

# MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

## Details of ultimate beneficial owner including additional FATCA & CRS information

Name of the entity																																	
Type of address given at KRA	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	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"																																	
Customer ID / Folio Number																																	
PAN																Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y							
City of incorporation																																	
Country of incorporation																																	
Entity Constitution Type Please tick as appropriate	<input type="checkbox"/>	a	Partnership Firm	<input type="checkbox"/>	b	HUF	<input type="checkbox"/>	c	Private Limited Company	<input type="checkbox"/>	d	Public Limited Company	<input type="checkbox"/>	e	Society	<input type="checkbox"/>	f	AOP/BOI															
	<input type="checkbox"/>	g	Trust H Liquidator	<input type="checkbox"/>	h	Limited Liability Partnership	<input type="checkbox"/>	i	Artificial Juridical Person	<input type="checkbox"/>	z	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<sup>5</sup>.  
 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

### FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

#### PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution <sup>6</sup> <input checked="" type="checkbox"/> or Direct reporting NFE <sup>7</sup> <input checked="" type="checkbox"/> (please tick as appropriate)	GIN															
	<b>Note:</b> 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 <input type="text"/>															
<b>GIIN not available</b> (please tick as applicable) <input checked="" type="checkbox"/> <b>Applied for</b> If the entity is a financial institution, <input checked="" type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <input type="text"/> <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) 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 <input checked="" type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active <sup>3</sup> NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code - refer 2c of Part D)
4. Is the Entity a passive <sup>4</sup> NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>4</sup>Refer 3(ii) of Part D | <sup>5</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>10</sup>Refer 1A of Part D

