

## Details of Ultimate Beneficial Owner (UBO) Including Additional FATCA & CRS Information (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency, if required)

APPLICANT DETAILS														
Name of the entity	M I D D	LE								L /	A S	Т		
Type of address given at KRA Residential or Business	Residential Business	Registered Off	ice											
Address of tax residence would be taken as available in KRA o	latabase. In case of any change plea	se approach KRA	& notif	y the cha	nges									
Customer ID/ Folio NO														
PAN Date of	of incorporation D D M M Y	YYY												
City of incorporation Country of inco	orporation													
Entity Constitution  Partnership Firm HUF Private Limite		any 🗌 Society	AOP	P/B0I	Trust	H Liquid	dator [	Limit	ed Liab	ility Pa	artners	hip		
Please tick the applicable tax resident declaration s "Entity" a tax resident of any country other than India?  Yes Yes, please provide country/ies in which the entity is a resident for tax pur		ow.)												
Country	Tax Identification Number <sup>%</sup>				Identification Type									
							(TIN or Other <sup>™</sup> , please specify)							
In case Tax Identification Number is not available, kindly proin case TIN or its functional equivalent is not available, please in case the Entity's Country of Incorporation / Tax residence  FATCA & CRS Declaration (Please consult your profession  PART A (to be filled by Financial Institutions or Direct Reporting NFEs)  1. We are a,	provide Company Identification number is U.S. but Entity is not a Specified at lax advisor for further guidance on FAT	d U.S. Person, m	ention I				,							
Financial institution <sup>6</sup>	Note: If you do not have a GIIN but you are sponsor	ed by another entity, pleas	e provide y	our sponsor	s GIIN abo	ove and inc	dicate your s	sponsor's	name belo	DW WC				
or Direct reporting NFE <sup>7</sup>	Name of sponsoring entity													
(please tick as appropriate)														
GIIN not available (please tick as applicable) Applied for														
	for - please specify 2 digits sub-categoraticipating FI	gory <sup>10</sup>												
PART B (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 compantraded on an established securities market)	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 <sup>2</sup> of a publicly traded company are regularly traded on an established securities market)	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								-		d Compar		
3. Is the Entity an active <sup>3</sup> NFE			Yes (If yes, please fill UBO declaration in the next section.)  Nature of Business  Please specify the sub-category of Active NFE (Mention code -refer 2c of Part D)											
4. Is the Entity a passive <sup>4</sup> NFE			Yes (If yes, please fill UBO declaration in the next section.)  Nature of Business											
Refer 2a, <sup>2</sup> Refer 2b, <sup>3</sup> Refer 2c, <sup>4</sup> Refer 3(ii), <sup>6</sup> Refer 1, <sup>7</sup> Refer 3(vii), <sup>10</sup> Refer 1A of Sectio	in 6.													

Country:    Type Code   Tax 10 Mar.   Tax 10 Mar.   Type Code   Tax 10	3 UBO Declaration										
Please in haloe the defails of controlling personally, centiforning ALL Countries of tax readency / permanent residency / controlling personal countries of the countries of the controlling personal countries of the countries		y Partnership Firm Limited Liability Partnershi	ip Company Unincorporated association / body of individuals								
Country:    Tax ID Type:   Tax ID Type:   Address:   Address:   Type Code:   Type Code:   Address:   Type Code:   Ty	Public Charitable	Trust Religious Trust Private Trust Other (Please	e specify)								
Tax ID Type: Tax Other   Country   Pin Zim Cou											
Description	Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E										
Country:   Tax ID No 1:   Address Type   Residence   Business   Country:    Name:   Tax ID Type:   Address Type   Residence   Business   Country:    Name:   Tax ID Type:   Address Type   Residence   Business   Country:    Name:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:    Tax ID No 1:   Tax ID Type:   Address Type   Residence   Business   Subs:   Tax ID Type:	Country - Tax Residency*	Beneficial Interest - in percentage									
Tax ID No.*:   Address Type   Residence   Business   Sulte:	Name:	Tax ID Type:	Address:								
Address   Paper   Registered office   Country	Country:	Type Code:									
Country:  Type Code:  Tax ID No 1:  Tax ID No 1:  Tax ID No 2:  Tax ID No 3:  Tax ID N	Tax ID No.*:										
Tax ID No.*:    Name:	Name:	Tax ID Type:	Address:								
Tax ID Type:   Type Code:   Zip:   Slate:	Country:	Type Code:	Zip:								
Country:  Type Code:  Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Type Code: Ty	Tax ID No.*:										
Address Type   Residence   Business   State:   Country:	Name:	Tax ID Type:	Address:								
Registered office	Country:	Type Code:	Zip:								
PAN/ Any other Identification Number pan, Andrew Passort, Business (Basiness, Others Name)   Cocupation Type: Service, Business, Others   Country of Birth   Country of Birth   Country of Birth   Country of Birth:   Country o	Tax ID No.*:										
PANI / Any other Identification Number pANI Andrew Passaget.	# If nassive NFF please provide helps additional details (Diese attack additional cheets if necessary)										
Nationality:   Date of Birth:   Date o		Occupation Type: Service Business Others									
1. PAN:   Occupation Type:   Nationality:   Gender   Maile   Female   Other    2. PAN:   Occupation Type:   Date 01 Birth:	Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)	Nationality:									
City of Birth:			donati: Maio, romaio, other								
Country of Birth:			Date Of Birth: D D M M Y Y Y Y								
2. PAN:			Gender Male Female Other								
City of Birth:											
Country of Birth:			Date Of Birth:								
City of Birth:			Gender Male Female Other								
City of Birth:											
Country of Birth:   Father's Name:   Fat		Nationality:	Date Of Birth:								
*To include US, where controlling person is a US citizen or green card holder *In case Tax (destinitization Number is not available, kindly provide functional equivalent *Refer 3(v)(,) "Refer 3(v)(,) "Refer 3(v)(,) (a) OS Section 6.  ### FATCA - CRS Terms and Conditions  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 any information provided by you, please ensure you advise us promptly, it.e., within 30 days. Please note that you may receive more than one request for information if you have mitting the relationships with Mobilal Sawal Mutual Fund 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 with the US Tax information requirements of this Form (read along with the US Tax 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. If We also confirm that I / We have read and understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby accept the same.  Name    F	Country of Birth:	Father's Name:	Gender Male Female Other								
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 any information provided by you, please ensure you advise us promptly, i.e., within 30 days.  Please note that you may receive more than one request for information if you have multiple relationships with Motifal Oswall Mutual Fund 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 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.  **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.  **It is mandatory to supply a TIN or functional equivalent 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, correc	*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										
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.  Please note that you may receive more than one request for information if you have multiple relationships with Motilal Oswal Mutual Fund 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 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.  **Section**  If you 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. If / We also confirm that If / We have read and 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. If / We also confirm that If / We have eread and understood the FATCA & CRS Instructions are placed by the same.  **Name**    Place	4 FATCA - CRS Terms and Conditions										
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	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.  Please note that you may receive more than one request for information if you have multiple relationships with Motilal Oswal Mutual Fund 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 with the US Tax Identification Number.										
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	Certification										
Name F I R S T	1/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										
Signature Signature Signature Place			LAST								
Signature Signature Signature Signature	Designation										
	Signature	signature Signature									