RYSA INDIA GROWTH OPPORTUNITY FUND

Investor Application Form - Non-Individual

RYSA WEALTH
Building wealth with Wisdom

Serial Number _____

CLIENT REGISTRATION FORM - NON-INDIVIDUALS

Please fill in Block Letters (all fields are mandatory)

GENERAL INFORMATION (PLEASE ✓)

☐ Sole Proprietor ☐ Partnership ☐ Company ☐ HUF ☐ Institutions ☐ Registered Trust ☐ Unregistered Trust

☐ Society ☐ Others _____ *(Please specify)*

Name of the Entity

Date of Incorporation/Registration D D M M Y Y Y Y Place of incorporation

Tax ID of the Firm Nature of Business

(Attach self-attested copy of the Tax ID)

Registration No. (e.g. CIN) Date of Commencement of Business D D M M Y Y Y Y

Charter documents requirements based on the constitution of applicant entity	**Company:** Certificate of Incorporation and MOA/ AOA **Partnership Firm:** Registration certification issued by the governing regulator and partnership deed **Unincorporated Association / Body of Individuals:** Resolution of the managing body of such association or body of individuals and such other information / document to establish the existence of such association and body of individuals **Judicial persons:** Relevant document to verify the identity of any person purporting to act on behalf of such client **Trust:** Registration Certificate and Trust Deed

Registered Office Address

City: State:

Country: Postal Code:

Phone No. (State UT Code): Fax No (Code):

Contact Person:

E-mail ID:

Correspondence Address

City: State:

Country: Postal Code:

Phone No. (State UT Code): Fax No (Code):

Designation: Mobile No.:

E-mail ID:

CONTACT PERSONS DETAILS:

Name

Designation

Phone No. (Code) Mobile No.

Email ID

Specify the proof of address submitted for correspondence address

BANK ACCOUNT DETAILS OF THE APPLICANT

Name of the Bank

Account Number

International Bank Account Number (IBAN)

City: State:

NEFT IFSC Code

MICR / Swift Code:

In case of FIs, Registration No. *(Please attach certified copy)*

Branch

Account Type

☐ Savings ☐ Current ☐ Others

Other Details

Country: Postal Code:

RTGS IFSC Code

Payment Mode:

☐ Cheque ☐ Electronic Tranfer

INVESTMENT DETAILS

Capital Commitment	USD
Additional Contribution	USD
Capital Contribution	USD

PAYMENT DETAILS: Amount to be remitted to "RYSA India Growth Opportunity Fund"

Mode of Payment		NEFT/Remittance No.		Date	
Application Amount	In Figures (USD)				
	In Words (USD)				
Remittance Bank		Branch		City	

I/We hereby declare that all the information and particulars given by me/us in this application are true to the best of my/our knowledge and belief.

I/We agree to immediately notify you in writing if there is any change in any of the information given in this application or in the Annexure(s) to this application. I/We also declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted therefrom, the Trustee has a right to terminate the Contribution Agreement and take such other action as provided in the Contribution Agreement. I/We also agree to furnish such further information as you or the IFSCA or any other Government or statutory authority may require from me/us from time to time and I/we agree that if. I/We fail to give such information, you shall have the right to terminate the Contribution Agreement and take such other action as provided in the Contribution Agreement. I/We wish to inform you that I/we have read, understood and independently verified the contents of the Private Placement Memorandum dated February 11, 2026 of **RYSA India Growth Opportunity Fund** and the other Scheme Documents including the Contribution Agreement provided to me/us prior to entering into the Contribution Agreement.

I/We agree to abide by all the terms and conditions set out in the Contribution Agreement at all times.

I/We hereby declare that the amounts invested by us in RYSA India Growth Opportunity Fund have been acquired by me/us through legitimate sources only and this investment does not involve and is not designed for the purpose of contravention or evasion of the Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, any rules enacted under the Prevention of Money Laundering Act, 2002, any notifications, circulars, rules or regulations of the Securities and Exchange Board of India or any other applicable laws enacted by the Government of India or statutory authority from time to time.

Exemption from Contribution Declaration

I/We hereby acknowledge, confirm, and agree that the Fund Manager Entity ("FME") of RYSA Wealth is not required to make any capital contribution to the Fund. I/We expressly consent to the Fund being managed and operated without any mandatory contribution from the FME and confirm that the absence of such contribution shall not prejudice my/our rights as an investor or affect the validity of my/our investment in the Fund. I/We further confirm that this declaration is made voluntarily, with full understanding of the Fund structure, and in compliance with the applicable laws, regulations, and the Fund documents.

Are You A US/Canada Citizen -

☐ No ☐ Yes

If yes,

I hereby confirm that I am a resident of the United States of America/Canada or a resident of a jurisdiction, the laws of which impose prohibition on soliciting the securities business in that jurisdiction without going through the registration requirements and/or prohibit the use of any information contained in this form.

If accessing this form by giving false declaration, the person shall be solely liable/responsible for any adverse consequences suffered, legally as well as financially, pursuant to use of any information contained in this form.

SIGNATURE(S) WITH STAMP

Authorized Signatory-1	Authorized Signatory-2	Authorized Signatory-3
Name	Name	Name

Place: _____

Date: _____

ANNEXURE - A (UBO Declaration)
Details of Promoters/Partners/Karta/Trustees and Whole Time Directors

CONTROLLING PERSON DETAILS

1

Name of the controlling person			
Date of Birth	D D M M Y Y Y Y	Country of Birth	
Nationality:		Country of residence for tax purposes	
Correspondence Address:			
Controlling Person Type:			

a. Legal Person	Ownership		Other Means	Senior Managing Official	
b. Legal Arrangement – Trust	☐ Settlor	☐ Trustee	☐ Protector	☐ Beneficiary	☐ Others
c. Legal Arrangement – Others	Settlor Equivalent	Trustee Equivalent	Protector Equivalent	Beneficiary Equivalent	Other Equivalent

Identification Type (Tick any one)	☐ Passport ☐ Employment ID	☐ Election ID Card ☐ Any other Government Issued Document	☐ Tax ID	☐ Driving License
Identification Number and Expiry Date (For above)				
Occupation Type (Tick any one)	☐ Service Provider	☐ Business	☐ Others	☐ Not Categorized

Place:		Signature	
Date:			

2

Name of the controlling person			
Date of Birth	D D M M Y Y Y Y	Country of Birth	
Nationality:		Country of residence for tax purposes:	
Correspondence Address:			
Controlling Person Type:			

a. Legal Person	Ownership		Other Means	Senior Managing Official	
b. Legal Arrangement – Trust	☐ Settlor	☐ Trustee	☐ Protector	☐ Beneficiary	☐ Others
c. Legal Arrangement – Others	Settlor Equivalent	Trustee Equivalent	Protector Equivalent	Beneficiary Equivalent	Other Equivalent

Identification Type (Tick any one)	☐ Passport ☐ Employment ID	☐ Election ID Card ☐ Any other Government Issued Document	☐ Tax ID	☐ Driving License
Identification Number and Expiry Date (For above)				
Occupation Type (Tick any one)	☐ Service Provider	☐ Business	☐ Others	☐ Not Categorized

Place:		Signature	
Date:			

3

Name of the controlling person			
Date of Birth	D D M M Y Y Y Y	Country of Birth	
Nationality:		Country of residence for tax purposes:	
Correspondence Address:			
Controlling Person Type:			

a. Legal Person	Ownership		Other Means	Senior Managing Official	
b. Legal Arrangement – Trust	☐ Settlor	☐ Trustee	☐ Protector	☐ Beneficiary	☐ Others
c. Legal Arrangement – Others	Settlor Equivalent	Trustee Equivalent	Protector Equivalent	Beneficiary Equivalent	Other Equivalent

Identification Type (Tick any one)	☐ Passport ☐ Employment ID	☐ Election ID Card ☐ Any other Government Issued Document	☐ Tax ID	☐ Driving License
Identification Number and Expiry Date (For above)				
Occupation Type (Tick any one)	☐ Service Provider	☐ Business	☐ Others	☐ Not Categorized

Place:		Signature	
Date:			

FATCA-CRS Declaration & Supplemental KYC Information

Declaration Form for Entities

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

Part - A

Tax ID of the Firm		Date of Incorporation	D D M M Y Y Y Y
Name			
Address type [for KYC address]	☐ Residential ☐ Residential/Business ☐ Business ☐ Registered Office		
Place of Incorporation		Country of Incorporation	
Gross Annual Income Details in USD	☐ Below 1 million ☐ 1 to 5 million ☐ Below 1 million ☐ 1 to 5 million	Net worth in USD million Net Worth as of	_____ D D M M Y Y Y Y
Is the entity involved in / providing any of the following services:	☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] ☐ Money Laundering / Pawning	Any other Information [if applicable]	[Please Specify]

Is "Entity" a tax resident of any country other than India - ☐ Yes ☐ No
(If 'Yes', please provide countries in which the entity is a resident for tax purpose and the associated TIN)

Sr. No.	Country of Tax Residency	Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other, please specify]
1			
2			
3			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here _____ (Refer Instructions o)

Authorized Signatory-1	Authorized Signatory-2	Authorized Signatory-3
Name	Name	Name
Date: D D M M Y Y Y Y	Date: D D M M Y Y Y Y	Date: D D M M Y Y Y Y

Part - B [to be filled by Financial Institutions or Direct Reporting NFFEs]

We are a

☐ Financial Institution / FFI *[refer instruction a.]*

☐ Direct Reporting NFFE *[refer instruction b.]*

GIIN (Global Intermediary Identification Number):

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of the Sponsoring Entity

GIIN not available [tick any one]
☐ Applied for
☐ Not required to apply for - specify sub-category code ☐☐ [refer instruction c.]
☐ Not obtained - Not participating FFI

Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]

1	Is the entity is a listed company *[whose shares are regularly traded on a recognized stock exchange]* *[refer instructions d.]*	☐ No ☐ Yes *(If Yes, Please specify any one Stock Exchange on which the stock is traded regularly)* Name of the Stock Exchange: _____
2	Is the entity a 'Related Entity' of a listed company *[whose shares are regularly traded on a recognized stock exchange]* *[refer instructions e.]*	☐ No ☐ Yes *(If Yes, (Please specify the name of the listed company and one stock exchange on which stock is traded regularly)* Name of the listed company: _____ Nature of Relation: ☐ Subsidiary ☐ Controlled Name of the Stock Exchange: _____
3	Is the entity an Active NFE?	☐ No ☐ Yes - Nature of business _____ Please specify sub-category of Active NFE ☐☐ [refer instruction g.]
4	If the entity a Passive NFE: *[refer instructions h.]*	☐ No ☐ Yes - Nature of business _____ If Yes, fill UBO declaration in the next section

if Passive NFE, please provide the below additional details for each of the Controlling person. *(Please attach additional sheets if necessary)*

Sr. No.	Name of UBO	Taxpayer Identification Number/ Equivalent ID Number~	Place & Country of Birth	Country of Tax Residency*	Occupation Type [Service, Business, Others]	Nationality	Father's Name	Date of Birth (dd/mm/yyyy)	Gender [Male, Female, Others]
1									
2									
3									
4									

 # Additional details to be filled by controlling persons with tax residency I permanent residency I citizenship I Green Card in any country other than India
~ In case TIN is not available, kindly provided functional equivalent
**If UBO has more than one tax residency outside India, details to be provided in separate rows for each of the tax residency countries*

Declaration:
I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you [Fund/Other participating entities] 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 I any of the Alternative Investment Fund, its Sponsor, Asset Management Company, trustees, their employees I RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities I 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/us of the same. Further, I/We 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/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days 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/RT A 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. We also confirm that we have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

Signature with relevant seal:

Authorized Signatory-1	Authorized Signatory-2	Authorized Signatory-3

Place: _____

Date: D D M M Y Y Y Y

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions such as the Banks/other financial entities to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Please note that you may receive more than one request for information if you have multiple relationships with Alf or its group entities / related parties. Therefore, it is important that you respond to such request, even if you believe you have already supplied any previously requested information.

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Acknowledgement

We on behalf of participating Alternative Investment Fund] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from M/s. _____ Tax ID _____ on: dd/mm/yyyy

_____

Date: _____ Signature with Name, Emp. ID & Seal

SOURCE OF FUND CERTIFICATE

CERTIFICATE FOR SOURCE OF FUND AS ON _____

(To be provided on the Letterhead)

I/We hereby certify that M/s. .... (Name of Investor) has made the following capital investment amounting to USD in RYSA India Growth Opportunity Fund. I/We have checked the books of accounts of the unit and found that the Investor has made the capital investment from the following sources:

(a)	Promoters' contribution	:	USD
(b)	Equity	:	USD
(c)	Term Loan from Financial Institution/Bank	:	USD
(d)	Un Secured Loan	:	USD
(e)	Internal Resources	:	USD
(f)	Any other source (pl. specify)	:	USD
	Total	:	USD

The computation of source of fund based on my/our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction.

This is to certify that the funds do not result from fraudulent funds and comply with Anti Money-Laundering (AML) rules and regulations.

Authorised Signatory

&

Stamp

Place:_____

Date:_____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVATE PLACEMENT MEMORANDUM

RYSA India Growth Opportunity Fund

Dear Sir/ Madam,

I/We_____, [on behalf of_____ (to be retained in case of a Contributor other than an individual)], do hereby confirm that I/We have received a copy of the Private Placement Memorandum ("PPM") dated February 11, 2026 and a copy of the contribution agreement **("Contribution Agreement")**. I/We hereby further agree and confirm that the contents of PPM & Contribution Agreement were explained to me and have also read and understood the contents of the PPM and the Contribution Agreement.

I/We have disclosed all the details properly and correctly in this application form. I/We undertake to provide all the disclosures as required under IFSCA Fund Management Regulations 2022, prevention of Money Laundering Act, 2022 or any other applicable laws or any regulations, directions issued by any Government or statutory authorities from time to time.

RYSA India Growth Opportunity Fund is registered with IFSCA with Acknowledgement No._____ as Cat III AIF with effect from _____ (date).

Investment Manager - RYSA International wealth Management (IFSC) Pvt. Ltd.

The memorandum has been furnished on confidential basis to consider investing in RYSA India Growth Opportunity Fund established under the Indian Trust Act, 1882.

Yours faithfully,

SIGNATURE(S) WITH STAMP

Authorized Signatory-1	Authorized Signatory-2	Authorized Signatory-3
Name	Name	Name

Place: _____

Date: _____

CHECKLIST - NON-INDIVIDUAL

Have you:

- ☐ Filled in the Investor Application Form
- ☐ Attached UBO/FATCA Declaratlion
- ☐ Executed Contribution Agreement Signed all relevant Formats
- ☐ Enclosed notarized copies (as set out in the applicable Investor Information Form) of your Identity, Address Proof, TIN
- ☐ Details of Settlor of Trust/Protector of Trust, relevant information to be provided along with the proof indicated.
- ☐ Authorized Signatory List (ASL person address and ID proof)
- ☐ Copy of Board Resolution
- ☐ Share Holding Pattern
- ☐ Source of Funds
- ☐ Net worth Certificate

ACKNOWLEDGEMENT SLIP*

Application No.:_____

Name of the Applicant _____

Application Amount (USD) _____ Amount in word _____

_____

Remittance No. _____ Date _____ Place _____

Drawn on: _____ Distributor Code _____

**Subject to Realisation of Amount and furnishing of Mandatory Information/documents.*
Note: The information given above would be confidential. However, if the information is required by any government agency, it may be given to tem.