		formation & FATCA-CRS Declaration - Entities & HUF I tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)												
PAN	N* Name Name													
Туре	pe of address given at KYC KRA Residential	Residential or Business Business Registered Office												
City	ty of incorporation													
Cou	ountry of incorporation													
Net	et Worth in INR. In ₹ Lakhs	Net Worth as on DD / MM / YYYY												
in / p these Enti		ervices Money Sinos, Laundering / Pawning												
Please tick the applicable tax resident declaration -														
	yes, please provide country/ies in which the entity is a resident for tax purposes and the ass	tification Number*    No   Sociated Tax ID number below.)												
<sup>%</sup> In o	n case Tax Identification Number is not available, kindly provide its functio	onal equivalent or Company Identification Number or Global Entity Identification Number.												
	case the Entity's Country of Incorporation / Tax residence is emption code here	U.S. but Entity is not a Specified U.S. Person, mention Entity's												
FATCA Declaration (Please consult your professional tax advisor for further guidance on FATCA classification)														
PA	ART A (to be filled by Financial Institutions or Direct Reporting NF	FFEs)												
1.	We are a, GIIN													
	or GIIN above and indicate your	IIIN but you are sponsored by another entity, please provide your sponsor's rsponsor's name below												
	Direct reporting NFFE <sup>7</sup> Name of sponsoring entity	у												
	(please tick as appropriate)													
	GIIN not available (please tick as applicable)  Not required to apply for - please specify 2 digits sub-category¹º  Not obtained – Non-participating FI													
PART B (please fill any one as appropriate to be filled by NFEs other than Direct Reporting NFEs)														
1.	whose shares are regularly traded on an established	Yes No (If yes, please specify any one stock exchange on which the stock is regularly traded)  Name of stock exchange												
2.	(a company whose shares are regularly traded on an established securities market)	Yes No (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.												
3.		Yes No (If yes, please fill UBO declaration in the next section.)  Nature of Business.												
4.	Is the Entity a passive⁴ NFE	Please specify the sub-category of Active NFE (Mention code – refer 2c of Part D)  Yes No (If yes, please fill UBO declaration in the next section.)  Nature of Business												
	Nature of Business													

	UB	30 E	Decla	rati	on																	
Category (Please tick applicable category):	Unlisted Co	ompany Partnership Firm Limited Liability Partnership Company														any						
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's <sup>5</sup> 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 #Tax ID Type - TIN or Other, please specify																						
#Country - Tax Residency* #Tax ID No Or functional equivalent for each country*	#Type Code <sup>11</sup> -	Address - Include State, Country, PIN / ZIP Code & Contact Details																				
1. Name	Tax ID Type						Ad	dress	8													
Country	Beneficial Intere	est																				
Tax ID No.	Type Code						ZIF	· 🔲				Sta	Country:									
2. Name	Tax ID Type						Ad	dress	3													
Country	Beneficial Intere	est																				
Tax ID No.	Type Code						ZIF					Sta	ite:	Country:								
3. Name	Tax ID Type						Ad	dress	6													
Country	Beneficial Intere	est																				
Tax ID No.	Type Code						ZIF					Stá	ite:				Coun	itry:				
If passive NFE, please provide below additional of	letails.						(Please attach additional sheets if necessary)															
PAN City of Birth Country of Birth		Natio	upation l onality ner's Nam						ble						B - D				Other			
1. PAN		Occu	upation Ty	уре										DO	B DD	D/MM/\	YYYY					
City of Birth		Natio	onality												Gender Male Female							
Country of Birth		Fathe	er's Name	е										Others								
2. PAN		Occupation Type										DOB DD/MM/YYYY										
City of Birth		Nationality										Gender Male Female										
Country of Birth		Father's Name											Others									
3. PAN		Occu					DO	B DD	D/MM/\	YYYY												
City of Birth		Natio	Nationality										Gender Male Female									
Country of Birth	Father's Name																C	Others	s			
# 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 Te	erm	s and	l Co	ond	itic	ns															
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).															ith tly, he							
If any controlling person of the entity is a US citizen or resident or gre Account Tax Compliance provisions (commonly known as FATCA) are with ABC. Therefore, it is important that you respond to our request, eve	contained in the US H	lire Act 2	2010.Pleas	e note t	hat you	ı mayı	receiv	more	than	one re												
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										Ι		$\Box$										
Signature >>											Place											
	Date _												ate	<del>-</del>	_//							