

Details of ultimate beneficial owner including additional FATCA & CRS information

Naı	me of the entity																				\perp			\perp	
Type of address given at KRA Residential of Business Address given at KRA								√		identia				ness	V			egiste			ffice	9			
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes Folio Number																									
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	y of incorporation			<u></u>					<u> </u>										_		4	<u></u>	<u> </u>	<u></u>	_
Coı	untry of incorporation					<u> </u>							_				<u> </u>				_				
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Ple	ase tick the applicab	ıle tax ı	reside	ent d	leclara	ation -																			
	s "Entity" a tax reside		-		-							No	$\sqrt{}$	-:-4	Tax	10		h - l - :	\						
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Country# Tax					(Ide	entit	icatio	n Nu	mber [%]			Identification Type (TIN or Other, please specify)													
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	case TIN or its functional																								
	case the Entity's Coun e here	itry of I	ncorpo	oratio	on / Ta	ax res	iden	ce i	s U.	S. bu	t Enti	ty is no	t a S	oeciție	ea U	.S. Per	son,	mer	ntio	n Ent	ity	s ex	emp	IOITC	n
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Or your spor						u do not have a GIIN but you are sponsored by another entity, please provide sor's GIIN above and indicate your sponsor's name below																			
Direct reporting NFE ⁷ (please tick as appropriate)				٨	lame	of sponsoring entity																			
	(prodec new de appro																	ī							
	GIIN not available	(nleasc	a tick :	26.2	nnlica	hla)		nnl	ied 1	for															
	if the entity is a final				pplica	1					lv for	- pleas	se sne	ecify 2	odic	iits sub	-cat	eao	rv ¹⁰			1			
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PA	RT B (please fill any	one as	approp	oriate	e "to be	e filled	by N	VFE:	s oth	er tha	n Dire	ect Repo	orting	NFEs'	")										
1.	Is the Entity a pub	-				•			Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)																
	company whose shares are regularly traded on an established securities market)						N	Name of stock exchange																	
Is the Entity a related entity ² of a publicly t					ly tra	ded													tradec	d)					
	company (a company whose shares are regularly						N	ame	of li	sted o	compar	ny												_	
traded on an established securities market)					N	atur	e of	relat	ion: s	bsidiary of	the Listed	Compai	ny or Cont	rolled by	a Listed	l Com	any Name	e of s	tock exc	hange					
3. Is the Entity an active ³ NFE						1	Name of stock exchange Yes (If yes, please fill UBO declaration in the next section.)																		
O. 13 the Littly all active INFE						Nature of Business																			
							Please specify the sub-category of Active NFE Mention Code -													-					
4.	Is the Entity a passive ⁴ NFE							1	es [se fill UBO								refer 20	: of	rart E))		7
									Busin										<u>=</u>	_		_			
¹Re	fer 2a of Part D 2Refe	r 2b of F	art D	3Re	efer 2c	of Pai	t D	4Re	fer 3	B(ii) of	Part [) ⁶ Refe	er 1 of	Part [) 7F	Refer 3(v	vii) of	f Par	t D	I 10Re	efer	r1A (of Pa	art [0

		UBO	Decla	arati	on													
Category (Please tick applicable category):	Jnlisted (Compa	any	\checkmark	Partr	nership	Firm	ı	\checkmark	imite	d Liabili	ity Pa	artners	ship C	Company			
Unincorporated association / body of individuals	✓ Pı	ublic Cl	haritable	e Trus	st	,	Re	eligiou	s Trı	ust		Pr	ivate 1	Γrust				
Others (please specify))									
Please list below the details of controlling person	on(s), co	onfirm	ing ALI	L cou	ıntrie	es of ta	x re	siden	icy /	perr	nanent	resi	denc	y / ci	tizenship			
and ALL Tax Identification Numbers for EACH of Owner-documented FFI's⁵ should provide FFI in Form W8 BEN E			. ,		ent a	and Au	ditoi	r's Le	tter	with	require	∍d de	etails	as m	entione			
Name - Beneficial owner / Controlling person	Tax IE	Э Туре	e - TIN o	r Other	, pleas	e specify					e State, (Count	ry, PIN	I / ZIP	Code &			
Country - Tax Residency* Tax ID No Or functional equivalent for each country%			nterest Controllin			age Typ		Contact Details Address Type -										
1. Name	Tax ID		CONTROLL	ig pers	OH			Address										
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100.12			Re	gister	ed of	fice	Z	ZIP			State:		Col	untry:				
# If passive NFE, please provide below add	itional	detail	s.					(Plea	ase a	ttach a	additiona	l shee	ts if ne	cessa	ry)			
PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving NREGA Job Card, Others) City of Birth - Country of Birth	Licence,	Natio	upation onality er's Na	,						e			te of Bi Male, I		e, Other			
1. PAN		Occu	pation	Туре							DOB	D	D/MM	/YYY	Υ			
City of Birth		Natio	nality								Gend	derM	lale 🗸	Fer	male 🗸			
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3. PAN		Occu	pation	Туре							DOB	_	D/MM					
City of Birth		Natio	nality									M	lale 🗸		male 🗸			
Country of Birth			er's Nan								Ш.			hers	\checkmark			
# Additional details to be filled by controlling persons with ta * To include US, where controlling person is a US citizen or g	reen card	holder	- %In cas	se Tax	Ident	ification	Numl	ber is n	not av	/ailabĺ					equivalent			
⁴Refer 3(iii) of Pa	art D ⁵F TCA - (` '				` '	(A) of	Par	t D								
The Central Board of Direct Taxes has notifed Rules 114F to personal, tax and beneficial owner information and certain certif authorities/ appointed agencies. Towards compliance, we may appropriate withholding from the Folio(s) or any proceeds in rela Should there be any change in any information provided by you, Please note that you may receive more than one request for infor request, even if you believe you have already supplied any previously have any questions about your tax residency, please continclude United States in the foreign country information field alor \$tt is mandatory to supply a TIN or functional equivalent if the country information field alor \$tt is mandatory to supply a TIN or functional equivalent if the country information field alor \$tt is mandatory to supply a TIN or functional equivalent if the country information field alor \$tt is mandatory to supply a TIN or functional equivalent if the country information field alor \$tt is mandatory to supply a TIN or functional equivalent if the country information field alor \$tt is mandatory to supply a TIN or functional equivalent if the country information field alor \$tt is mandatory to supply a TIN or functional equivalent if the country information field alor \$tt is mandatory to supply a TIN or functional equivalent if the country information field alor \$tt is mandatory to supply a TIN or functional equivalent if the country information field alor \$tt is mandatory to supply a TIN or functional equivalent if the country information field alor \$tt is supplied to the field and \$tt is supplied to the field alor \$tt is supplied to the field and \$tt is supplied	14H, as p ications ar also be req tion thereto please ense rmation if yously reques act your tang with the	part of the docur quired to o. sure you have ested infax advisor US Tax	ne Income mentation provide i a advise u e multiple formation. or. If any o Identifica	e-tax F from a nforma s prom relation controll	Rules, all our ation to aptly, i. aships ling pe imber.	1962, who unit hold or any inset. e., within with us correctly as the correctly are	nich Rers. Ir titution 30 da or grou he en	n relevans such ays. up entiti	int can n as v ies. Ti	ses, in vithhol herefor	formation ding ager re, it is im or resider	n will hants for apportant	ave to be the pure that year that year car	oe report rpose ou respondent ou respondent	orted to tax of ensuring pond to our der, please			
Provide an explanation and attach this to the form. Certification I / We have understood the information require confirm that the information provided by me / us and understood the FATCA & CRS Terms and the confirmation is confirmation.	on this	Form	is true,	corr	ect, a	and co	mple	ete. I	/ We	A & (e also	CRS In	nstruc m th	ctions at I / \	s) an We h	d hereby ave read			
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