



Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021

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



Country	Tax Identification Number <sup>o</sup>	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 \_\_\_\_\_

Please refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions

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

**PART B** (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

<sup>1</sup> Refer 2 of Part D | <sup>2</sup> Refer 3(ii) of Part D | <sup>3</sup> Refer 1(i) of Part D | <sup>4</sup> Refer 3(vi) of Part D | <sup>10</sup> Refer 1A of Part D

### 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)

<b>Name</b> <b>PAN / Any other Identification Number</b> (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) <b>City of Birth - Country of Birth</b>	<b>Occupation Type -</b> Service, Business, Others <b>Nationality</b> <b>Father's Name -</b> Mandatory if PAN is not available	<b>DOB - Date of Birth</b> <b>Gender - Male, Female, Other</b>										
1. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
2. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
3. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			

# 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 \_\_\_\_\_

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Place: \_\_\_\_\_

Date: 

D	D	/	M	M	/	Y	Y	Y	Y
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