

TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021



FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

1. Entity Details

Name of the Entity

Type o	f address given	Residential or Business	Residential	Business	Registered Office	
		Address of tax residence would	be taken as available in KR	ible in KRA database. In case of any change, please approach KRA & notify the changes		
Application No.				Folio No.		
PAN Number				Date of Incorporation	D D M M X Y Y Y	
City 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		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		Country	Tax Identification Number*		Identification Type (TIN or Other, please specify)	
%In case Tax Identification Number is not available, kindly provide its functional equivalent. 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						
Trease refer to para 5(vii) exemption code for 0.3. persons in FATEA instructions a Demintoris						
2. FATCA & CRS Declaration						
PART A (to be Filled by Financial Institutions or Direct Reporting NFEs)						
1	We are a,		GIIN			
	Financial institution ³		Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's			
Direct report (please tick a		•		your sponsor's name belov	W	
		as appropriate)	Name of sponsoring enti	ty		
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-category¹⁰ Not obtained - Non-participating FI 				
PART I	B (please fill any	one as appropriate "to be fill	ed by NFEs other than Di	rect Reporting NFEs")		
1	company whose shares are regularly traded on		Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)			
	an established stock exchanges) Is the Entity a related entity of a listed		Name of stock exchange			
company (a company whose s regularly traded on an establis		ompany whose shares are	re this stock is regularly traded)			
	exchanges)		Name of listed company			
	Nature of relation: Subsidiary of the Listed Company Controlled by a Listed Company					
			Name of stock exchange			
5	3 Is the Entity an active NFE Yes No					
			Nature of Business			
			Please specify the sub-category of Active NFE			
4	Is the Entity a p	assive ² NFE	Yes	No (If yes, please fill UBO	declaration in the next section.)	
			Nature of Business			

3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE # If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary) DOB - Date of Birth Name Occupation Type -PAN / Any other Identification Number Service, Business, Others Gender - Male. Female. Other (PAN, Aadhar, Passport, Election ID, Govt. ID, **Nationality** Driving Licence, NREGA Job Card, Others) Father's Name -City of Birth - Country of Birth Mandatory if PAN is not available 1. Name Occupation Type ___ D D / M M / Y Y Y PAN Nationality Gender \square Male ☐ Female ☐ Other City of Birth Father's Name Country of Birth. 2. Name Occupation Type _ D D / M M / Y Y Y PAN Nationality Gender \square Male ☐ Female ☐ Other City of Birth Father's Name Country of Birth 3. Name Occupation Type _ $\mathsf{DOB} \ | \ \mathsf{D} \ | \ \mathsf{D} \ | \ \mathsf{J} \ | \ \mathsf{M} \ | \ \mathsf{M} \ | \ \mathsf{J} \ | \ \mathsf{Y} \$ PAN Nationality Gender \square Male Female Other City of Birth Father's Name Country of Birth # 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. 4. FATCA - CRS Terms and Conditions The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested 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 any information provided by you, please insure your advice us promptly, i.e. within 30 days. If any controlling person of any utility is US citizen 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 issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form. 5. Declaration and Signatures I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same. Name Designation

Place:

Date: | D | D | / M | M | / | Y | Y | Y |