

**Supplementary KYC Information & FATCA-CRS Declaration - Entities & HUF**

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

\*Name of the entity

Type of address given at KYC KRA  Residential & Business  Residential  Business  Regd. Off.

PAN  Date of Incorporation  DD /  MM /  YY  YY

City of incorporation

Country of incorporation

Net Worth in INR in ₹ Lakhs  Net Worth as on  DD/MM/YYYY

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	YES	Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)	YES	Money Laundering / Pawning	YES	Any other information
		NO		NO		NO	

**Entity Constitution Type**  Partnership Firm  HUF  Private Limited Company  Public Limited Company  
 Please tick as appropriate  Society  Aop/BoiSociety  Trust  Liquidator  Limited Liability Partnership  
 Artificial Judicial Person  Others specify \_\_\_\_\_

**Please tick the applicable tax resident declaration**

1. Is Entity\* a tax resident of any country other 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 NFEs)**

1. We are a,  Financial institution or  Direct reporting NFE (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-category
- 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' (that is, a company whose shares are regularly traded on a 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 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 any one stock exchange on which the stock is regularly Name of listed company _____ Name 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 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="checkbox"/> <input type="checkbox"/>
4.	Is the Entity an passive NFE	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, please fill UBO declaration in the next section) 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  
 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 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"	Tax ID Type - TIN or other, please specify. Beneficial Interest - in percentage Type Code - of controlling person"	Tax ID Type - TIN or other, please specify Beneficial Interest - in percentage Type Code - of controlling person"
1. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address _____ ZIP [ ][ ][ ][ ][ ][ ] State: _____ Country: _____
2. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address _____ ZIP [ ][ ][ ][ ][ ][ ] State: _____ Country: _____
3. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address _____ ZIP [ ][ ][ ][ ][ ][ ] State: _____ Country: _____

# If passive NFE, please provide below additional details.

<b>PAN/Any other Identification Number</b> <small>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)</small>	<b>Occupation Type</b> - <i>Service, Business, Others</i>	<b>DOB - Date of Birth</b>
<b>City of Birth - Country of Birth</b>	<b>Nationality</b>	<b>Gender</b> - <i>Male, Female, Others</i>
	<b>Father's Name</b> - <i>Mandatory if PAN is not available</i>	

1. PAN		Occupation Type		DOB	D D / M M / Y Y Y Y
City of Birth		Nationality		Gender	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name			Others <input checked="" type="checkbox"/>

2. PAN		Occupation Type		DOB	D D / M M / Y Y Y Y
City of Birth		Nationality		Gender	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name			Others <input checked="" type="checkbox"/>

3. PAN		Occupation Type		DOB	D D / M M / Y Y Y Y
City of Birth		Nationality		Gender	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Country of Birth		Father's Name			Others <input checked="" 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

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

**FATCA & CRS 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 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).

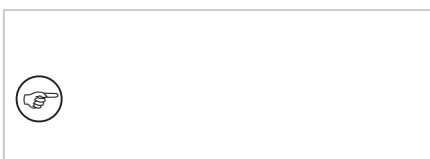
If any controlling person of the entity is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are Contained in the US Hire Act 2010. Please note that you may receive more that 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**

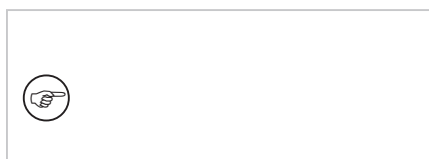
I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions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

**Name**

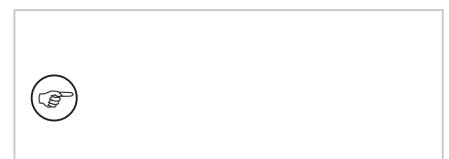
**Designation**



Sole/First Authorised Signatory



Second Authorised Signatory



Third Authorised Signatory

Place: \_\_\_\_\_

Date: \_\_\_\_\_