

FATCA Declaration for Non-Individual Applicants/Investors Please refer annexure for definitions

1.	Applicant's Detail	licant's Details												
	Name	M/s												
	PAN													
2.	Incorporation / Fo	orma	tion i	n Indi	a (√)		Yes		No					
	If No, please specify the countries of Incorporation / Formation / Tax Residency									x Resid				
		x Payer Indentification Number (If the country of incorporation/ Formation/ x Residency is other then India								Format	ion/			
3.	Are you a financia	lins	titutio	on (inc	ludin	g an	FFI) (/) (Re	fer in	struct	ions) l	If yes, please provide the following information:		
	Please (√) any or	ne of	the b	oelow	:							GIIN		
	Financial Inst	Financial Institution incorporated in India										(Global Intermediary Identification Number)		
	Financial Inst								hat ha	as an in	ter-	If GIIN not available (✓ any one) Applied for on D D M M Y Y Y Y		
	_	_								- CUN		Not required to apply/not obtained for the following reasons (✔)		
	FFI in a coun	•					_					We are a Non-participating FFI		
	Others								_ (ple	ase spe	ecity)	We are a Certified deemed-compliant FFI under U.S. Treasury Regulations		
											We are an Exempt beneficial owner under U.S. Treasury Regulations			
												Any another reason (please specify)		
_												/ity another reason (pieuse speeny)		
4.	Are you listed company (that is, a company whose shares are regularly traded on a recognized stock exchange) (🗸)						nose sh	ares a	re reg	ularly	d Yes No			
	on a recognized see	JCK C	Acrian	gc/ (•	,							(If yes, specify the name of the stock exchange(s) where it is regularly traded)		
												i.		
												ii.		
	Are you a "Related	Entit	y" of a	listed	comp	any	(√) (Re	fer ins	tructi	on 2)		Yes No (If yes, specify the name of the listed company)		
												i.		
												ii.		
												Specify the name of the stock exchange(s) where it is regularly traded		
												i.		
											ii.			
	Are you an active NFFE (/) (Refer instructions 3 & 4) Details of controlling persons will not be considered for FATCA purpose										Yes No (If yes, specify the nature of business)			
												i.		
			(a) (D				- o -v					ii.		
	Are you a passive N	NFFE	(√) (R€	erer ins	structio	ons :	5 & /)					Yes No (If yes, specify the nature of business)		
												i.		
												ii.		
											For all Controlling persons who are citizens / tax residents / green card holders other than India, provide their Name, Address, Taxpayer Identification Number and Percentage of holding by filling UBO Form & enclose additionally			
	best of my/our knot the above specific aware that I/We ma all / any of the inf when provided by associated parties, authorities / agenc authorities in India of the same. Furth facilitate single sub in writing about ar any other addition.	aration: I/We acknowledge and confirm that the information provided about of my/our knowledge and belief and provided after consulting necessary above specified information is found to be false or untrue or misleading one that I/We may liable for it. I/We hereby authorize you to disclose, share, rere any of the information provided by me/ us, including all changes, updain provided by me/ us to Mutual Fund, its Sponsor, Asset Management Comciated parties / RTAs ('the Authorized Parties') or any Indian or foreign governities / agencies including but not limited to the Financial Intelligence Unit orities in India or outside India and other investigation agencies without a see same. Further, I/We, authorize to share the given information to other States single submission / updation & for other relevant purposes. I/We also riting about any changes / modification to the above information in future other additional information / documentary proof as may be required at your states and the state of the state of the source of the state of								mislea ose, sha hanges gemen foreige elligence cies wit on to co es. I/We ation ir	dessary ading care, ren a, upda at Com n gove te Unit- hout a bother Si e also u	y tax professionals. In case any of or misrepresenting, I/We am/are mit in any form, mode or manner, ates to such information as and apany, trustees, their employees / ernmental or statutory or judicial t-India (FIU-IND), the tax /revenue any obligation of advising me/us SEBI Registered Intermediaries to undertake to keep you informed re and also undertake to provide our end. [Names and Signature(s) of Authorized Signatory(ies)		
	Date: D D	IV	M	Y	Y Y	Y			ria	.e		with Official Stamp]		