

SOWILO INVESTMENT MANAGERS LLP

57, Ground Floor, Virwani Industrial Estate, off. Western Express Highway, Goregaon East, Mumbai, Maharashtra, Pin Code: 400063; 022-42570100

PMS SUBSCRIPTION FORM

SEBI Registration Number:	INP000008127	
Investment Strategy Name	Sowilo Multi Cap	
The Client	First Holder	
	Second Holder	
Sowilo Relationship Person		

Name of Document		
1.	PMS Subscription Form	
2.	Risk Profile	
3.	Power of Attorney	
4.	Discretionary Portfolio Investment Management Agreement	
5.	Central KYCAplication-AllApplicants (Nuvama Custody Form)	
6.	FATCA CRS Declaration - All Applicants (Nuvama Custody Form)	
7.	Demat form (Nuvama Demat Form)	

Checklist items for KYC

- Self-attested copy of PAN card is mandatory for all clients, including Promoters/Partners/ Karta/Trustees and whole- time directors and persons authorized to deal in securities on behalf of company/firm/others.
- Copy of cancelled cheque for the bank account being registered.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence and permanent address are different, then proofs for both have to be submitted.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

SUBSCRIPTION FORM: Sole / First Holder

IDENTITY DETAILS

● Full name of the Applicant	
● Maiden Name	
● Father / Spouse's Full Name	
● Mother's Full Name	
● PAN	
● Date of Birth	
City of Birth	
Country of Birth	
Country code	IN
● Gender	
● Marital Status	
● Nationality	
● Residential Status	
● Occupation	
● Proof of Identity (POI)	
● Identification number	
Expiry Date	
● PEP/RPEP	

ADDRESS DETAILS

● Permanent Address (Should match with address proof)	
● Pin code	
City	
District	
State	
Country	
● Address Type	
● Document submitted as POA	
Document number	
Expiry Date (if Any)	
● Correspondence Address (Please modify as applicable)	
Pin code	
City	
State	
Country	
Address Type	
Document submitted as POA	
Document number	
Expiry Date (if Any)	

Address type to be used for communication:

Permanent Address

Correspondence Address

SUBSCRIPTION FORM: Sole / First Holder

CONTACT DETAILS

● Mobile	
● Email ID	
Residence Phone	
Office Phone	
Fax Details	

FATCA Declaration

● FATCA & CRS Declaration	
---------------------------	--

NET WORTH DETAILS

● Gross Annual Income (This year)	
● Net Worth Amount	
● Net Worth Date	

TYPE OF ACCOUNT

- Individual HUF LLP Company Trust AOP

BANK ACCOUNT DETAILS (For Fund Transfers)

● Bank name	
● Branch name	
● Bank address	
● Bank city	
● Bank state	
● Bank country	
Bank pin	
Bank Acc no	
Account type	
● IFSC code	
● MICR code	
● RBI Approval Ref No (NRI Only)	
● RBI Approval Date (NRI Only)	

SUBSCRIPTION FORM: Second Holder

IDENTITY DETAILS

● Full name of the Applicant	
● Maiden Name	
● Father / Spouse's Full Name	
● Mother's Full Name	
● PAN	
● Date of Birth	
City of Birth	
Country of Birth	
Country code	IN
● Gender	
● Marital Status	
● Nationality	
● Residential Status	
● Occupation	
● Proof of Identity (POI)	
● Identification number	
Expiry Date	
● PEP/RPEP	

ADDRESS DETAILS

● Permanent Address (Should match with address proof)	
● Pin code	
City	
District	
State	
Country	
● Address Type	
● Document submitted as POA	
Document number	
Expiry Date (if Any)	
● Correspondence Address (Please modify as applicable)	
Pin code	
City	
State	
Country	
Address Type	
Document submitted as POA	
Document number	
Expiry Date (if Any)	

Address type to be used for communication:

Permanent Address

Correspondence Address

SUBSCRIPTION FORM: **Second Holder**

CONTACT DETAILS

● Mobile	
● Email ID	
Residence Phone	
Office Phone	
Fax Details	

FATCA Declaration

● FATCA & CRS Declaration	
---------------------------	--

SUBSCRIPTION FORM: Third Holder

IDENTITY DETAILS

● Full name of the Applicant	
● Maiden Name	
● Father / Spouse's Full Name	
● Mother's Full Name	
● PAN	
● Date of Birth	
City of Birth	
Country of Birth	
Country code	IN
● Gender	
● Marital Status	
● Nationality	
● Residential Status	
● Occupation	
● Proof of Identity (POI)	
● Identification number	
Expiry Date	
● PEP/RPEP	

ADDRESS DETAILS

● Permanent Address (Should match with address proof)	
● Pin code	
City	
District	
State	
Country	
● Address Type	
● Document submitted as POA	
Document number	
Expiry Date (if Any)	
● Correspondence Address (Please modify as applicable)	
Pin code	
City	
State	
Country	
Address Type	
Document submitted as POA	
Document number	
Expiry Date (if Any)	

Address type to be used for communication:

Permanent Address

Correspondence Address

SUBSCRIPTION FORM: **Third Holder**

CONTACT DETAILS

● Mobile	
● Email ID	
Residence Phone	
Office Phone	
Fax Details	

FATCA Declaration

● FATCA & CRS Declaration	
---------------------------	--

NOMINEE DETAILS:

FIRST NOMINEE

● Full Name of the Nominee	
Uid Type	
Uid	
Address (if not same as applicant)	
Pin	
City	
District	
State	
Country	
Mobile No.	
● Email ID	
● Relationship with BO or Applicant	
● Date of Birth	
● % Allocation of securities/funds	

SECOND NOMINEE

● Full Name of the Nominee	
Uid Type	
Uid	
Address (if not same as applicant)	
Pin	
City	
District	
State	
Country	
Mobile No.	
● Email ID	
● Relationship with BO or Applicant	
● Date of Birth	
● % Allocation of securities/funds	

THIRD NOMINEE

● Full Name of the Nominee	
Uid Type	
Uid	
Address (if not same as applicant)	
Pin	
City	
District	
State	
Country	
Mobile No.	
● Email ID	
● Relationship with BO or Applicant	
● Date of Birth	
● % Allocation of securities/funds	

COMMON CLIENT DECLARATION:

- I/We have read and understood the terms and conditions of the Discretionary Portfolio Investment Management Agreement and the Disclosure Document and undertake to abide with the provisions of the same. All the information and particulars given about myself/us in the application are true to best of my/our knowledge and belief. I/We agree to inform the Portfolio Manager if there is any change in the information provided by me/ us.
- I/We undertake to provide all the disclosures as required under SEBI (Insider Trading) Regulations, Prevention of Money Laundering Act, 2002 as amended from time to time or any other Act/Regulations.
- I/We hereby declare that the amount given/to be given by me/us to the Portfolio Manager for investing on my/our behalf is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or an status or legislation including Prevention of Money-Laundering Act, 2002 or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.
- I/We confirm and understand that my Application, Discretionary Portfolio Management Services Agreement and other documents attached are subject to verification and scrutiny for compliance with the KYC requirements prescribed, from time to time by Sowilo Investment Managers LLP and Custodian appointed by them under the Prevention of Money Laundering Act, 2002 and other applicable Acts and Regulations and I/We understand that my/our application can be rejected for any/all reasons including but not limited to discrepancy, non-compliance with the documentation requirements without any reason being assigned therefore by EAML.
- I/We also authorize Sowilo to share the information/documents about me/us with any regulatory bodies in order to enable Sowilo to meet requirements under any applicable regulations. I/We also agree to co-operate with Sowilo for the purposes of any regulatory requirements and for any additional information requirements which may be required to be provided to any regulatory authority by Sowilo.
- To the extent appropriate for our relationship with you, personal information may be shared for the following purposes:- (a) to comply with applicable laws, rules and regulations, including anti-terrorism, KYC, anti-money laundering and tax reporting rules and regulations; (b) to comply with legal process, to respond to requests from public, regulatory or government authorities (including authorities outside your country of residency), and to allow us to pursue remedies and limit damage; (c) to any of our associate / affiliate / group entities including our service providers performing delegated outsourced function to enable them to perform internal business processes (which facilitate transactions) such as risk management purposes, data analysis, audits, developing and improving new products and services, etc; (d) to any of our associate / affiliate / group entities to enable them to provide you with appropriate products and services; You have the right to not provide (or to withdraw by written notice at any time) your consent to the collection, use, processing and sharing of your personal information. If you choose to not provide (or to withdraw) your consent, we may not be able to provide you with certain products and services.
- I/We certify that I/we have read and understood the contents of the Disclosure Document provided by Sowilo. I/We hereby declare that the amount invested in the Strategy is through legitimate sources only and is not designed for the purpose of the contravention of any Act, Rules, Regulations of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any applicable laws enacted by the Government of India from time to time. I/we hereby agree that Sowilo is authorized to use the information provided by me/us above for communication with me/us any information via SMS, email or through any other mode of communication from time to time, and I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / email address. I/We hereby give my/our consent for sharing KYC documents and information relating to my investments with Sowilo and Custodian.

Note: The investment will commence post clearance of funds.

First Applicant Signature

Second Applicant Signature

RISK PROFILER:

A. Which age Bracket do you belong to?

1. 65 years and above 2. 46 to 64 years 3. 31 to 45 years 4. 18 to 30 years

B. What is your Liquid Net-worth?

1. Up to Rs. 2 Crore 2. Between Rs. 2 to Rs. 5 Crore
3. Rs. 5 to Rs. 10 Crore 4. Above Rs. 10 Crore

C. Investment/Trading experience?

1. 1 to 3 years 2. 3 to 5 years
3. 5 to 10 years 4. More than 10 years

D. Your Investment Experience is largely into?

1. Insurance and Fixed Deposit
2. Insurance, Fixed Deposit and Mutual Funds
3. Insurance, Fixed Deposit, Mutual Funds and Stocks
4. Insurance, Fixed Deposit, Mutual Funds, Stocks and Derivatives

E. What is your return expectation from the portfolio in the worst and best market condition?

1. Best: 10% to 20%, Loss: 0% to 5% 2. Best: 20% to 30% Loss: 6% to 10%
3. Best: 30% to 40% Loss: 11% to 15% 4. Best: Above 40% Loss: Above 15%

F. When do you expect your investments to be withdrawn?

1. Less than 1 Year 2. Between 1 year to 3 years
3. Between 3 year to 5 years 4. After 5 years

G. How much loss can you absorb in your Portfolio?

1. Loss: 0% to 5% 2. Loss: 6% to 10%
3. Loss: 11% to 15% 4. Loss: Above 15%

Scoring: If your answer is 1, you score 1 point, If your answer is 2, you score 2 points and so on.

CATEGORIZATION*	SCORE	PLEASE (Tick)
Conservative	Upto 9	
Moderate	10 – 18	
Aggressive	19 - 28	

Total Score:

QUESTIONNAIRE:

Questionnaire for corporate/institutional entities

- 1. What is your total investment experience (excluding real estate and bank deposits)?**
 - a) No Prior Experience
 - b) 0 to 3 years
 - c) 3 to 5 years
 - d) More than 5 years

- 2. Which of the following asset classes do you have an investment experience in? (tick whichever applicable)**
 - a) Debt
 - b) Mutual funds
 - c) Equities
 - d) Venture Funds
 - e) Derivatives
 - f) None of the above

- 3. What is the level of your understanding of risks associated with investing in equity and/or public markets?**
 - a) Minimal
 - b) Fair
 - c) Good
 - d) Very good
 - e) None at all

- 4. Are you aware that investments in equity markets are subject to risk, and that the return of capital cannot be guaranteed?**
 - a) Yes
 - b) No

- 5. What is your level of tolerance to erosion of capital that you wish to allocate to investments?**
 - a) None at all (will not tolerate any erosion of capital)
 - b) Minimal (willing to tolerate up to 5% of capital erosion)
 - c) Moderate (willing to tolerate up to 20% of capital erosion)
 - d) High (willing to tolerate up to 50% of capital erosion)

- 6. What is the value at cost of your total investment portfolio (excluding real estate and bank deposits)?**
 - a) Less than Rs. 1 Crore
 - b) Rs 1 Crore – Rs. 5 Crores
 - c) Rs. 5 Crores – Rs. 25 Crores
 - d) More than Rs. 25 Crores

- 7. What is your investment objective?**
 - a) Capital Appreciation
 - b) Regular income
 - c) Capital appreciation and regular income

QUESTIONNAIRE:

8. Which of the following asset classes do you want your funds to be invested in?

- a) Debt
- b) Mutual funds
- c) Equities
- d) Venture Funds
- e) Unlisted equity / early stage opportunities
- f) Any particular combination of the above (please specify below): _____

9. How long before you would need to liquidate, partially/fully, money you are planning on investing?

- a) Less than one year
- b) Between one and three years
- c) Between three and five years
- d) Between five and ten years
- e) More than ten years

10. What is your expectation of annual return on investments?

- a) Low, between 6-10% ("We focus on protecting capital and steady income though it may be limited. We are not looking for significant capital appreciation").
- b) Medium, between 10-15% ("We are interested in moderate capital growth or moderate income. We are willing to tolerate infrequent and moderate negative return").
- c) High, more than 15% ("We are interested in generating high returns. To do so, we understand that We will have to take high risk and acceptable probable high negative returns").

Client Declaration

I/We hereby understand that my risk profile is as per table above and would request Sowilo Investment Managers LLP to advise/manage my/our investments basis this categorization. I/we take complete responsibility and liability of my investment and my investment decision is not influenced by any sales promotion or promise of returns whatsoever My/our investments are advised by multiple advisors/managers, hence monitoring of investment asset allocation on my/our entire portfolio and investment objective is my/our sole responsibility.

ACCOUNT OPENING COVER SHEET:

Direct: **Distributor:**

Name of the Applicant	
PAN of the Applicant	
Name of Distributor	
ARN Number	
Introducer Details (if any)	

POWER OF ATTORNEY:

A large, empty rectangular area with rounded corners, outlined in a thin blue border, intended for the content of the Power of Attorney document.

PMS CLIENT AGREEMENT:

A large, empty rectangular area with rounded corners, outlined in a thin blue border, intended for the PMS Client Agreement content.