

Details of Ultimate Beneficial Owner including additional FATCA, GST & CRS information

Name of the entity																													
Type of address given at KYC	<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																													
GSTN Number																													
PAN											Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y								
City of incorporation																													
Country of incorporation																													
Entity Constitution Type	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI Please tick as appropriate <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> 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 equivalent⁸.

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 ⁶ <input checked="" type="checkbox"/> or Direct reporting NFE ⁷ <input checked="" type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> 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 <input type="text"/> <input type="text"/>
GIIN not available (please tick as applicable) <input checked="" type="checkbox"/> Applied for If the entity is a financial institution, <input checked="" type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <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 ¹ (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 ² 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 ³ 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 ⁴ NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

UBO Declaration

Limited Liability Partnership Company

Private Trust

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).

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country ⁴	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 -
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1. Name		Tax ID Type		Address	
Country		Type Code			
Tax ID No. %		AddressType	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	ZIP <input type="text"/>	State: Country:
2. Name		Tax ID Type		Address	
Country		Type Code			
Tax ID No. %		AddressType	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	ZIP <input type="text"/>	State: Country:
3. Name		Tax ID Type		Address	
Country		Type Code			
Tax ID No. %		AddressType	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	ZIP <input type="text"/>	State: Country:

(Please attach additional sheets if necessary)

PAN / Any other Identification Number <small>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving LicenceNREGA Job Card, Others)</small>		Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available		DOB - Date of Birth Gender - Male, Female, Other	
1. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name			Others <input checked="" type="checkbox"/>
2. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name			Others <input checked="" type="checkbox"/>
3. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name			Others <input checked="" type="checkbox"/>

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

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

FATCA - CRS Terms and Conditions

⁹It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and

[illegible]

Signature _____ Place _____
 Signature _____ Date ____/____/____
 Signature _____