

Details of Ultimate Beneficial Owner including additional FATCA & CRS information (For Non-Individuals / Legal Entity) (Form 1A)

(All fields are mandatory, please consult your professional tax advisor for further guidance on your tax residency)



Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office

"Address of residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

PAN

Date of incorporation

City of incorporation Country of incorporation

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 ⁶	Identification Type (TIN or Other, please specify)

⁶In case Tax Identification Number is not available, kindly provide its functional equivalent⁵.

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 _____ (Refer Instruction No. viii)

FATCA & CRS DECLARATION

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

We are a, Global Intermediary Identification Number (GIIN)

Financial institution³ 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

or **Direct reporting NFE⁴** Name of sponsoring entity

GIIN not available (please tick as applicable) Applied for

If the entity is a financial institution Not required to apply for (please specify 2 digits sub-category) 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). No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market). No <input type="checkbox"/>	Yes <input 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 <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active ¹ Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive ² Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D |

...Continued Overleaf

IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)



Received, subject to realisation, verification and conditions, form for application KYC Details, FATCA and CRS declarations for Non Individual Accounts.

From

In Folio No.

On Date

Stamp & Signature

DECLARATION

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete 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 shall be liable for it. I/We also undertake to keep you informed immediately 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 end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category) Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Private Trust Public Charitable Trust Religious Trust Others _____

Details	UBO1	UBO2	UBO3
Name (Beneficial Owner/Controlling Person)			
UBO Type code (refer 3 (iv) (A) of Part (D))			
PAN/ Any other identification Number@			
Type of ID Document@ (If PAN not Provided)			
City of Birth			
Country of Birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name (Mandatory if PAN is not available)			
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Percentage of Holding/ Beneficial Interest			

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

@ PAN, Aadhaar, Passport, Election Id, Government ID, Driving Licence, NREGA Job Card, Others (Please Specify)

* To include US, where controlling person is a US citizen or green cardholder.

% In case Tax identification number is not available, kindly provide functional equivalent.

The Central Board of Direct Taxes has notified Rules 114 F 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 any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

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 with the US tax Identification Number.

It 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 attach this to the form.

PART C CERTIFICATION

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.

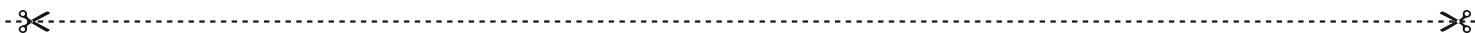
Name _____

Designation _____

Signature	Signature	Signature
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Date

Place _____



For Financial Transactions
Toll free 1-800-2-666688
Available between 8.00 am to 7.00 pm on business days only.

For Non Financial Queries/Requests
Toll free 1-800-300-66688
Available between 8.00 am to 7.00 pm on business days only.

Please note our investor service email id investormf@idfc.com

www.idfcmf.com