## **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 of at KRA	address given	Residential or Business	Residential	Business	Rec	gistered Office		
Applica	tion No.			Folio No.				
PAN Nu	mber			Date of Incorporation	D D / M M	/		
City of I	ncorporation			Country of Incorporation				
Entity C	onstitution Type	Partnership Firm HUF	Private Limited Com	npany Public Limited	Company Soc	iety AOP/BOI		
		☐ Trust ☐ Liquid	lator Limited Liability Par	tnership Artificial Jurio	lical Person Ot	hers specify		
Please tick the applicable tax resident declaration Is "Entity" a tax resident of any column (If yes, please provide counts)		untry other than India: Yes No ry/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)						
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.								
		Incorporation / Tax residence is U.S. b	, ,	rson, mention Entity's exemption	code here			
Please re	fer to para 3(vii) exer	nption code for U.S. persons in FATCA	nstructions & Definitions					
2. FATCA & CRS Declaration								
Please c	onsult your profes	sional Tax Advisor for further guida	nce on FATCA & CRS classifica	tion)				
PART	<b>A</b> (to be Filled l	by Financial Institutions or Di	rect Reporting NFEs)					
1 We are a,			Global Intermediary Identification Number (GIIN)					
	Financial institution	on³ 🔲	GIIN					
	Direct reporting NFE <sup>4</sup> (please tick as appropriate)		<b>Note:</b> 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					
			Name of sponsoring entity					
	GIIN not availabl	e (please tick as applicable)	Applied for					
	If the entity is a Fi	nancial institution,		r - please specify 2 digits sub-	category <sup>10</sup>			
	_		Not obtained – Non-par	, ,				
PART 1		ny one as appropriate "to be f ed company (that is, a company						
		regularly traded on an established	Yes (If yes, please specify a	any one stock exchange on wh	ich the stock is regularly t	raded)		
2	Is the Entity a related entity of a listed company (a company whose shares are regularly traded on an established stock exchanges)		Yes (If yes, please specify regularly traded)	name of the listed company n	ame of and one stock excl	nange(s) on where this stock is		
	established stock	exchanges)	Name of listed company					
			Nature of relation:	Subsidiary of the Listed Com	pany 🗌 Controlled by a	Listed Company		
			Name of stock exchange					
3	Is the Entity an act	tive <sup>1</sup> non-financial entity (NFE)	Yes No					
			Nature of Business					
			Please specify the sub-categor	ory of Active NFE (I	Mention code - refer 2c of	Part D)		
4	Is the Entity a pass	sive <sup>2</sup> NFE	Yes No (If y	yes, please fill UBO declaration	in the next section.)			
			Nature of Business					

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) Name and PAN / Any other Identification Number Occupation Type -DOB - Date of Birth (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Gender - Male, Female, Other Service, Business, Others Licence, NREGA Job Card, Others) Nationality City of Birth - Country of Birth Father's Name -Mandatory if PAN is not available 1. Name Occupation Type D D / M M / Y Y Y PAN Nationality Gender Male Female Other City of Birth Father's Name Country of Birth DOB D D / M M / Y Y Y 2. Name Occupation Type PAN Nationality Male Female Other City of Birth Father's Name Country of Birth 3. Name Occupation Type D / M M / Y PAN Nationality ☐ 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. **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. PART C : Certification 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

## Declaration for Ultimate Beneficial Ownership (UBO) / Controlling **Persons (Mandatory for Non-individual Investors)**



Place:

1. Entity Details							
Name of the Entity							
PAN Number							
2. Applicable for Listed (	Company / Subsidia	ry Company					
(i) I We Hereby declare that-  Our Company is a Listed Company listed on recogised stock exchange in India Our Company is Controlled by a Listed Company  Details of the Listed Company ^  Stock Exchange on which it is listed  Security ISIN							
^ The Details of holding/parent company to be provided in case the applicant / investor is a subsidary company							
3. Applicable for Non Individuals other than Listed Company / its Subsidiary Company							
Category (Please tick applicable Unlisted Company Unincorporated association / bo Others (please specify Please list below the details of controlling pe	ody of individuals	Partnership Firm Limited Liability Partners  Public Charitable Trust Religious Trust  ) of tax residency / permanent residency / citizenship and ALL Tax Identification	☐ Private Trust				
Name - Beneficial owner / Controlling	person	Address - Include State, Country, PIN / ZIP Code & Contact	Tax ID Type - TIN or Other, please specify				
Country - Tax Residency* Tax ID No Or functional equivalent f	for each country%	Details Address Type -	Beneficial Interest - in percentage Type Code - of Controlling person				
		Address					
1. Name			Tax ID Type				
Country		State: Country:	Beneficial Interest				
		PIN/ZIP Code	Type Code				
Tax ID No.%			Add. Type Residence Business Registered office				
		Address	Tax ID Type				
2. Name			Beneficial Interest				
Country		State: Country:					
		PIN/ZIP Code	Type Code				
Tax ID No. <sup>%</sup>		Address	Add. Type    Residence    Business    Registered office				
3. Name			Tax ID Type				
Country		State: Country:	Beneficial Interest				
		PIN/ZIP Code	Type Code				
Tax ID No.%			Add. Type  Residence Business Registered office				
1. PAN		Occupation Type	D D / M M / Y Y Y				
City of Birth		Nationality	DOB				
Country of Birth		Father's Name	Gender Male Female Other				
2. PAN		Occupation Type					
City of Birth		Nationality	DOB				
Country of Birth		Father's Name	Gender Male Female Other				
3. PAN		Occupation Type	DOB   D   D   /   M   M   /   Y   Y   Y   Y				
City of Birth		Nationality	Gender Male Female Other				
Country of Birth		Father's Name					
		esidency / permanent residency / citizenship / Green Card in a fication Number is not available, kindly provide functional eq	any country other than India: * To include US, where controlling uivalent. ^Attach sheets if necessary.				
4. Declaration and Signa	tures						
the declaration is not provided, then the A We hereby authorize sharing of the inform	MC/Trustee/Mutual Fund shall re nation furnished in this form with declaration to submit. I/We also u	eserve the right to reject the application and/or reverse the allotment of all SEBI Registered Intermediaries and they can rely on the same. In case	ent any of the above information is/are found to be false/incorrect and/oi units and the AMC/Mutual Fund/Trustee shall not be liable for the same. In the above information is not provided, it will be presumed that applicant tion to the above information in future and also undertake to provide any				
Authorised Sig	Authorised Signatory Authorised Signatory		Authorised Signatory				

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