

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

Nan	ne of the entity																
Тур	e of address given at KYC	√ Residential or Bu	siness		Residential	√	Bu	siness	√	F	Regist	ered O	ffice				
"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																	
GS	ΓN Number																
PAN	J			D	ate of incorp	orati	ion	D D	/	M M	/	YY	YY				
City	of incorporation																
Country of incorporation																	
Entity Constitution Type Please tick as appropriate Partnership Firm HUF Private Limited Company Public Limited Company 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 Iden	Tax Identification Number [%]					Identification Type (TIN or Other*, please specify)									
	e Tax Identification Number is not availab						- 4: 6 : 4:	Ni mala an a	01	INI -4-							
	se TIN or its functional equivalent is not a					-											
	se the Entity's Country of Incornption code here	poration / Tax residence is	s U.S. but	Entity	/ is not a Sp	ecifi	ed U.S	. Persor	ո, m	nention	Enti	ty's					
CACII	iption code nere																
		FATCA 8															
	(Please con	sult your professional tax advis	sor for furth	er guid	lance on FATC	CA & 1	CRS cl	assificatio	on)								
PA	RT A (to be filled by Financial Ins	stitutions or Direct Reporting N	IFEs)														
1.	We are a,	GIIN				T			T								
	Financial institution ⁶	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's															
	or Direct reporting NFE ⁷	GIIN above and indicate your sponsor's name below															
	(please tick as appropriate)	Name of sponsoring entity															
	(produce flort de appropriato)	ippropriate)															
	GIIN not available (please tick a						40										
	If the entity is a financial institution				city 2 digits su	b-cat	tegory [™]										
_		Not obtained – Non-	•														
PA	RT B (please fill any one as appr		ther than D	irect R	eporting NFE	s")											
1.		e Entity a publicly traded company¹(that is, a company se shares are regularly traded on an established				Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)											
2	,	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			Y 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													
	established securities market)	Nature of			diary of	f the Listed	d Company of	or 🗸	Controlle	d by a	Listed Co	mpany					
_	1 0 E 0 0 3 NEE	Name of stock exchange															
3.	Is the Entity an active ³ NFE	Yes (If yes, please fill UBO declaration in the next section.)															
		Nature of Business															
4. Is the Entity a <i>passive</i> ⁴ NFE					s, please fill UBO decla					. 161	., 200	u.(D)					
		Yes V															
1D-	for 2a of Part D. I. ² Pofor 2b of Part F	D I ³ Pofor 20 of Port D I ⁴ E		D+ D	l ⁶ Defer 1 e	6 D	D 1 7D	- f O (: .::)	- 4 D		100	44.5	D4 D				

UBO Declaration																
Category (Please tick applicable category):					/	✓ Partners	ship Firm		√ Li	mited L	iability	Partne	ership	Comp	any	
✓ Unincorporated as	ssociation / boo	dy of individuals		√ Pub	lic Charita	ble Trust		√ Re	eligious	s Trust			✓ Pri	vate T	rust	
✓ Others (please sp	ecify				_)											
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).														ation		
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 Tax ID Type - TIN or Other, please specify																
Country - Tax Residency* Tax ID No Or functional equ	Beneficial Int	erest - in	percentage	ы	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -											
1. Name			Tax ID Type				Address	3								
Country			Type Code													
Tax ID No. [%]			AddressType		Residence Registered	Business office	ZIP			State:		Cour	ntry:			
2. Name			Tax ID Type				Address	3								
Country			Type Code													
Tax ID No.*			AddressType		Residence Registered	Businessoffice	S ZIP		3	State:		Cour	ntry:			
3. Name			Tax ID Type				Address	6								
Country			Type Code													
Tax ID No.*			AddressType	• F	Residence	Business	3									
				• F	Registered	office	ZIP			State:		Cour	ntry:			
# If passive NFE, ple	ase provide b	elow additiona	l details.				(Please at	tach addit	tional she	eets if ned	essary)					
PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving LicenceNREGA Job Card, Others) City of Birth - Country of Birth					nality	• Mandatory if PA		ble		_	DOB - Date of Birth Gender - Male, Female, Other					
1. PAN				Occur	pation Type						ОВ	D	D/MM/Y	////		
City of Birth				Natio								Male		male		
Country of Birth					r's Name						Clidel		Others	√	V	
2. PAN				Occu	pation Type					D	ОВ	D	D/MM/Y	YYY		
City of Birth				Natio						G	ender	Male	√ Fe	male	\checkmark	
Country of Birth				Fathe	r's Name		Others 🗸									
3. PAN				Occu	pation Type					D	ОВ	D	D/MM/Y	YYY		
City of Birth				Natio	nality					G	Gender Male ✓ Female ✓					
Country of Birth				Fathe	r's Name			Others 🗸								
# 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																
		⁴Refer 3(iii) of Part D ⁵I	Refer 3(v	vi) of Part [) ¹¹ Refer	3(iv) (A) of	Part D								
		FA	TCA - CR	S Te	rms ar	nd Cond	ditions									
The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required 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 in							1 a a a 4 4 a a a a a		(a) D. 4 1	inaita dan it		-4141 7	Th a vofa va	14.1		
Please note that you may receive more than one request for information if you have multiple relationships with Franklin Templeton Asset Management (India) Pvt. Limited or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign																
country information field along *It is mandatory to supply a TI	g with the US Tax Ide	entification Number.														
Certification		Talonin alo ocalia y	Timen you are take				Tio you arama	515 51 Has			<u>u, prodoc</u>	provido				
I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.																
Name																
Designation																
										Nas-						
										Place _.						
	Signature		S	Signatur	e		S	Signatur	re		Da	te _	_//			