

Supplementary KYC Information & FATCA-CRS Declaration - Entities

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

PAN* Name

Type of address given at KYC KRA Residential Residential or Business Business Registered Office

City of incorporation

Country of incorporation

Net Worth in INR. In ₹ Lakhs Net Worth as on D D M M Y Y Y Y

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	YES <input type="checkbox"/>	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	YES <input type="checkbox"/>	Money Laundering / Pawning	YES <input type="checkbox"/>	Any other information [if applicable]
		NO <input type="checkbox"/>		NO <input type="checkbox"/>		NO <input type="checkbox"/>	

City of incorporation

Country of incorporation

Entity Constitution Type *Please tick as appropriate*

a Partnership Firm b HUF c Private Limited Company d Public Limited Company e Society f AOP/BOI

g Trust h Liquidator i Limited Liability Partnership j Artificial Juridical Person k Others specify _____

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 ⁶	Identification Type (TIN or Other ⁶ , please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

⁶In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number.

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 Declaration

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

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

1. We are a, Financial institution⁶ or Direct reporting NFFE⁷ (please tick as appropriate)

GIIN

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

GIIN not available (please tick as applicable)

Not required to apply for - please specify 2 digits sub-category¹⁰

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 ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please specify any one stock exchange on which the stock is regularly traded)</i> Name of stock exchange _____
2. Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i> Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ³ NFE	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> <i>(Mention code – refer 2c of Part D)</i>
4. Is the Entity a passive ⁴ NFE	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____

UBO Declaration

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
 Listed Company (Need not provide UBO details sought under) 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).

Owner-documented FFI's⁵ 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 ²	#Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Type Code ¹¹ - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details
1. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____	Address _____ ZIP [][][][][][][][][] State: _____ Country: _____
2. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____	Address _____ ZIP [][][][][][][][][] State: _____ Country: _____
3. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____	Address _____ ZIP [][][][][][][][][] State: _____ Country: _____

If passive NFE, please provide below additional details. (Please attach additional sheets if necessary)

PAN City of Birth Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>

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
⁵In case Tax Identification Number is not available, kindly provide functional equivalent

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

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. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification

I have understood the information requirements of this Form (read along with the Instructions & Definitions) and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

Name

Designation

Signature >>

Place _____

Date __ / __ / ____