



Details of Ultimate Beneficial Owner including additional KYC, FATCA & CRS information

Name of the entity																									
Type of address given at KRA	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																	
"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"																									
Customer ID / Folio Number																									
PAN													Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y		
City of incorporation																									
Country of incorporation																									

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/>	Below 1 Lac	<input type="checkbox"/>	1 - 5 Lacs	<input type="checkbox"/>	5 - 10 Lacs	<input type="checkbox"/>	10 - 25 Lacs	<input type="checkbox"/>	>25 Lacs - 1 Crore	<input type="checkbox"/>	>1 Crore																																																						
Net-worth	Rs. _____ as on										D	D	/	M	M	/	Y	Y	Y	Y	(Not older than 1 year)																																													
Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="checkbox"/> I am PEP											<input type="checkbox"/> I am Related to PEP											<input type="checkbox"/> Not Applicable																																											
*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.																																																																		
Non-Individual Investors involved/ providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange/Money Changer Services											<input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services											<input type="checkbox"/> Money Lending/Pawning											<input type="checkbox"/> None of the above																																
Entity Constitution Type Please tick as appropriate	<input checked="" type="checkbox"/> a Partnership Firm											<input type="checkbox"/> b HUF											<input type="checkbox"/> c Private Limited Company											<input type="checkbox"/> d Public Limited Company											<input type="checkbox"/> e Society											<input type="checkbox"/> f AOP/BOI										
	<input type="checkbox"/> g Trust/ Liquidator											<input type="checkbox"/> h Limited Liability Partnership											<input type="checkbox"/> i Artificial Juridical Person											<input type="checkbox"/> z Others specify _____																																

FATCA & CRS DECLARATION

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 country/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 equivalent⁵.

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

FATCA & CRS Declaration

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

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

1.	We are a, Financial institution ⁶ <input checked="" type="checkbox"/> or Direct reporting NFE ⁷ <input checked="" type="checkbox"/> (please tick as appropriate)	GIN <input type="text"/>
		Note: 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 <input type="text"/>
		<input type="text"/>
	GIIN not available (please tick as applicable) <input checked="" type="checkbox"/> Applied for	
	If the entity is a financial institution, <input checked="" type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="text"/>	
	<input checked="" type="checkbox"/> Not obtained - Non-participating FI	

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

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active ³ NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code - refer 2c of Part D)
4.	Is the Entity a passive ⁴ NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

