FATCA, CRS & UBO DECLARATION
(For Non Individual Investors)

Please refer to the Instructions for assistance and complete all sections in English. For legibility, please use BLOCK letters in black or dark ink.
Please seek appropriate advice from a tax professional on FATCA related information applicable to you.

APPLICANT(S) INFORMATION

Folio No./Application No.

Name of the entity

Type of address given at KRA : ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

City of Incorporation _____ Country of Incorporation _____

PAN Date of Incorporation D D / M M / Y Y Y Y

Entity Type Please (✓)	Constitution					
	☐ Partnership Firm	☐ HUF	☐ Private Limited Company	☐ Public Limited Company	☐ Society	☐ AOP/BOI
	☐ Trust	☐ Liquidator	☐ Limited Liability Partnership	☐ Artificial Juridical Person	☐ Others	specify

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India: ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number%	Identification Type (TIN or Other, please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent[5].

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

Please refer to para 3(vii) exemption code for U.S. persons under part D of FATCA Instructions & Definitions

FATCA & CRS Declaration

PART A *(to be Filled by Financial Institutions or Direct Reporting NFEs)*

1	We are a, Financial institution[3] ☐ or Direct reporting NFE[4] ☐ (please tick as appropriate)	GIIN **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 sponsoring entity
	GIIN not available (please tick as applicable) ☐ **Applied for** If the entity is a Financial institution, ☐ Not required to apply for - please specify 2 digits sub-category[10] ☐☐ ☐ Not obtained – Non-participating FI	

PART B *(please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")*

1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	Yes ☐ (If yes, please specify any one stock exchange on which the stock is regularly traded) No ☐ Name of stock exchange
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes ☐ (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) No ☐ Name of listed company Nature of relation: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of stock exchange
3	Is the Entity an active[1] Non Financial Entity (NFE)	Yes ☐ (If yes, please fill UBO declaration in the next section.) No ☐ Nature of Business Please specify the sub-category of Active NFE ☐☐ (Mention code – Refer 2C of Part D)
4	Is the Entity a passive[2] Non Financial Entity (NFE)	Yes ☐ (If yes, please fill UBO declaration in the next section.) No ☐ Nature of Business

[1] Refer 2 of Part D | [2] Refer 3(ii) of Part D | [3] Refer 1(i) of Part D | [4] Refer 3(vi) of Part D | [10] Refer 1A of Part D

UBO Declaration

Category (Please tick applicable category): ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company
☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust
☐ Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's[5] should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country%	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code[11]- of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Beneficial Interest (%) _____ Type Code _____	Address _____ ZIP |||||||||| State: _____ Country: _____ Address Type ○ Residence ○ Business ○ Registered office
2. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Beneficial Interest (%) _____ Type Code _____	Address _____ ZIP |||||||||| State: _____ Country: _____ Address Type ○ Residence ○ Business ○ Registered office
3. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Beneficial Interest (%) _____ Type Code _____	Address _____ ZIP |||||||||| State: _____ Country: _____ Address Type ○ Residence ○ Business ○ Registered office

If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary)

Name & PAN / Any other Identification Number *(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)* **City of Birth - Country of Birth**	**Occupation Type -** Service, Business, Others **Nationality** **Father's Name -** Mandatory if PAN is not available	**DOB** - Date of Birth **Gender** - Male, Female, Other
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	**DOB** |D|D|/|M|M|/|Y|Y|Y|Y| **Gender** Male ☐ Female ☐ Other ☐
2. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	**DOB** |D|D|/|M|M|/|Y|Y|Y|Y| **Gender** Male ☐ Female ☐ Other ☐
3. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	**DOB** |D|D|/|M|M|/|Y|Y|Y|Y| **Gender** Male ☐ Female ☐ Other ☐

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: * To include US, where controlling person is a US citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent.

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested 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 any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen 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 issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

Part C: Certification

I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same.

Name _____

Designation _____

✍ Authorized Signatory	✍ Authorized Signatory	✍ Authorized Signatory

Place: _____ Date: \|D\|D\|/\|M\|M\|/\|Y\|Y\|Y\|Y\|