Option / facility in case Payout of IDCW Option / facility or Reinvestment of IDCW Option / facility is not indicated. Weekly - Any day (Monday to Friday) \* (If no day is selected Monday will be the default). ^Fortnightly - 1st and 16th day of the month, will be the default date as applicable. The Minimum amount for TOP-UP facility is ₹ 500/- and in multiples of ₹ 1/-.

☐ Payment through NACH (Attach NACH form) ☐ OTM Reference No. (if Multiple One Time Mandates are registered)

**OR** Documents attached to avoid Third Party Payment Rejection, if applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

PAYMENT DETAILS - LUMP SUM		PAYMENT DETAILS - SIP	
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Payment Instruction type: ☐ Cheque / DD ☐ RTGS ☐ NEFT ☐ Fund Transfer ☐ NACH Mandate (If Multiple One Time mandates are registered)

Payment Reference no:		Payment Reference no:	
Lump sum Amount:		SIP sum Amount:	
Cheque Dated:		Cheque Dated:	
Cheque Bank Name:		Cheque Bank Name:	
Cheque Bank Account No:		Cheque Bank Account No:	
Cheque IFSC Code:		Cheque IFSC Code:	
Cheque MICR Code:		Cheque MICR Code:	

Please attach documents to avoid Third Party Payment Rejection, applicable for: Bank Certificate, for DD Third Party Declarations.

☐ If source of payment bank is same as above bank details tick here.

(For nomination, Please refer instruction No. 17)

Details	1st Nominee	2nd Nominee	3rd Nominee
Nominee Name			
PAN			
Allocation (%)			
Relationship with Investor			
Nominee date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		
Guardian Name (in case of Minor)			
Nominee Guardian PAN			
Nominee Address	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
Nominee/Guardian Signature	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>

OR ☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

(Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c held with the depository participant) Refer Instruction No. 18.

NSDL:	Depository Participant Name		DP ID:	I	N						
	Beneficiary Ac No.										
CDSL:	Depository Participant Name										
	Beneficiary Ac No.										

Enclosed
☐ Client Master
☐ Transaction / Statement Copy / DIS Copy

9 OCCUPATION

Status*	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Student	Forex Dealer	Others
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
Guardian/ POA Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify

10 GROSS ANNUAL INCOME (INR)

Status*	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	>25 Lacs - 1 Crore	> 1 Crore	Net worth (Mandatory for Non-Individuals)	As on Date
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Guardian/ POA Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

11 PEP Details\*

(Please refer instruction No. 8 & 9)

Status*	I am politically exposed person	1st Holder	2nd Holder	3rd Holder	Guardian/POA Holder
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

12 UBO Details\*

(Please refer instruction No. 8 & 9)

Details of Beneficial Ownership (Please tick applicable category).Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Mandatory for Non Individual)

<input type="checkbox"/> Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>10%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor. \$\$\$In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAL. In case of any change in the beneficial ownership, the investor will be responsible to intimate OBAMC/its Registrar/KRA as may be applicable immediately about such change.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

Sr	Name	Address	Details of Identity such as PAN/Passport	% of ownership

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

13 ADDITIONAL INFORMATION

Applicant	KIN (If KYC done via CKYC)	Date of Birth*	Gender
1st Holder		D D M M Y Y Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
2nd Holder		D D M M Y Y Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
3rd Holder		D D M M Y Y Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Guardian/POA Holder		D D M M Y Y Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender

\*Date of Birth - Mandatory if CKYC ID mentioned. ^G: Guardian; POA: Power Of Attorney

Details	2nd Holder	3rd Holder	Guardian/POA Holder
Mobile No.			
Email Id.			
Relationship with Investor			

Mobile No. / Email ID\* provided pertains to (Please tick(✓)) \*if above any option is not ticked (✓) or selected then (Self) option is considered as a default.

☐ Self
☐ Spouse
☐ Dependent Children
☐ Dependent Siblings
☐ Dependent Parents
☐ Guardian
☐ PMS

ACKNOWLEDGEMENT

APPLICATION NO.

Received from
Scheme Name
Plan
Option
Amount
Cheque/DD No.
Date
Bank & Branch details

Stamp & Signature

## 14 FATCA AND CRS DETAILS

For Individuals (Mandatory). Non Individual investors including HUF should mandatorily fill separate FATCA/CRS/UBO details form

(Including Sole Proprietor. Refer Instruction No. 21)

Details	1st Holder		2nd Holder		3rd Holder		Guardian/POA Holder	
Place & Country of Birth								
Nationality								
TIN No.								
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes: Mandatory to enclose FATCA /CRS Annexure								

For all the NRI Tax Categories – TIN is mandatory, where ever investor had declared his country of tax residency other than India, in their FATCA Declaration. – can be Put out under FATCA Block.

- Tax Identification Number or Reason for not providing - In case any of applicant being resident/ tax payer in more than one country, provide tax identification number for each such country separately
- TIN Identification Type (TIN or Other, please specify)

## 15 DECLARATION AND SIGNATURE

(For declaration and signature, please refer point number 4)





I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of Old Bridge Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions, I/We, hereby apply to the Trustee of Old Bridge Mutual Fund for allotment of units of the respective Scheme(s) of Old Bridge Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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 the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Old Bridge Mutual Fund, I/We hereby authorise the AMC/Old Bridge Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that Old Bridge Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify Old Bridge Asset Management Private Limited immediately in the event the information in the self-certification changes. I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/Stock Broker registered in the concerned folio, if applicable. I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/Fund/ RTA/SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time of investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/or any indicative yield by the Fund/AMC/its distributor for this investment. **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:** 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. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account(s). **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form 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 shall be liable for it. I/We 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 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 Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised 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 and other investigation agencies without any obligation of advising me/us of the same.

### Consent for Telemarketing

I/We hereby accord my/our consent to Old Bridge AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

### Consent for disclosure of Personal Information in terms of Privacy Policy

I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.oldbridgemf.com>) ("Policy") of Old Bridge AMC/ Fund. I/We hereby accord my/our consent to Old Bridge AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with Old Bridge AMC, in accordance with the Privacy Policy.

 1st Holder / Guardian	 2nd Holder	 3rd Holder	 Power of Attorney Holder																
Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Place <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>				D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y												

## QUICK CHECKLIST

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> KYC acknowledgement letter (Compulsory for MICRO Investments)  | <input type="checkbox"/> Self attested PAN card copy               | <input type="checkbox"/> Plan/ Option/ Sub Option name mentioned in addition to scheme name               |
| <input type="checkbox"/> Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can be made from any of the accounts) | <input type="checkbox"/> SIP Registration Form for SIP investments | <input type="checkbox"/> Relationship proof between guardian and minor                                    |
| <input type="checkbox"/> Email id and mobile number provided for online transaction facility (if application is in the name of a minor)   | <input type="checkbox"/> FATCA Declaration                         | <input type="checkbox"/> Additional documents attached for Third Party payments. Refer instruction No. 7. |

## POINTS TO REMEMBER

### Please ensure that

1. Your Application Form is complete in all respects & signed by all applicants.
2. Name, Address and Contact Details are mentioned in full. Email id & Mobile number should be provided along with the declaration whether it belongs to Self or a Family member.
3. Bank Account Details are entered completely and correctly. IFSC Code & 9 digit MICR Code of your Bank is mentioned in the Application Form.
4. Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount.
5. Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 4(e) for more information)
6. Your Investment Cheque/ DD is drawn in favour of < Scheme Name > dated and signed. For e.g "Old Bridge Focused Equity Fund"
7. Application Number is mentioned on the reverse of the cheque.
8. A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form.
9. Documents as listed are submitted along with the Application form (as applicable to your specific case)

Documents	Individuals	Companies	Societies	Partnership Firms	Investments HUF through PoA	Trust	NRI	FII(s)/FPI	Sole Proprietor	Minor	HUF
Resolution / Authorisation to invest		✓	✓	✓		✓		✓			✓
HUF / Trust Deed						✓					
Bye - Laws			✓								
Partnership Deed				✓							
SEBI Registration / Designated Depository Participant Registration Certificate 2								✓			
Proof of Date of birth										✓	
Notarised Power of Attorney					✓						
Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable							✓				
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FATCA CRS/UBO Declaration		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

1. Self attestation is mandatory.
2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided.