



# Ultimate Beneficial Owner / FATCA & CRS Annexure Form - For Non Individual Accounts

Name of the Entity

Type of address given at KRA (✓)  Residential  Business  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

PAN

Date of Incorporation

D	D	M	M	Y	Y	Y	Y
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City of Incorporation

Country of Incorporation

Entity Constitution Type (✓)

- Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  Trust  
 Liquidator  Limited Liability Partnership  Artificial Juridical Person  Others \_\_\_\_\_

Please (✓) the applicable tax resident declaration -

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 <sup>1</sup>	Identification Type (TIN or Others, please specify)

<sup>1</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent <sup>2</sup>

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)

We are a (✓),

- Financial institution<sup>3</sup>   
or  
Direct reporting NFE<sup>4</sup>

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 (✓) as applicable)

Applied for

If the entity is a financial institution,

Not required to apply for - please specify 2 digits sub-category<sup>5</sup>   (Refer 1 A of Part C)

Not obtained - Non-participating FI

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

Is the Entity a publicly traded company<sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market) (Refer 2A of Part C)

Yes (✓)  (If yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange

Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2B of Part C)

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

Nature of relation (✓) :  Subsidiary of the Listed Company or  Controlled by a Listed Company

Name of stock exchange

Is the Entity an active NFE (Refer 2C of Part C)

Yes (✓)  (If yes, please fill UBO declaration in the next section.)

Nature of Business

Please specify the sub-category of Active NFE   (Mention code - refer 2c of Part D)

Is the Entity a passive NFE (Refer 3(ii) of Part C)

Yes (✓)  (If yes, please fill UBO declaration in the next section)

Nature of Business

<sup>3</sup>Refer 1 of Part C <sup>4</sup>Refer 3(vii) of Part C <sup>5</sup>Refer 1A of Part C



# FATCA & CRS Instructions

Category (✓)

- Unlisted Company  
  Partnership Firm  
  Limited Liability Partnership Company  
  Unincorporated association / body of individuals  
 Religious Trust  
  Private Trust  
  Public Charitable Trust  
  Others \_\_\_\_\_

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) (Please attach additional sheets, if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO 1	UBO 2	UBO 3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax Residency <sup>6</sup>			
PAN <sup>7</sup>			
Address	Address, Zip, State, Country	Address, Zip, State, Country	Address, Zip, State, Country
Address Type	Residence/Business/Registered office	Residence/Business/Registered office	Residence/Business/Registered office
Tax ID <sup>2</sup>			
Tax ID Type			
City of Birth			
Country of Birth			
Occupation Type	Service/Business/Others	Service/Business/Others	Service/Business/Others
Nationality			
Father's Name			
Gender	Male/Female /Others	Male/Female /Others	Male/Female /Others
Date of Birth			
Percentage of Holding (%)			

<sup>2</sup> 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

<sup>6</sup> Country of Tax Residency is mandatory for all and if the controlling person is a US citizen or green card holder, please mention U.S.A

<sup>7</sup> If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position/Designation like Director/Settlor of Trust/Protector of Trust to be specified wherever applicable.

## FATCA - CRS Terms and Conditions

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 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 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 Invesco Asset Management (India) or our 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.

## Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Invesco Asset Management (India) Private Limited/Invesco Mutual Fund/ Trustees for any modification to this information promptly.

Name

Designation

### Authorised Signatory

Date 

D	D	M	M	Y	Y	Y	Y
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Place