



Arihant Capital Markets Ltd.

FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

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

PAN	A	Y	H	P	S	1	2	3	4	R	
Name	RAVINA MIMROT										
Address Type [for KYC address]	☒ Residential ☐ Residential / Business ☐ Business ☐ Registered Office										
Place of Birth	MUMBAI					Country of Birth	INDIA				
Date of Birth						Nationality					
Gross Annual Income Details in INR	☐ Below 1 Lakh ☐ 1-5 Lacs ☐ 5-10 Lacs ☒ 10-25 Lacs ☐ 25 Lacs-1 Cr ☐ >1 Crore					Occupation Details	☐ Business ☐ Professional ☐ Public Sector ☒ Private Sector ☐ Govt. Service ☐ Agriculturist ☐ Housewife ☐ Student ☐ Retired ☐ Forex Dealer ☐ Others Please specify				
Net Worth in INR. In Lacs [Optional]						[Please tick any one (v)]					
Net Worth Date [Optional]	31/03/2025 (dd/mm/yyyy)										
Politically Exposed Person [PEP]						Any other information [if applicable]	Please specify				

Is your 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	Identification Type [TIN or other, please specify]
1	FINLAND	190787-218N	
2			
3			

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

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 [ACML] 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 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/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & 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 or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

Date : 25/04/2025

Signature :

Place : MUMBAI

Ravina