



## FATCA-CRS Declaration & Supplementary 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			
<b>PAN</b>			
<b>Name</b>			
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business	
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	
Place of Incorporation		Country of Incorporation	
Gross Annual Income Details in INR	<input type="checkbox"/> < 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 Cr <input type="checkbox"/> > 1 Cr	Net Worth in INR in Lacs	_____
		Net Worth as of	dd/mmm/yyyy
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning	Any other information <i>[if applicable]</i>	<i>[Please specify]</i>

Is your [Entity] Country of Tax Residency other than India –     Yes     No

If 'Yes', please specify the details of all countries where you [Entity] hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency	Tax Payer Identification Number/ <i>Functional Equivalent / Company Identification Number or Global Entity Identification Number</i>	Identification Type <i>[TIN or other, please specify]</i>
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)*

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

We are a

Financial Institution / FFI [refer instructions a.]

Direct Reporting NFFE [refer instructions b.]

**GIIN** (Global Intermediary Identification Number):

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**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 instructions c.]
- Not obtained - Non-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.]	Yes <input type="checkbox"/> (Please specify the name of the Stock Exchange(s) where it is traded regularly) 1. _____ 2. _____
2	Is the entity a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.]	Yes <input type="checkbox"/> (Please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly) Name of the listed company: _____ Name of the Stock Exchange: _____
3	Is the entity an Active NFE?	Yes - Nature of business _____ Please specify sub-category of Active NFE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> [refer instructions g.]
4	If the entity a Passive NFE: [refer instructions h.]	Yes - Nature of business _____ Also submit UBO Form [provided separately]



**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 [CAMS/Fund/AMC/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 / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / 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 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/RTA 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

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date:

Place:

