

Details of ultimate beneficial owner including additional FATCA & CRS information

Name	e of the entity				Τ	Τ		Γ	Γ	Γ	Γ			Γ			Т	Τ	Т	Т	Т								\square
Type of address given at KRA 🗸 Residential or Bus						isines	SS	1		F	Reside	ential		/	В	usin	ess		\checkmark			Regis	tere	ed Offic	ce				
"Address of tax residence would be taken as available in KRA data								database. In case of any change, please approach KRA & notify the changes"																					
Custo	omer ID / Folio Number																												
PAN													Date	e of in	corpora	ion				D	D	/	M	\mathbb{M}	/	Y	Y	Y	Y
City of incorporation																													
Country of incorporation																													
Entity Constitution Typea Partnership Firmb HUFPlease tick as appropriateg Trust H Liquidatorh Limite										d Com rship	ipanj		d <i>Artific</i>	Public I ial Jurio				ny z		e S hers		ety ecify	f	AOP/	BOI				
Please tick the applicable tax resident declaration -																													
1. Is "Entity" a tax resident of any country other than India (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)																													
(11 ye		n uie enu	ily is a resiu		or tax purposes and the associated lax ID number below.)										Identification Type														
	Country				Tax Identification Number [%]											(TIN or Other,"please specify)													
				_												+													
[%] In c	ase Tax Identification Number is	not avail	lable, kindl	y pro	ovide	e its fu	inctio	nal e	quiva	alent.	s •																		
In ca	se TIN or its functional equivalent	t is not a	available, p	lease	e pro	ovide (Comp	any	Ident	ificat	tion nu	umbe	er or	Globa	al Entity	denti	ifica	ation N	umt	oer o	r GIII	V, e	tc.						
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																													
								FAT	CA 8	CR	S Dec	lara	tion																
		(Plea	ase consul	't yoı	ır pr	ofessi	ional							nce or	FATCA	& CR	'S c	lassifi	catic	n)									
PAR	Γ A (to be filled by Financial Institutio	ons or Dire	ect Reportir	ng NF	Es)																								
1.	We are a,		GIN	Γ																									
	or GIIN abov				ou do not have a GIIN but you are sponsored by another entity											tity, p	y, please provide your sponsor's												
					ve and indicate your sponsor's name below sponsoring entity																								
	(please tick as appropriate)						T.																	\neg					
	GIIN not available (please ti	ck as ap	plicable)			\checkmark	App	ied f	or							1	L										-		
	If the entity is a financial institu	tion,							r - please specify 2 digits sub-category ¹⁰																				
			✓ N	lot o	btair	ned – I	Non-	oartio	cipati	ng Fl									_			_				_			
PAR	B (please fill any one as appropriate	e "to be f	filled by NFE	s oth	er th	an Dire	ect Re	portir	ng NFE	Es")																			
 Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) 							Yes (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) 						Ye						cify name d	f the li	istea	l compar	ny and	l one s	stock	excha	ange o	on whi	ch the	stoci	k is regu	larly ti	aded)			
								of list			any	✓ Subsi	lionu	of th	o Licto			v or		Contr	ollod	by a l	icto	d Com	22014				
									of rel of sto				Jung	naiy (u 00	npall	y UI	V	JUIL	UIIEU	Jy a l	_1518		Jaily			
3. Is the Entity an active ³ NFE								Yes (If yes, please fill UBO declaration in the next section.)																					
									of Bu			ih-cat	egory of	Activ	/ 0					(Me	ntion		e _ r	efer	2c of	Part	<u>רח</u>)		
4.	4. Is the Entity a passive⁴NFE								Ye		· ·				• •				tion.)			1410			5 1	0101	20 01		-)
							Yes (If yes, please fill UBO declaration in the next section.) Nature of Business																						
	¹ Refer 2a of Part D ² Refer	2b of Pa	art D ³	Refe	r 2c	of Par	rt D	4	Refer	3(ii)	of Pa	rt D		⁶ Refe	r 1 of Pa	rt D		⁷ Refe	r 3(vii) o	f Par	t D		¹⁰ Re ⁻	fer1A	of	Part D		

		UBO	Decla	ratio	n														
Category (Please tick applicable category):	✓ Unlisted Cor	ershi	nip Firm																
Unincorporated association / body of individuals		🗸 Put	olic Cha	aritable	Trust	✓ Religious						rust 🗸 Private T					st		
Others (please specify																			
Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). 5 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E																			
Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No Or functional equivalent for each country [®]	Tax ID Type - T Beneficial Inter Type Code ¹¹ - O		Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -																
1. Name	Tax ID Type						Add	ress											
Country	Type Code																		
Tax ID No. [®]	Address Type		Reside Registe		• Busine ice	ess	Zip				State:			Count	ry:				
2. Name	Tax ID Type						Add	ress											
Country	Type Code																		
Tax ID No. [%]	Address Type		Reside Registe		• Busine ice	SS	Zip				State:			Count	ry:				
3. Name	Tax ID Type						Add	ress											
Country	Type Code																		
Tax ID No. [%]	Address Type		Reside Registe		• Busine ice	ess	Zip				State:			Count	ry:				
# If passive NFE, please provide below additional details.			-				(Plea	se attac	h additi	ional she	eets if ne	cessary)						
PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving LicenceNREGA Jo City of Birth - Country of Birth	ob Card, Others)		Others				DOB - Date of Birth Gender - Male, Female, Other												
1. PAN		Occur	pation 1	Гуре		_					[DOB		DD/	MM/YY	ΥY			
City of Birth		Natior									(Gender	Male		Fema	ale 🗸	7		
Country of Birth		Father	r's Nam	ne										Oth	ers 🗸				
2. PAN		Occup	pation 1	Гуре							[DOB		DD/	MM/YY	ΥY			
City of Birth		Natior	nality								(Gender	Male		Fema	ale 🗸	7		
Country of Birth		Father	r's Nam	ne										Oth	ers 🗸				
3. PAN		Occup	pation 1	Гуре							[DOB		DD/	MM/YY	ΥY			
City of Birth		Natior	nality								(Gender	Male	- -	Fema	ale 🗸			
Country of Birth		Father	r's Nam	ne										Oth	ers 🗸				
# Additional details to be filled by controlling persons with tax * To include US, where controlling person is a US citizen or gro *In case Tax Identification Number is not available, kindly provi	een card holder		esidenc	y / citiz	enship /	Gree	n Ca	rd in ar	iy coui	ntry oth	ier than	India:							
	ii) of Part D ⁵l		(vi) of F	Part D	l ¹¹ Refe	er 3(i	iv) (A) of Pa	rt D										
		_		_	-			,											
The Central Board of Direct Taxes has notified Rules 114F to 114H, as		ax Rules,	1962, v	vhich Ru	iles require	lndia													
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 provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident 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 i attach this to the form.		resident i	SSUES SI	uch iden	tifiers. If no	o TIN i	is yet	available	e or has	not yet l	been issi	ued, plea	ise provi	de an	explanat	ion an	d		
Certification																			
I / We have understood the information requirements of this Form is true, correct, and complete. I / We also confirm that I / We															us on t	this Fo)rm		
Name																			
Designation							Ţ												
													. I				-		
										P		ce							
Signature	Si	gnature						Sigi	nature		Date//								