

## Key Information Memorandum and Common Application Form Application No.

|   | COL ANIA /  | RIA#  |                                       |                                      | D  | istri                        | buto                     | or Nai       | ne                     |               | Su  | ub-l                    |             | ibuto<br>ARN                     | r AF                                 | RN/R                                | IA#                         | Int                                     | erna   | al Su                        | b-B                      | roke        | er/E  | mpl                    | oye   | e Co                             | ode   |   |                                       |                 | EUI         | IN                     |                                 |      |
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| y mentioning F  | IIA code, I/We aut  | thorize yo  | u to sha                              | re with                              | the SE   | Bl Regi                      | stered I                 | Investme     | nt Adviso              | or the de     | etails of i                                 | my/ou                   |             |                                  | in the s                             | scheme                              | s) of M                     | otilal Os                               | wal M  | lutual F                     | und.                     |             |       |                        |   |                                  |   |   |                                       |                 |             |                        |                                 |      |
|   | olying under<br>nission shall   |   |                                       |                                      |  |                              |                          |              |                        |               | ed dist                                     | ribut                   | tor ba      | ased o                           | n the                                | inves                               | tor's                       | asses                                   | sme  | nt of v                      | ario                     | us fa       | ctor  | s inc                  | ludin   | g the                            | servi   | ce r  | end                                   | ered            | by t        | he di                  | stribu                          | itor |
| without any int<br>ker or notwith   | onfirm that the EU<br>eraction or advice t<br>standing the adv<br>on of the distribute          | by the emp<br>rice of in-   | oloyee/re<br>-appropr                 | lationshi                            | p man  | lager/sale                   | es perse                 | on of the a  | bove dist              | ributor/s     | ub  | First                   |             | e App<br>ardiar                  |                                      | t?                                  |                             | Seco                                    | id Ai  | oplica                       | int                      |             |       | Th                     | ird A   | optic                            | ant   |   |                                       | Pov             |             | of At<br>lolde         |                                 | ý    |
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| EXIST   | ING INVEST  | TOR'S   | DETA                                  | ILS (P                               | Please   | fill you                     | ur Folio                 | No., Na      | ne, Sect               | tion 2,7      | ,10 &12                                     | 2)                      |             |                                  |                                      |                                     |                             |   |  |                              |                          |             |       |                        |   |                                  |   |   |                                       |                 |             |                        |                                 |      |
| io No.  |   |   |                                       |                                      |  |                              |                          | Nam          | e F                    | 1             | Н   | S                       | Ť           |                                  |                                      |                                     |                             |   | N  | 1                            | -1                       | 1           | )     | L                      | E   |                                  |   |   |                                       | L               | Ā           | S                      | T                               |      |
| FIRST   | APPLICAN  | T'S DE  | TAIL                                  | S (Non                               | -indiv   | vidual in                    | vestor                   | please f     | III in FAT             | CA, CR        | S & UBC                                     | ) Decl                  | aration     | in Sec                           | tion 10                              | B, 11 8                             | 12)                         |   |  |                              |                          |             |       |                        |   |                                  |   | L   |                                       |                 | Mr.         | 1                      | As.                             | ٨    |
| me  | F: 1  | R S   | T                                     |                                      |  |                              |                          |              |                        |               |   | M                       | ì           | D                                | D                                    | Ĺ                                   | Ē                           |   |  |                              |                          |             |       |                        |   |                                  |   |   |                                       | Ŀ               | Α           | S                      | Ť                               |      |
| her's Nam   | e F I   | R S   | T                                     |                                      |  |                              |                          |              |                        |               |   | M                       | Į,          | D                                | D.                                   | Ī                                   | Е                           |   |  |                              |                          |             |       |                        |   |                                  |   |   |                                       | Ļ               | A           | S                      | Ţ                               |      |
| V/PEKRN*  | *   |   |                                       |                                      |  |                              |                          |              |                        | CIN           |   |                         |             |                                  |                                      |                                     |                             |   |  |                              |                          |             |       |                        |   |                                  |   |   |                                       |                 |             |                        |                                 | 1    |
| (KYC iden   | tification nun  | nber)   |                                       |                                      |  | T                            |                          |              |                        |               |   |                         |             |                                  | T                                    |                                     | - 1                         |   |  |                              |                          |             |       | - 170                  |   |                                  |   | -   |                                       |                 |             |                        |                                 | -    |
|   | / Incorporatio  |   | D                                     | M                                    | M  | v. O                         | /                        | V            | Di                     | isnis of      | Birth /                                     | Inen                    | marid       | lais                             |                                      | Cistoria                            | v of B                      | irth / Ir                               | ionim  | nratin                       |                          | Vatio       | nalit |                        | India   |                                  | HC  |   | )th o                                 | m /II           |             |                        | *****************               | -1   |
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| of Incorp   | oration   |   |                                       |                                      |  |                              |                          |              |                        |               |   |                         |             | J                                |                                      |                                     |                             |   |  |                              |                          |             |       |                        |   |                                  |   |   |                                       |                 |             |                        |                                 |      |
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|   | an/ PoA (KYC  | identifi  | cation                                | numb                                 | oer)   |                              |                          |              |                        | Ī             |   |                         |             |                                  |                                      |                                     |                             |   |  |                              |                          |             |       |                        |   |                                  |   |   |                                       |                 |             |                        |                                 |      |
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|   |   |   |                                       |                                      |  |                              |                          |              |                        |               |   |                         |             | Mair                             | urtohru                              | ry Inc                              | on 21                       | MRI'e                                   | }  |                              |                          |             |       |                        |   |                                  |   |   |                                       |                 |             |                        |                                 |      |
| erseas add  | Iress   |   |                                       |                                      |  |                              |                          |              |                        |               |   |                         |             | MICTI                            | LIVE CAL                             | 2 11111111                          |                             | 14111.15                                |  |                              |                          |             |       |                        |   |                                  |   |   |                                       |                 |             |                        |                                 |      |
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| eall ID  Ema Please mer  KYC D  tus  cupation [ cupation [ cupation one OR ct-worth*  cupation one year itically Ex  JOINT SECON de of Hold me  ACKNI   | Partnership F Artificial Jurio Body Corpora Pvt. Sector   | KRN(PA atory)  Firm  dical Pe ate  r Service  1-5L    net  n (PEF T'S DE ANT'S at | N Exe  HI  erson  E                   | MGC Public OL  Any off US (Als       | Sector Se | Privati Reside  tor as o     | e Liment Incomp          | Numb ited Co | mpany GC TCR Signatori | Povt. Boousew | Put ropried ody ife STANGINIGNI-NON noters/ | Defe<br>  <1 <br> (Netv | ence L      | ed Con Bank Pro 1-5L I netv      | inor ofession 5-1 orth orth ole time | Mobile Mobile Mobile Direct         | Lister Defer Ret Non- nors) | d Com                                   | Bustabli Bus | NRI ishme siness CR   D      | sents  S 1/2             | Agrica<br>R | PIO L | Ist I F 2 ( ) 3 M      | Lim  Stud  Stud  Foreign  Gaming  Gaming  Joney | ent Exchi                        | Tru Liabili  O Fone nvolve ange/ M mbling / ng/ Paw | ust H<br>tty Pa<br>tther:<br>ex D<br>d in<br>doney<br>Lotte   | artne<br>ss<br>0eale<br>any (<br>Char | ershi<br>of the | Sp<br>Other | ecity ers_ lowin       | Spec<br>g:<br>Yes<br>Yes<br>Yes |      |
| ail ID  Ema Please mer  KYC D  tus  cupation  | Partnership F Artificial Jurio Body Corpora Pvt. Sector Pvt. Sector APPLICAN D APPLICA ing Join | KRN(PA atory)  Firm  dical Pe ate  r Service  1-5L    net  n (PEF T'S DE ANT'S at | HIP Re                                | MGC Public OL  Any off US (Als       | Sector Se | Privati Reside  tor as o     | e Liment Incomp          | e Numb       | mpany GC TCR Signatori | Povt. Boousew | Put ropried ody ife STANGINIGNI-NON noters/ | Defe<br>  <1 <br> (Netv | ence L      | ed Con Bank Pro 1-5L I netv      | inor ofession 5-1 orth orth ole time | Mobile Mobile Ory for Any of Direct | Lister Defer Ret Non- nors) | d Com                                   | Bustabli Bus | NRI ishme siness CR   D      | sents  S 1/2  S 1/2  N N | Agrica<br>R | PIO L | Ist I F 2 ( ) 3 M      | Lim O Stud he en Gaming Gaming Joney i to PE    | ent Exchi                        | Tru Liabili  O Fone nvolve ange/ M mbling / ng/ Paw | ust H<br>tty Pa<br>tther:<br>ex D<br>d in<br>doney<br>Lotte   | artne<br>ss<br>0eale<br>any (<br>Char | ershi<br>of the | Sp<br>Other | ecity ers_ lowin       | Spec<br>g:<br>Yes<br>Yes<br>Yes |      |

| 8 BANK DETAILS (M  | landatory)                 | ) Redemp                           | ption / D                 | ivide                     | nd /Ref                     | und pa                      | ayouts           | will be              | e credit             | ted ir            | nto this             | ban            | k accou                  | nt in c            | ase it is                     | in the                | e cu      | rrent lis              | st of  | banks                | with          | whor                                    | n Moti            | ilal C           | swal                | Mutua             | l Fun                | d has            | Direc                    | t Credi                | t facili            | ity.                         |
|--|----------------------------|------------------------------------|---------------------------|---------------------------|-----------------------------|-----------------------------|------------------|----------------------|----------------------|-------------------|----------------------|----------------|--------------------------|--------------------|-------------------------------|-----------------------|-----------|------------------------|--------|----------------------|---------------|---|-------------------|------------------|---------------------|-------------------|----------------------|------------------|--------------------------|------------------------|---------------------|------------------------------|
| Bank Name  |                            |                                    |                           |                           |                             |                             |                  |                      |                      |                   |                      |                |                          |                    |                               |                       |           |                        |        |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     |                              |
| Bank A/c No.   |                            |                                    |                           |                           |                             |                             |                  |                      |                      |                   |                      |                |                          |                    | Type                          |                       | Cu        | rrent [                |        | Savin                | gs [          | NR                                      | 0                 | NF               | RE [                | FCI               | IR [                 | 0                | thers                    |                        | Spe                 | ecify                        |
| Branch Name  |                            |                                    |                           |                           |                             |                             |                  |                      |                      |                   |                      |                | City                     |                    |                               |                       |           |                        |        |                      |               |   |                   |                  |                     |                   | Pin                  |                  |                          |                        |                     |                              |
| IFSC Code (11 digit)*  |                            |                                    |                           |                           |                             |                             |                  |                      |                      | M                 | ICR C                | ode            | (9 dig                   | it)*               |                               |                       |           |                        |        |                      |               |   |                   | *M               | entior              | ed or             | you!                 | r che            | que le                   | af                     |                     |                              |
| I / We understand that the instruction<br>account with / without assigning any<br>reserves the right to issue a demand of<br>If however the unit holders wish to rec       | reason the<br>raft/payab   | reof, or if t<br>ble at par ch     | he transad<br>neque in ca | ction i:<br>ase it i      | s delaye<br>s not pos       | d or not<br>ssible to       | effecte<br>make  | ed at all<br>payment | or credit<br>by Dire | ted int<br>ct Cas | to the wr<br>h/NEFT/ | rong a<br>ECS. | ns will be<br>account fo | adequa<br>or reaso | te discha                     | irge of ti<br>omplete | the N     | Mutual Fu<br>incorrect | ind to | owards r<br>rmation. | edemp<br>I/We | tion /<br>would                         | dividen<br>not ho | id / re<br>ld Mo | fund p<br>itilal Os | roceed:<br>wal Mi | s. In ca<br>itual Fi | se the<br>und re | bank d<br>sponsil        | oes not<br>le. Furt    | credit n<br>her the | ny / our bank<br>Mutual Fund |
| 9 NOMINATION DET   | AILS (F                    | Refer Ins                          | truction                  | 9)                        |                             |                             |                  |                      |                      |                   |                      |                |                          |                    |                               |                       |           |                        |        |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     |                              |
| Name<br>(Date of Birth if nomin  | ee is mi                   | nor)                               |                           |                           |                             |                             |                  |                      |                      |                   | Addre                | ess            |                          |                    |                               |                       |           |                        |        |                      | (in           |   | ardia<br>Nomir    |                  |                     | nor)              | (No                  | Gua              | gnatu<br>dian i<br>ee is | re<br>n case<br>a Mino | ;                   | Allocatio<br>%               |
|  |                            |                                    |                           |                           |                             |                             |                  |                      |                      |                   |                      |                |                          |                    |                               |                       |           |                        |        |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     |                              |
| Unit Holder's Signature If you do not wish to nominate sign he   | re.                        | First                              | t / Sole<br>Guar          |                           |                             | /                           |                  |                      |                      | Sec               | ond A                | pplic          | cant                     |                    |                               |                       |           | Third                  | App    | olicant              |               |   |                   |                  | Po                  | wer (             | of Att               | orne             | y Hol                    | der                    |                     | 100%                         |
| 10 FATCA- CRS Decla  | ration a                   | ınd Sup                            | pleme                     | entai                     | ry Info                     | ormat                       | tion             |                      |                      |                   |                      |                |                          |                    |                               |                       |           |                        |        |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     |                              |
| 10A Declaration for Indi   |                            |                                    |                           |                           |                             |                             |                  |                      |                      |                   |                      |                |                          |                    |                               |                       |           |                        |        |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     |                              |
| Are you a tax resident (i.e.,<br>If 'No' please proceed for th<br>If'YES', please fill for ALL co  | ie signat                  | ture of c                          | declarat                  | tion                      |                             |                             |                  | ,                    |                      |                   |                      |                | Yes<br>i.e., wh          | No                 |                               | a Citiz               | zen       | / Resi                 | den    | t / Gre              | en C          | ard I                                   | Holdei            | r / T            | ax Re               | siden             | t in t               | he ro            | espec                    | ive co                 | ountrie             | es <sup>#</sup>              |
|  | Cou                        | untry of                           | f Tax R                   | esid                      | lency                       |                             | 1                |                      |                      |                   | on Nu<br>Equiv       |                |                          |                    |                               |                       |           | ation<br>r, plea       |        |                      | /)            |   | If T              |                  |                     |                   |                      |                  |                          | tick<br>ed be          |                     |                              |
| First Applicant  |                            |                                    |                           |                           |                             |                             |                  |                      |                      |                   |                      |                |                          |                    |                               |                       |           |                        |        |                      |               | F                                       | Reaso             | on               |                     | Α                 |                      | E                | 3                        |                        | ;                   |                              |
| Second Applicant   |                            |                                    |                           |                           |                             |                             |                  |                      |                      |                   |                      |                |                          |                    |                               |                       |           |                        |        |                      |               | F                                       | Reaso             | on               |                     | Α                 |                      | E                | 3                        |                        | ;                   |                              |
| the respective country of ta<br>Please attach additional sh<br>10B Declaration for Non<br>1. Is "Entity" a tax resident of any co<br>Cou                                   | eets if n                  | necessa<br>lual / Lo               | ry<br><b>egal E</b> i     | ntity                     | '                           |                             |                  | ovide co             | untry/ies            | s in wh           | nich the e           | entity         | is a reside              | ent for t          | ax purpo:                     |                       |           |                        |        | x ID num             |               |   | icati             | on               | Tyne                | t (TIN            | l or (               | )the             | r plea                   | se sn                  | ecify)              |                              |
|  | iiti y                     |                                    |                           |                           |                             |                             |                  |                      | Iaxı                 | uen               | lilica               | וטוו           | ı Num                    | ber                |                               |                       |           |                        |        |                      | Tuc           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ioati             | UII              | турс                | (111              | 1010                 | TITIC            | , pice                   | 30 3p                  | cony)               |                              |
|  |                            |                                    |                           |                           |                             |                             |                  |                      |                      |                   |                      |                |                          |                    |                               |                       |           |                        | t      |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     |                              |
| <sup>6</sup> In case Tax Identification Number<br>in case TIN or its functional equivale<br>in case the Entity's Country of Incor<br>Please refer to para 3(vii) Exemptior | nt is not av<br>poration / | ailable, ple<br><b>Tax resid</b> e | ease prov<br>ence is U.   | ride Co<br>. <b>S. bu</b> | ompany<br>I <b>t Entity</b> | Identifi<br><b>is not a</b> | ication<br>Speci | fied U.S             | . Perso              | on, me            |                      |                |                          |                    |                               | ).                    |           |                        |        |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     |                              |
| Part A (to be filled by Fir  | nancial I                  | nstituti                           | ons or                    | Dire                      | ect Re                      | porti                       | ng N             | FEs)                 |                      |                   |                      |                |                          |                    |                               |                       |           |                        |        |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     |                              |
| 1. We are a,   |                            |                                    |                           |                           | l Inter                     |                             | -                |                      |                      |                   |                      | ,              | · L                      |                    |                               |                       |           |                        |        |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     |                              |
| Financial institution or   |                            |                                    |                           |                           | you do r                    |                             |                  |                      | are spo              | onsore            | ed by an             | other          | entity, pl               | ease pr            | ovide yo                      | ur spons              | sor's     | GIIN ab                | ove a  | and indic            | cate yo       | ur spo                                  | onsor's           | nam              | e belov             | <i>'</i>          | _                    | $\top$           |                          |                        |                     |                              |
| Direct reporting NFE   |                            |                                    | 14                        | iaiiic                    | , or sp                     | 011301                      | ilig c           | litty                |                      |                   | 1                    |                |                          |                    |                               |                       |           |                        |        |                      |               |   |                   | H                | +                   | +                 | +                    | +                | +                        |                        |                     |                              |
| (please tick as appropriate)  GIIN not available (please  If the entity is a financial institu   |                            | plicable)                          |                           |                           | Applie                      | d for                       |                  | Not                  | requir               | ed to             | o appl               | y for          | r - plea                 | se sp              | ecify 2                       | 2 digit               | ts s      | ub-ca                  | tego   | ory                  |               | Not o                                   | btain             | ied -            | – Noi               | n-par             | ticipa               | ating            | FI                       |                        |                     |                              |
| Deat D. (s.l.s.s.s.")  |                            |                                    | 1. ((1.                   |                           | ا ا ا ا                     |                             |                  |                      | D'                   |                   | De                   |                | - NIEE                   | "\                 |                               |                       |           |                        |        |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     |                              |
| Part B (please fill any on  1. Is the Entity a public traded on an establi   | ly traded                  | d compa                            | any (tha                  | at is,                    | -                           |                             |                  |                      |                      |                   |                      |                |                          | Yes                | me of s                       |                       |           | e specify              |        | one sto              | ick exc       | hange                                   | e on wh           | ich t            | ne stoc             | k is reç          | jularly              | trade            | d)                       |                        |                     |                              |
| 2. Is the Entity a related are regularly traded of   |                            |                                    |                           |                           |                             |                             | a com            | pany                 | whose                | e sha             | ares                 | No             | D .                      | Nat                | me of I<br>cure of<br>me of s | isted (<br>relatio    | cor<br>on | S                      | ubs    |                      |               |   |                   |                  |                     |                   |                      |                  |                          |                        |                     | c traded) Company            |
| 3. Is the Entity an activ  | e Non Fi                   | nancial                            | Entity (                  | (NFE                      | )                           |                             |                  |                      |                      |                   |                      | No             | 0 🗌                      | Yes                | ase spe                       |                       |           | of Bus                 |        |                      | f Act         | Ve N                                    | IFF               | Ī                |                     |                   |                      | fer 2            | ATCA i                   | nstructio              | on and o            | definition                   |
| 4. Is the Entity a passiv  |                            |                                    |                           |                           |                             |                             |                  |                      |                      |                   |                      |                |                          | CIE                |                               |                       |           |                        | aret(  | auiv ()              |               | 4 C: 1/                                 | or C L            | 1                | I for n             | nn-indi           | vidual)              |                  |                          |                        |                     |                              |
| T. IS THE LITTING A PASSIV   | □ NFE                      |                                    |                           |                           |                             |                             |                  |                      |                      |                   |                      | No             |                          | Yes                |                               |                       |           | se fill UB             | _      |                      |               |   |                   | .)               | 2 101 11            | JII-IIIUI         | viduai)              |                  |                          |                        |                     |                              |

| Name/ PAN/ Any other Identification Nur<br>Election ID, Govt. ID, Driving Licence NREGA Job Card, Others;  |  | 3   1   1   1   1   1   1   1   1   1  | h additional sheets if necess  | cu y.)   |  |   |  |  |
|--|--|--|--|--|--|---|--|--|
| City of Birth - Country of Birth   |  | Occupation Type: Service<br>Nationality:<br>Father's Name: Mandator  |  |  | OOB: Date of Birt<br>Gender: Male, Fen   |   |  |  |
| 1.Name: PAN: City of Birth: Country of Birth:  |  | Occupation Type:  Nationality:  Father's Name:   |  |  | Date Of Birth:   | D M   | M Y Y Y  | Y  |
| 2.Name: PAN: City of Birth: Country of Birth:  |  | Occupation Type:  Nationality:  Father's Name:   |  |  | Date Of Birth:   | D M   | M Y Y Y  | Y  |
| 3. Name:  PAN:  City of Birth:  Country of Birth:  |  | Occupation Type:  Nationality:  Father's Name:   |  |  | Date Of Birth:   | D M   | M Y Y Y  | Y  |
| Additional details to be filled by contro<br>To include US, where controlling pers<br>In case Tax Identification Number is n   | on is a US citizen or green  | card holder  | ncy / citizenship / Green Ca   | rd in any country c  | ther than India.   |   |  |  |
| OPERAILS OF ULTIMATE BENEF<br>(If the given space below is r<br>This declaration is not needed for Condetails of controlling person(s), confirm<br>should provide FFI Owner Reporting Sta  | not adequate, please atta<br>npanies that are listed on a<br>ling ALL countries of tax res   | ach multiple declaratio<br>ny recognized stock exch<br>sidency / permanent resid   | n forms)<br>ange or is a Subsidiary of s<br>lency / citizenship and ALL  | such Listed Compa  | ny or is Control   | -   |  |  |
| Name of UBO  | (Include Sta   | lress<br>ate, Country,<br>Contact Details)   | Address Type   | PAN/Tax Paye<br>Identification<br>Equivalent ID No   | No./ Resid   | y of tax<br>lency*  | Controlling<br>Person Type <sup>1</sup><br>(Mandatory)   | % of beneficial  |
|  |  |  | Residential Business Registered Office   | No.:   |  |   |  |  |
|  |  |  | Negistered Office  |  |  |   |  |  |
|  |  |  | Residential Business Registered Office   | No.:<br>Type:  |  |   |  |  |
|  |  |  | Residential Business   |  |  |   |  |  |
| Attached documents should be self of /We acknowledge and confirm that it to be false/incorrect and/or the deck aMC/Trustee/Mutual Fund shall not it on the same. In case the above infornformed in writing about any change  | the information provided a<br>aration is not provided, the<br>be liable for the same. I/W<br>mation is not provided, it<br>es/modification to the abo  | above is/are true and co<br>nen the AMC/Trustee/Mi<br>Ve hereby authorize sha<br>will be presumed that a   | Residential Business Registered Office Residential Business Registered Office or Authorised Signatory. rrect to the best of my/outual Fund shall reserve tring of the information fupplicant is the ultimate be  | Type:  No.:  Type:  ur knowledge and he right to reject urnished in this foeneficial owner, w.   | the application<br>rm with all SE<br>ith no declarat   | n and/or re<br>BI Registe<br>ion to sub   | everse the allotme<br>red Intermediarie<br>mit. I/We also und  | nt of units and t<br>s and they can re<br>lertake to keep y  |
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