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| **FORM OPI: Section A**  **(For the half year ended March/ September)** | | | | | | | | | | | | | | | | | | | |
| **Note:** To be filed by a person resident in India, other than a resident individual, making any Overseas Portfolio Investment (OPI) or transferring such investment during the reporting period (Only relevant sections of this form, as applicable, may be used)  All amounts should be in actuals | | | | | | | | | | | | | | | | | | | |
| **I** | | **Name and Code of Reporting AD bank:** | | | | | | | | | | | | | | | | | |
| **II** | | **Particulars of the Indian Entity/Mutual Fund (MF)** | | | | | | | | | | | | | | | | | |
| i. | | Name of Indian entity/ MF | | | |  | | | | | | | | | | | | | |
| ii. | | LEI of Indian entity/ MF | | | |  | | | | | | | | | | | | | |
| iii. | | PAN | | | |  | | | | | | | | | | | | | |
| iv. | | Address of Indian entity/ MF | | | |  | | | | | | | | | | | | | |
| v. | | City | | | |  | | | | | | | | | | | | | |
| vi. | | State | | | |  | | | | | | | | | | | | | |
| vii. | | PIN code | | | |  | | | | | | | | | | | | | |
| viii. | | Net worth in INR (in case of Indian entity) as per last audited balance sheet | | | |  | | | | As on date (Please mention date) | | | |  | | | | | |
| ix | | Whether the IE is listed | | | | Yes / No | | | | | | | | | | | | | |
| x | | Contact person  (name & designation) | | | |  | | | | | | | | | | | | | |
| xi | | Mobile number | | | |  | | | | | | | | | | | | | |
| xii | | E-mail ID | | | |  | | | | | | | | | | | | | |
|  | |  | | | |  | | | | | | | | | | | | | |
| **A. OPI by Indian entity (Please refer to Schedule II & Proviso 2(iii) of Schedule V of OI Rules)** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **USD** | | | | **INR** | |
| i | Net Amount of Investment held abroad (opening balance) at cost basis | | | | | | | | | | | | |  | | | |  | |
| ii | Investments made during the half year (including reinvestment) | | | | | | | | | | | | |  | | | |  | |
| iii | Sale/disinvestment made during the half year \* | | | | | | | | | | | | |  | | | |  | |
| iv | Net amount of Investment held abroad (closing balance) (I+II-III) | | | | | | | | | | | | |  | | | |  | |
|  | **Remittance amount** | | | | | | | | | | | | |  | | | |  | |
|  | **Repatriation amount** | | | | | | | | | | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **B. OPI by resident individuals by way of ESOP/ Employee Benefits Scheme (EBS) (Please refer to Para 1 (2) (iii)(h) and para 3 of Schedule III of OI Rules) (reporting to be made by by the company/ branch/ office, as the case may be** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **USD** | | | | **INR** | | |
| i | Net Amount of ESOP/ EBS Investment held abroad (Opening Balance) at cost basis | | | | | | | | | | | |  | | | |  | | |
| ii | Investments made during the Half Year (including reinvestment) | | | | | | | | | | | |  | | | |  | | |
| iii | Disinvestments made during the Half Year \* | | | | | | | | | | | |  | | | |  | | |
| iv | Net amount of Investments held abroad (Closing Balance) (I+II-III) | | | | | | | | | | | |  | | | |  | | |
|  | **Remittance Amount** | | | | | | | | | | | |  | | | |  | | |
|  | **Repatriation Amount** | | | | | | | | | | | |  | | | |  | | |
| **Consolidated details of Employee Stock Ownership Plan (ESOP)/ Employee Benefits Scheme should be reported as under by the company/ branch/ office, as the case may be** | | | | | | | | | | | | | | | | | | | |
| a. We, ……………………………………….... (Indian Company / Office / Branch), hereby declare that:  M/s. ……………………………………………..………. (foreign company) has issued ……….(nature) equity capital/ % interest to our employees / directors under ESOP/ Employee Benefits Scheme during the half year as under:  (i) Equity capital/% interest allotted:  (ii) Number of employees/ Directors who accepted shares/ interest:  b. We, ……………………………………….... (Indian Company / Office / Branch), hereby declare that:  M/s. ……………………………………………..………. (foreign company) has repurchased …….. (nature) equity capital from our employees /directors under ESOP/ Employee Benefits Scheme during the half year as under:  (i) equity capital repurchased:  (ii) Number of employees / Directors who sold equity capital/ interest: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **C. OPI by Mutual Funds (please refer to Para 2 of Schedule IV of OI Rules)** | | | | | | | | | | | | | | | | | | | |
|  | | | Opening balance | | Purchase/ acquired | | | Sale/ disinvested\* | | | Closing balance | | | | Remittance from India | | Repatriation to India | | |
|  |  | | USD | INR | USD | | INR | USD | INR | | USD | INR | | | USD | INR | USD | | INR |
| i | Equity | |  |  |  | |  |  |  | |  |  | | |  |  |  | |  |
| ii | Debt Instruments | |  |  |  | |  |  |  | |  |  | | |  |  |  | |  |
| iii | ADR/GDR | |  |  |  | |  |  |  | |  |  | | |  |  |  | |  |
| iv | ETF (Securities) | |  |  |  | |  |  |  | |  |  | | |  |  |  | |  |
| v | Mutual Funds | |  |  |  | |  |  |  | |  |  | | |  |  |  | |  |
| vi | Others (Specify) | |  |  |  | |  |  |  | |  |  | | |  |  |  | |  |
|  | **Total (C)** | |  |  |  | |  |  |  | |  |  | | |  |  |  | |  |

\* The disinvestment amount should correspond to the actual investment amount made and not the sale/market value on which disinvestment took place

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| **Form OPI: Section B**  **Reporting of the Overseas Portfolio Investment (OPI) by Venture Capital Fund (VCF)/ Alternate Investment Fund (AIF)** | | | |
| **I** | | Particulars of the Indian entity/ resident individual (RI) who has promoted/ invested in VCF/ AIF (Attach Separate sheet if there are multiple Indian entities/ RIs) | |
| i. | | Name of the Indian entity/ RI |  |
| ii. | | LEI of Indian entity |  |
| iii. | | PAN |  |
| iv. | | Group to which the entity belongs |  |
| v. | | Activity code of the Indian entity | (1987 NIC code at 3-digit level)  (2008 NIC code at 5- digit level) |
| vi. | | Address of the Indian entity/ RI |  |
| vii. | | City |  |
| viii. | | State |  |
| ix. | | PIN code |  |
| x. | | Name of the contact person |  |
| xi. | | Designation of the contact person |  |
| xii. | | Telephone No. |  |
| xiii. | | Mobile No. of the contact person |  |
| xiv. | | Fax No. |  |
| xv. | | Email |  |
| **II** | Particulars of the Indian Company/ RI who manages the VCF/ AIF | | |
| i. | Name of the Indian entity/ RI | |  |
| ii. | PAN | |  |
| iii. | Group to which the entity belongs | |  |
| iv. | Activity code of the Indian Company | | (1987 NIC at 3-digit level  (2008 NIC at 5-digit level) |
| v. | Address of the Indian entity/ RI | |  |
| vi. | City | |  |
| vii. | State | |  |
| viii. | PIN code | |  |
| ix. | Name of the contact person | |  |
| x. | Designation of the contact person | |  |
| xi. | Telephone No. | |  |
| xii. | Mobile No. of the contact person | |  |
| xiii. | Fax No. | |  |
| xiv. | Email | |  |
| **III** | Particulars of the VCF/ AIF | | |
| i. | Name of the VCF/AIF | |  |
| ii. | Date of the SEBI Approval | |  |
| iii. | Limit of the Overseas investment granted by SEBI (Amount in actuals in USD) | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IV OPI by VCF/AIF (please refer to Para 2 of Schedule IV of OI Rules)** | | | | | | | | | | | | | |
|  |  | Opening Balance | | Purchase/ acquired | | Sale/ disinvested | | Closing Balance | | Remittance from India | | Repatriation to India | |
|  |  | USD | INR | USD | INR | USD | INR | USD | INR | USD | INR | USD | INR |
| i | Equity |  |  |  |  |  |  |  |  |  |  |  |  |
| ii | Equity linked instrument |  |  |  |  |  |  |  |  |  |  |  |  |
| iii | Other permissible instrument (furnish the details of instrument) |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Section C** | | | | |
| **Certificate from Indian entity/ Mutual Fund/AIF/VCF (Strike out whichever is not applicable)** | | | | |
| We, the Indian entity/ Mutual Fund/ AIF/ VCF further confirm that the investment made as above are in compliance with the provisions contained in OI Rules. | | | | |
| All the transactions effected during the half year are included above and we hereby certify that the information furnished above are true and correct. **We also duly acknowledge that if any information furnished by us is found to be false and/or incorrect, it shall be construed that the reporting requirements under FEMA,1999 have not been complied with.** | | | | |
| Signature of the authorized official of the Indian entity approved by the Board or equivalent body, as the case may be/ Mutual Fund/ AIF/ VCF | |  | | Stamp/Seal |
| Name & designation of the Authorized Official of the Indian entity/ Mutual Fund/ AIF/ VCF | |  | |
| Place |  | Date |  | |
| Telephone No. |  | Email ID |  | |

**Instructions for filling up Form OPI**

1. *In the case of Mutual Funds, the details of Indian entity responsible for filing the Form OPI (i.e Promoter/ AMC of that Mutual Fund, as decided by the Mutual Fund), may be indicated in Section A (details of Indian entity), along with mentioning the name of the Mutual Fund.*
2. *Section C for Mutual Fund/ AIF/ VCF may be filled in by the Indian entity responsible to file the Form OPI (as designated by the fund).*
3. *The date may be mentioned in format DD/MM/YYYY format.*
4. *All amounts should be in actuals only.*