

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
City of incorporation		Business	
Country of incorporation		Registered Office	
Net Worth in INR. In ₹ Lakhs		Net Worth as on	
Is the entity involved in / providing any of these services:		Foreign Exchange / Money Changer Services	YES NO
		Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	YES NO
		Money Laundering / Pawning	YES NO
City of incorporation		Any other information (if applicable)	
Country of incorporation			
Entity Constitution Type		Please tick as appropriate	
		<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> 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*	Identification Type (TIN or Other*, please specify)

*In 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 institution ⁶ <input type="checkbox"/> or Direct reporting NFFE ⁷ <input type="checkbox"/> (please tick as appropriate)	GIIN <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 type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="text"/> <input type="checkbox"/> Not obtained – Non-participating FI
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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"/> (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 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"/> (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 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"/> (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 type="checkbox"/> No <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business

¹Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁶Refer 1 of Part D | ⁷Refer 3(vii) of Part D | ¹⁰Refer 1A of Part D

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 ³		#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		Tax ID Type		Address	
Country		Beneficial Interest			
Tax ID No.		Type Code		ZIP	<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"/> State: <input type="text"/> Country: <input type="text"/>
2. Name		Tax ID Type		Address	
Country		Beneficial Interest			
Tax ID No.		Type Code		ZIP	<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"/> State: <input type="text"/> Country: <input type="text"/>
3. Name		Tax ID Type		Address	
Country		Beneficial Interest			
Tax ID No.		Type Code		ZIP	<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"/> State: <input type="text"/> Country: <input type="text"/>

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

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

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

% In 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.

[illegible]