

**ANNEXURE I - DETAILS OF ULTIMATE BENEFICIAL OWNER/ CONTROLLING PERSON INCLUDING ADDITIONAL FATCA & CRS INFORMATION**

 Name of the Entity 

 Customer ID / Folio Number 

 PAN  Date of incorporation DD / MM / YYYY

 Type of address given at KRA: Residential  Business  Registered Office 

\*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA &amp; notify the changes\*

 Type of Identification Document given at KRA 

 Identification Document No. 

 Document Issuing Country 

 Place of incorporation 

 Country of incorporation 

 Entity Constitution Type:
  Partnership Firm
  HUF
  Private Limited Company
  Public Limited Company
  Society
  AOP/BOI
  Trust
  Liquidator
  Limited Liability Partnership
  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 all countries in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>%</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent. 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. 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<sup>8</sup> 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: GIIN   
 Financial institution<sup>1</sup>  or 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  
 Direct reporting NFE<sup>2</sup>   
 Name of sponsoring entity   
 (please tick as appropriate)  
 GIIN not available (please tick as applicable)  Applied for  
 (Applicable only for Financial Institutions)  Not required to apply for - please specify 2 digits sub-category<sup>3</sup>   
 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 <sup>4</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input 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 <sup>5</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	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 _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active <sup>6</sup> NFE	Yes <input 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 <sup>7</sup> NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

<sup>1</sup>Refer 1 of Part D | <sup>2</sup>Refer 3(vii) of Part D | <sup>3</sup>Refer 1A of Part D | <sup>4</sup>Refer 2a of Part D | <sup>5</sup>Refer 2b of Part D | <sup>6</sup>Refer 2c of Part D | <sup>7</sup>Refer 3(ii) of Part D | <sup>8</sup>Refer 3(viii) of Part D

**PART C UBO / Controlling Person Declaration** (UBO details are not required for Listed Company / Subsidiary or Controlled by a Listed Company)

**Category** (Please tick applicable category):  
 Unlisted Company       Partnership Firm       Limited Liability Partnership Company  
 Unincorporated association / body of individuals       Public Charitable Trust       Religious Trust       Private Trust  
 Others (please specify \_\_\_\_\_)

Please list below details of each controlling person(s)<sup>10</sup>, confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary).

S.No.	1	2	3
Name of Beneficial Owner / Controlling Person			
Percentage of Beneficial Interest			
Gender			
Date of Birth			
Father's Name			
Country of Birth			
Place of Birth			
Nationality			
PAN			
Country of Tax Residency *			
Tax ID No Or Equivalent for each country %			
Tax ID Type (TIN or Other)			
Type Code (CP/UBO Code) <sup>9</sup>			
Occupation Type			
Address Type			
Address			
ZIP			
State			
Country			

\*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

<sup>9</sup>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

<sup>9</sup>Refer 3(iv) (A) of Part D | <sup>10</sup>Refer 3(iv) of part D

**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/Mutual Fund 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 SBI 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.

**Certification**

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions and Definitions) 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										1st Authorised Signatory
Name										
Designation										2nd Authorised Signatory
Name										
Designation										3rd Authorised Signatory

Place \_\_\_\_\_ Date / / \_\_\_\_\_