

ANNEXURE I - DETAILS OF ULTIMATE BENEFICIAL OWNER/ CONTROLLING PERSON INCLUDING ADDITIONAL FATCA & CRS INFORMATION																													
Name of the Entity																													
Customer ID / Folio Number										T																			
PAN	ı					T										Date	of ir	corp	oratio	n D	D	1	M	M	/	Υ	Υ	Υ	Υ
Type of address given at KRA					Re	Residential Business									Registered Office														
"Address of tax residence would be taken as available in KRA databas					oase. In	e. In case of any change, please approach KRA & notify the changes"																							
Type of Identification Document given at KRA																													
Identification Document No.																													
Document Issuing Country																													
Pla	ce of incorporation																												
Cou	intry of incorporati	on																											
Ent	ity Constitution Typ	е	□ F	artner	ship F	irm		HUF	:		Privat	e Lim	nited C	ompar	ny		Publ	ic Lim	ited Co	mpany		Socie	ety		AOP/E	301			
Please tick as appropriate ☐ Trust ☐ Liquidator ☐ Limite										iabilit	y Parti	nersh	nip 🗌	Artific	cial Jui	ridica	al Per	son	Othe	ers spe	cify _								_
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%									Identification Type (TIN or Other, please specify)												
%																													
you	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 c	ase the Entity's Cou	ntry of	Inco	orpora	tion	Тах	c resid	denc	e is l	J.S. I	but E	ntity	is no	t a Sp	ecifie	d U.	S. Pe	rson,	menti	on Ent	ity's	exer	npti	on c	ode ⁸	here	9		
	•			•									RS De																
			(Ple	ease c	onsu	lt yo	ur pro	ofess	siona							ce o	n FAT	CA &	CRS	classif	icatio	n)							
PA	RT A (to be filled b	y Fina	ncia	l Instit	ution	s or	Direc	t Re	porti	ng N	FEs)																		
1.	We are a:				G	IN																							
Financial institution ¹ Note: If you and indicate								ou do not have a GIIN but you are sponsored by anot cate your sponsor's name below										nothe	her entity, please provide your sponsor's GIIN above										
	Direct reporting NF	= 2			Na	ame	of sp	ons	orina	entit	tv																		
	(please tick as appr	opriate	e)				о. ор				·						+												
	GIIN not available (please	tick	as ar	plica	ble)		Ap	plied	for																			_
(Applicable only for Financial Institutions)							•			l to a	vlac	for - r	lease	spec	ifv 2	2 diai	s sub	o-cated	iorv ³										
								Not required to apply for - please specify 2 digits sub-category ³ Not obtained – Non-participating FI																					
PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")																													
1.	"													•	ŭ			stock e	exchange	on whi	h the	stock	is ren	ularly	tradeo	-()			
Is the Entity a publicly traded company¹(that is, a company shares are regularly traded on an established securities may be shared.))					-	-		zxonango				-	-		4)					
										<u>'</u>		0 01 0	ook o	, toriui	.go_														
2. Is the Entity a related <i>entity</i> ⁵ of a publicly traded company (a company whose shares are regularly traded on an established securities market)									Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)																				
									Name of listed company																				
																		of the	e Listed	Com	pany	or	Con	trolle	d by a	a List	ed C	ompa	any
3. Is the Entity an <i>active</i> ⁶ NFE											Name of stock exchange Yes (If yes, please fill UBO declaration in the next section.)																		
												Nature of Business																	
												Please specify the sub-category of Active NFE (Mention code – re									refer :	2c of	_						
4. Is the Entity a passive ⁷ NFE									-	Yes (If yes, please fill UBO declaration in the next section.)																			
¹Ref	er 1 of Part D ² Refe	Nature of Business Nature of Business 'Refer 1 of Part D 'Refer 3(vii) of Part D 'Refer 1A of Part D 'Refer 2a of Part D 'Refer 2b of Part D 'Refer 2c of Part D 'Refer 3(vii) of Part D 'Refer 3(viii) of Part														er 2c	of Part	D ⁷ R	efer :	B(ii) c	f Pa	rt D	8Refe	er 3(v	viii) o	f Pai	rt D		

PART C UBO / Controlling Person Declaration						-	ubsidiary	-						
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)¹o, 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	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)9														
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 *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 *Refer 3(iv) (A) of Part D 10Refer 3(iv) of part D														
The Control Decod of Direct Tours has notified Dules	FATCA - C						h Dulas	an audien In all	- Consideration					
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 provide	3 3 7 1	,			,		,							
Please note that you may receive more than one reques that you respond to our request, even if you believe you								ınd or its gro	up entities. Therefore, it is importan	i				
If you have any questions about your tax residency, pl please include United States in the foreign country info							he entity	is a US citiz	en or resident or green card holder	,				
Certification	Timation nota along to		Taxtaon	unout	011110									
I / We have understood the information requirements of provided by me/us on this Form is true, correct, and compaccept the same.														
Name								×						
Designation									1st Authorised Signatory					
Name														
Designation									2nd Authorised Signatory					
Name														
Designation									3rd Authorised Signatory					
Place									Date / /	_				