

# Details of Ultimate Beneficial Owner including Additional FATCA & CRS Information (Only for Non Individuals)



Pramerica

MUTUAL FUND

Name of the entity

Type of address given at KRA  Residential or Business  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

City of incorporation  Country of incorporation

Entity Constitution Type (Please tick as appropriate)  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  Trust  Liquidator  
 Limited Liability Partnership  Artificial Juridical Person  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\$.  
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>5</sup>

**OR**

Direct reporting NFE<sup>6</sup>   
(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) If the entity is a financial institution,  Applied for  Not required to apply for - please specify 2 digits sub-category<sup>7</sup>   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 <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <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 <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <b>or</b> <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active <sup>3</sup> NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part C)
4	Is the Entity a passive <sup>4</sup> NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

<sup>1</sup>Refer 2a of Part C | <sup>2</sup>Refer 2b of Part C | <sup>3</sup>Refer 2c of Part C | <sup>4</sup>Refer 3(ii) of Part C | <sup>5</sup>Refer 1 of Part C | <sup>6</sup>Refer 3(vii) of Part C | <sup>7</sup>Refer 1A of Part C

**UBO Declaration** (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category)  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association / body of individuals  Private Trust  
 Public Charitable Trust  Religious 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	UBO1	UBO2	UBO3
Name			
PAN / Any Other Identification Number			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No.*			
Tax ID Type			
Address	_____ _____ Zip _____ State _____ Country _____ Contact detail _____	_____ _____ Zip _____ State _____ Country _____ Contact detail _____	_____ _____ Zip _____ State _____ Country _____ Contact detail _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
City of Birth			
Country of Birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
Nationality			
Father's Name (Mandatory if PAN is not available)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y
Percentage of Holding (%)^			

If passive NFE, 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

^Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

**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 such as the Bank 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 DHFL Pramerica Mutual Fund or its 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.

\$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.

**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 \_\_\_\_\_

\_\_\_\_\_  
 Signatures Signatures Signatures

Date D | D | M | M | Y | Y | Y | Y Place \_\_\_\_\_