

INVESTOR DETAILS

Entity Name: _____
 PAN: _____ Application No. _____
 Folio Nos: _____
 Type of Address given at KRA: Residential or Business Residential Business Registered Office

ADDITIONAL KYC DETAILS (Mandatory)

Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
 Net-worth in ₹ _____ as on DD / MM / YYYY (Not older than 1 year)

INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

City of Incorporation: _____ Country of Incorporation: _____ Date of Incorporation: _____
 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)
 In case TIN or its functional equivalent is not available, please provide Company Identification number of Global Entity Identification Number or GIIN, etc.

| | Country of Tax Residency | TIN or equivalent number | Identification Type/Reason* |
|----|--------------------------|--------------------------|-----------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box: _____ (refer definition D4)

FATCA and CRS DETAILS (Mandatory)

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

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

We are a, (please tick as appropriate)
 Financial Institution (Refer definition A) or
 Direct reporting NFE (Refer definition B)
 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 Applied for
 If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category _____ (refer definition C)
 Not obtained - Non-participating FI

PART II (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

Is the Entity a publicly traded company? (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)
 Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)
 Name of stock exchange: _____
 Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) (Refer definition D2)
 Yes (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: Subsidiary of the Listed Company OR Controlled by a Listed Company
 Name of stock exchange: _____
 Is the Entity an Active NFE? (Refer definition D3)
 Yes Also provide UBO Form
 Nature of Business: _____
 Please specify the sub-category of Active NFE: _____ (Mention code - refer D3)
 Is the Entity a Passive NFE? (Refer definition E2)
 Yes Also provide UBO Form
 Nature of Business: _____

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.
 I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby confirm that the information provided by me/us on this form are true, correct, and complete.

Place : _____ Date : _____

This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company

A: APPLICANT/INVESTOR DETAILS:

Name: _____ Application No: _____

PAN: _____ Folio Nos.: _____

B: CATEGORY [tick applicable category]:

Unlisted Company Partnership Firm LLP Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust/ Trust created by a Will Others _____ [please specify]

C: DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)

Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.

| S No | Name of UBO [Mandatory] | Country of Tax Residency | PAN / Taxpayer Identification Number / Equivalent ID Number | Document Type (Refer Instruction 4) | % of beneficial interest | Controlling person type Code (Refer Instruction 5) | Place & Country of Birth | Date of Birth [dd-mm-yyyy] | Address & Contact details [include City, Pincode, State, Country] | Gender [Male, Female, others] | Father's Name | Nationality | Occupation |
|------|--|--------------------------|---|-------------------------------------|--------------------------|--|--------------------------|----------------------------|---|-------------------------------|---------------|-------------|--|
| 1 | [-----Mandatory-----Mandatory, if PAN not provided-----] | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others |
| 3 | | | | | | | | | | | | | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others |
| 4 | | | | | | | | | | | | | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others |
| 5 | | | | | | | | | | | | | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others |

I / We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.

I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form are true, correct, and complete.