

FATCA-CRS Declaration & Supplementary KYC Information <u>Declaration Form for Entities</u>

Please seek appropriate advice from your tax professional on your tax residency and related FATCA & CRS guidance

		P	art - A					
PAN								
Name		'					,	
Address Type	Residential		Resident	ial / Busin	ess			
[for KYC address]	Business		Registere	ed Office				
Place of Incorporation			Country of Incorporation					
Gross Annual Income Details in INR	☐ < 1 Lakh ☐ 1-5 Lacs☐ 5-10 Lacs☐ 10-25 La☐ 25 Lacs- 1Cr☐ > 1Cr☐	acs []]	Net Worth in INR in Lacs N et Worth as	of dd/m	m/yyyy			
Is the entity involved in / providing any of the following services.	 ☐ Foreign Exchange/ Money Changer Services ☐ Gaming / Gambling / Lottery Services [e.g. casi betting syndicates] ☐ Money Laundering / Pawning 	inos,	Any other information [if applicable]		,	[Please sp	ecify]	
Is you [Entity] Coun	ry of Tax Residency other thar	n India -	_	Ye	s [No		
type	y the details of all countries who							
		unction	x Payer Identif al Equivalent / or Global Entity	Company	Identificat	tion [ntification TIN or other lease spec	er,
1.								
2.								
3.								
	ountry of Incorporation / Tax Re				Specified	US person	, mention I	Entity's
	Part B [to be filled by Fina	ncial li	nstitutions o	r Direct l	Reportin	g NFFEs]		
We are a Financial Institution / FFI [refer instructions a.] Direct Reporting NFFE	GIIN (Global Intermediary Id Note: If you do not have a GIIN I GIIN above and indicate your sp Name of the sponsoring el	but you a	are sponsored b	oy another	entity, plea	ase provide	your spon:	sor's
[refer instructions b.]	GIIN not available [tick any Applied For	/ one]:						
	☐ Not required to apply fo	or – spec	cify sub-catego	ry code	[refe	r instructio	ns c.]	
	Not obtained - Non-part	cicipating	g FFI	_				
	<u> </u>							

F	Part C [Fill any one as a	pplicable - to be filled by NFEs other than Direct Reporting NFFEs]
1	Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] [referinstructions d.]	Yes (Please specify the name of the Stock Exchange(s) where it is traded regularly) 1 2
2	Is the entity a "Related Entity" of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.]	Yes
3	Is the entity an Active NFE?	Yes - Nature of business Please specify sub-category of Active NFE [refer instructions g.]
4	If the entity a Passive NFE: [refer instructions h.]	Yes - Nature of business Also submit UBO Form [provided separately]
case any of I/We may form, moo provided Authorize the Finand other informatic facilitate schanges / required a relevant in	nowledge and confirm that the of the above specified informaliable for it. I/We hereby authors de or manner, all / any of the irby me to / any of the Mutual d Parties') or any Indian or focial Intelligence Unit-India (Flinivestigation agencies without to other SEBI Registered Insingle submission / update & modification to the above infeat your / Fund's end or by do	information provided above is true and correct to the best of my/our knowledge and belief. In ation is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that brize you [CAMS/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any information provided by me, including all changes, updates to such information as and when Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the reign governmental or statutory or judicial authorities / agencies including but not limited to U-IND), the tax / revenue authorities in India or outside India wherever it is legally required ut any obligation of advising me/us of the same. Further, I/We authorize to share the given intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to for other relevant purposes. I/We also undertake to keep you informed in writing about any formation in future and also undertake to provide any other additional information as may be smestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide so to enable withholding to occur and pay out any sums from my account or close or suspendiadvising me of the same
Signature	e with relevant seal:	
А	uthorized Signatory	Authorized Signatory Authorized Signatory
Date :		

Place:



Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

(Mandatory for Non-individual Investors)

I: Investor details:

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3du	II: Category	* If PAN is not available, specify Folio No. (s)		Name of the Investor:
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Our company is a Listed Company listed / Subsidiary or Controlled by a Listed Company [If this category is selected, no need to provide UBO details]				
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☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Private Trust

☐ Religious Trust

☐ Trust created by a Will ☐ Others [please specify]

UBO	No S		
UBO / Controlling Person(s) details	Name of UBO#		
Iling Per	Country of Tax Residency #		
son(s) de	Taxpayer Identification Number / PAN / Equivalent ID Number#		
tails	Identificat ion Type#		
	% of beneficial interest#		
	CP/UBO Code# (Refer Instructions E]		
	Place & Country of Birth#		
	Date of Birth [dd- mmm- yyyy] \$		
	Address\$, Address Type* & Contact details [include City, Pincode, State, Country		
	Gender \$ [Male, Female, others]		
	Father's Name\$		
	Nationa lity\$		
	Occupati on [Service, Business, Others.]		

- # Mandatory fields
- * Address Type should either Residence or Business or Registered Office
- \$ Mandatory if PAN of UBO/Controlling persons is not provided

Note: If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory

*Note that some of the Mutual Funds may call for additional information/documentation wherever required or if the given information is not clear / incomplete / incorrect and you may to have provide the same as and when solicited

Declaration:

specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but you [CAMS/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company,

Authorized Signatory Authorized Signatory Authorized Signatory	Signature with relevant seal:		
	Authorized Signatory	~	Authorized Signatory

Place:

Date: