

(4.5 cm x 3.5 cm) with
Sign/Left thumb
impression across the
photo of the applicant

[Single Combined Application form for registration of Foreign Portfolio Investor (FPI) with SEBI, Allotment of Permanent Account Number (PAN) and Know Your Customer (KYC) for opening Bank & Demat Account.]

Only individual applicants to affix recent colour Photograph of the applicant

(4.5 cm x 3.5 cm)

Common Application Form (CAF) and Instructions for filling CAF will be available for the FPI applicants on the website(s) of the Depositories viz. NSDL (<https://www.fpi.nsdl.com/>) and CDSL (<https://www.cdslindia.com/>)

I/We hereby request that a **Permanent Account Number & FPI registration number** be allotted to me/us. In this context, I/We give below necessary particulars:

[illegible]

Signature of the Applicant _____ 1

[illegible][illegible]

Sr. No.	Name & Address of the Beneficial Owner (Natural Person)	Date of Birth	Tax Residency Jurisdiction	Nationality	Whether acting alone or together, or through one or more natural person as group with their name & address	BO Group Percentage Shareholding/ Capital/ Profit Ownership in the FPIs	Tax Residency Number/Social Security Number/Passport Number of BO/ any other Government issued identity document number (example Driving Licence) [Please provide any]
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Signature of the Applicant _____ 2

10) Whether the applicant or the applicant's authorized signatories/ Promoters/ Partners/ Trustees/ Whole Time Directors/ Office bearer is

- a) A politically exposed person: ☐ Yes ☐ No
- b) Related to a politically exposed person: ☐ Yes ☐ No

11) Is the entity involved/ providing any of the following services

- a) Foreign exchange, Money Changer Services ☐ Yes ☐ No
- b) Gaming/ Gambling/ Lottery services (Casinos and Betting Syndicates) ☐ Yes ☐ No
- c) Money Lending, Pawning ☐ Yes ☐ No

PART B- FPI Registration Information

12) Investing exclusively in Government Securities

I/ We _____ (applicant name) hereby opt for registration as:

- ☐ GS-FPI investing in Government Securities under Fully Accessible Route {GS-FPI(FAR)}
- ☐ GS-FPI investing in Government Securities {GS-FPI(ALL)}

13) Category of Applicant

Classification of applicant (*please select the most appropriate category. Refer 'Instruction/ guidelines'*)

- a) Type of category: _____ Name of Sub- Category: _____
- b) Investing/ Non- Investing entity (only applicable for Investment Manager): _____

14) Whether the applicant is seeking registration under Multi Investment Manager(MIM) structure?

- ☐ Yes ☐ No

15) Details of Investment Manager of FPIs which are registered under regulation 5 (a) of SEBI (FPI) Regulations, 2019 (as amended from time to time) or FPI seeking registration under MIM structure

Sr. No.	Name of Investment Manager	SEBI Registration No.

16) Whether the applicant has provided with valid self-certification/ FATCA/ CRS declaration form?

- ☐ Yes
- ☐ Not Applicable

17) Information pertaining to the compliance officer

Name:	
Job Title:	
Telephone No:	
Email Id:	

Signature of the Applicant _____ 3

18) Details of Regulatory authority by which the applicant is regulated (If applicable)

Name:			
Country:		Website:	
Registration No/ Code with Regulatory, if any:			
Category / Capacity in which the applicant is Regulated:			

19) Whether the applicant is coming through Global Custodian?

☐ Yes ☐ No

If yes, please provide name of Global custodian:	
Name of Regulator:	
Registration Number/ code with regulator, if any:	
Address:	
Email ID of Global Custodian:	

20) Details of the designated depository participant, custodian of securities and designated AD Category I bank appointed

a) Name of the DDP/ Custodian of Securities / Depository Participant:

Name		SEBI Registration number	
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b) Details of designated AD category I bank (approved by RBI)

Name of the Bank and Branch	
Address	

21) Disciplinary History

Whether there has been any instance of violation or non-adherence to the securities laws , code of ethics/ conduct, code of business rules, for which the applicant or its parent/holding company or associate / or promoter/ investment manager may have been subjected to criminal liability or suspended from carrying out its operations or the registration, has been revoked, temporarily or permanently or any regulatory actions that have resulted in temporary or permanent suspension of investment related operations in the applicant's home jurisdiction and has a bearing on obtaining FPI registration for investing in India?

☐ Yes ☐ No (If yes, please mention details briefly in below box. For more details, enclose Annexure)

22) Clubbing of Investment Limit

- ☐ We do not share common ownership, directly or indirectly, of more than fifty percent or common control with other FPIs.
- ☐ We share common ownership, directly or indirectly, of more than fifty percent or common control with other FPIs and are not exempt from regulation 22(4). Details of investor group are as below:

Sr. No.	Name of FPI/ ODI subscriber with whom the applicant shares, ownership of more than 50% or common control	If ODI subscriber, please mention the name of dealing FPI	Registration No. of FPI

- ☐ In case Clubbing of investment limits of FPIs having common control is not being done in case of public retail funds as referred in Regulation 22(4), please provide following details :

Signature of the Applicant _____ 4

Sr. No.	Name of FPI	FPI Registration Number	Name of Common Controlling Person

23) Details of Prior association with Indian securities market

Whether the applicant was anytime associated with Indian securities market as FPI, FII, sub account, QFI or FVCI ?

☐ Yes ☐ No

Name of the Entity	Registered/ associated as	SEBI Registration No. (if applicable)

PART C- Additional Information for obtaining PAN

24) Whether the applicant already holds PAN

If Yes, please mention PAN: _____ If No, then below mentioned fields will be applicable.

25) Status of Applicant: *Please select the status as applicable*

- ☐ Trust ☐ Company ☐ Firm ☐ Local Authority ☐ Government ☐ Hindu undivided family
☐ Association of persons, whether incorporated or not ☐ Artificial Juridical Person
☐ Body of individuals, whether incorporated or not ☐ Limited Liability Partnership

26) Taxpayer Identification Number (TIN) in the Country of Residence:

27) Assessing Officer (AO code)

Area code	AO type	Range code	AO No.

28) Registration Number (for Company, Firm, Limited Liability Partnership, Association of Persons, Body of Individuals, Artificial Juridical Person and Trust), *if any*

29) Representative Assessee (RA) /Authorized Representative (AR)

For Individual applicant <i>(if applicable)</i>	For Non-Individual applicant (Mandatory) - Select any one from below
☐ Representative Assessee	☐ Representative Assessee (RA) ☐ Authorised Representative (AR)

First Name _____
 Middle Name _____
 Last Name _____

Address:

Flat/ Door/ Building _____
 Road/ Street/ Block/ Sector _____
 Post Office _____
 Area/ Locality/ Town/ City _____
 District _____
 State _____ Country/Region _____ PIN/ ZIPCODE _____

Signature of the Applicant _____

Contact Details:

Mobile No.

Country Code Number

Email ID

Landline No. with Country/

Country/ISD Code

Area/STD Code

Number

ISD Code and Area/STD Code

Permanent Account Number (if any)

Aadhaar Number/ Foreign Passport (If permanent Account Number is not available)

30) Documents submitted as Proof of Identity, Proof of Address of Representative Assessee/Authorized Representative

(i) Proof of Identity: _____ (ii) Proof of Address: _____

31) Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Birth / Incorporation/ Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons of the Applicant for PAN

I/ We have enclosed _____ as a proof of Identity, _____ as proof of address, & _____ as a Proof of Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons of the Applicant as mandatory certified documents [please refer to the instructions (as specified in Rule 158 of Income-tax Rules, 2026) for list of mandatory certified documents to be submitted as applicable].

PART D- Additional Information Applicable Only for Individuals**32) Gender:** (Select one)☐ Male☐ Female☐ Transgender**33) Occupation Details:**

☐ Service - Private sector ☐ Service - Public Sector ☐ Service - Govt. service ☐ Business ☐ Professional
☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others

34) Marital Status: (Select one)☐ Single☐ Married**35) Citizenship Type:**☒ Foreigner

Country of Citizenship:

36) Aadhaar Number: (if any)**37) Details of Parents:** (Applicable only for individual applicants)a) Whether mother/ father is a single parent? (Select one) ☐ Yes ☐ No**Father's Name**

First Name

Middle Name

Last Name

Mother's Name

First Name

Middle Name

Last Name

b) Name of parent to be printed on Permanent Account Number card (Select one) ☐ Father ☐ Mother**38) Address for Communication** (Applicable for PAN related information) Select any one

☐ Residence ☐ Representative Assessee Address ☐ Office

39) Spouse Name:

Signature of the Applicant _____

PART E- Depository & Bank Account Opening

40) Bank Account Information:

- ☐ I/We hereby request to open Special Non Resident Rupee Account (SNRA) in my/ our name.
OR
☐ I/We am/are non-investing FPI and do not wish to open Bank Account.

41) Details To Be Obtained For Opening Depository Account

a) Authorisation

- ☐ I/We hereby request Depository Participant viz, _____ (Name of the DP) to open Depository account in my/our name as mentioned in the application form.
OR
- ☐ I/We am/are non-investing FPI and do not wish to open Depository Account.
OR
- ☐ I/We is/are registering as GS-FPI and do not wish to open Depository Account as securities will be held in Constituent Subsidiary General Ledger (CSGL) account.

b) Mode of Operation for Sole/First Holder (in case of joint holdings, all the holders must sign)
[applicable to Non- individuals]

☐ Any one single	
☐ Jointly by	
☐ As per resolution	
☐ Others (please specify)	

PART F- (Declaration & Undertaking)

Declaration and Undertaking

I/We _____ the applicant, in the capacity of _____ (Self/Representative Assessee/ Authorized Representative) do hereby declare that what is stated in the aforesaid application form (including the enclosed documents/ annexures) is complete and true to the best of my/our knowledge and belief. I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. I/we hereby apply for registration as Foreign Portfolio Investor ("FPI") in accordance with the Securities and Exchange Board of India (Foreign Portfolio Investors) Regulations, 2019, obtain Permanent Account Number (PAN) from Income Tax Department of India and open Depository Account & Bank Account (if applicable). Further, I/We have read and understood the Securities and Exchange Board of India (Foreign Portfolio Investors) Regulations, 2019, circulars issued thereunder, and shall abide with any other terms and conditions specified by SEBI from time to time. I/We hereby declare that I/we fulfill the eligibility criteria under the FPI Regulations and I/we am/are eligible to register as a FPI. Further, I/We declare that applicant does not possess Permanent Account Number and shall be liable for legal consequences under the Income Tax Act, 2025 if this declaration is found to be incorrect.

Place: _____ Date: _____

For and on behalf of applicant

Signature of Authorized Signatory	
Name	
Designation (not applicable to individual persons)	
Date	

Signature / Left Thumb Impression of Applicant (Inside the box) (Inside the box)

FOR OFFICE USE ONLY

Name of Depository Participant			
Address of Depository Participant			
DP ID		Client ID	

Sr. No.	Applicant Bank Account Information <i>(To be captured in the depository system)</i>												
1)	Bank account type- Others - SNRA _____												
2)	Bank Account Number _____												
3)	Bank Name _____												
4)	Branch Address _____												
	City/ town/ village							PIN Code					
	State							Country					
5)	MICR Code												

Documents Received _____

Risk Category _____

IN PERSON VERIFICATION CARRIED OUT BY

Identity Verification: Done Date:

Emp. Name _____ Emp. Code _____

Emp. Designation _____ Emp. Branch _____

Signature

INSTITUTION DETAILS

Name _____

Code _____

(Institution Stamp)

