

PAN

Name of Investor

DECLARATION FORM OF NON-PROFIT ORGANIZATION (NPO) (Mandatory for Trusts / Society)

Investor Name		
PAN		
☐ I / We hereby confirm that the above state	d entity / organization is NOT falling under Non-profit organiz	zation as defined above or in PMLA Act / Rules thereof.
charitable purposes referred to in claus	entity / organization is falling under "Non-profit organization e (15) of section 2 of the Income-tax Act, 1961 (43 of 196 860) or any similar State legislation or a Company registere	1), and is registered as a trust or a society under the
We further confirm that we have registered	with DARPAN Portal of NITI Aayog as NPO and registration	on details are as follows:
Registration Number of DARPAN portal		
If not, please register immediately and confi	m with the above information.	
Declaration & Signature(s)		
specified information is found to be false of consequences as required under the respective such fines/charges in any other manner as moremit in any form, mode or manner, all / any me to any of the Mutual Fund, its Sponsors, governmental or statutory or judicial authority outside India wherever it is legally required share the given information to other SEBI Repurposes. I/We also undertake to keep your	mation provided above is true and correct to the best of matrice or misleading or misrepresenting, I/We am/are a stive statutory requirements and authorize you to deduct suight be applicable. I/We hereby authorize you [RTA/Fund/AI of the information provided by me, including all changes, the Asset Management Company, trustees, their employees / Files / agencies including to the Financial Intelligence Unit-Intelligence Unit	aware that I/We may be liable for it for any fines or uch fines/charges under intimation to me/us or collect MC/Other participating entities] to disclose, share, rely, updates to such information as and when provided by RTAs ('the Authorized Parties') or any Indian or foreign dia (FIU-IND), the tax / revenue authorities in India or dvising me/us of the same. Further, I/We authorize to of facilitate single submission / update & for regulatory ne above information in future within 30 days of such
Signature with relevant seal:		
Authorized Signatory	Authorized Signatory	Authorized Signatory
Place:	Date: D D M M Y Y Y	
Jio BlackRock.	KNOWLEDGEMENT SLIP - NPO DECLARATION REQU Received, subject to verification and conditions	EST JioBlackRock Mutual Fund

Email: service@jioblackrockamc.com Website: www.jioblackrockamc.com Contact Center no.: +91 22-3520 7700 / +91 22-6998 7700 (Monday-Friday, 9 am - 6 pm & Sat, 9 am - 1 pm)

TIME STAMP HERE