

# Details of ultimate beneficial owner including additional FATCA & CRS information

Name of the entity															
Type of address given at KRA	<input checked="" type="checkbox"/> Residential or Business	<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Business	<input checked="" type="checkbox"/> Registered Office											
<i>"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA &amp; notify the changes"</i>															
Customer ID / Folio Number															
PAN					Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y
City of incorporation															
Country of incorporation															
Entity Constitution Type <i>Please tick as appropriate</i>	<input type="checkbox"/> a Partnership Firm	<input type="checkbox"/> b HUF	<input type="checkbox"/> c Private Limited Company	<input type="checkbox"/> d Public Limited Company	<input type="checkbox"/> e Society	<input type="checkbox"/> f AOP/BOI	<input type="checkbox"/> g Trust H Liquidator	<input type="checkbox"/> h Limited Liability Partnership	<input type="checkbox"/> i Artificial Juridical Person	<input type="checkbox"/> z 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 <i>(TIN or Other*, please specify)</i>

\* In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>8</sup>.  
 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)*

1.	We are a, <input checked="" type="checkbox"/> Financial institution <sup>6</sup> or <input checked="" type="checkbox"/> Direct reporting NFE <sup>7</sup> (please tick as appropriate)	GIN	<input type="text"/>									
		<b>Note:</b> 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"/>										
		<b>GIIN not available</b> (please tick as applicable) <input checked="" type="checkbox"/> <b>Applied for</b> <i>If the entity is a financial institution,</i> <input checked="" type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> 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 <i>(that is, a company whose shares are regularly traded on an established securities market)</i>	Yes <input checked="" type="checkbox"/>	<i>(If yes, please specify any one stock exchange on which the stock is regularly traded)</i>									
		Name of stock exchange _____										
2.	Is the Entity a related entity of a publicly traded company <i>(a company whose shares are regularly traded on an established securities market)</i>	Yes <input checked="" type="checkbox"/>	<i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i>									
		Name of listed company _____										
		Nature of relation: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company										
		Name of stock exchange _____										
3.	Is the Entity an active <sup>3</sup> NFE	Yes <input checked="" type="checkbox"/>	<i>(If yes, please fill UBO declaration in the next section.)</i>									
		Nature of Business _____										
		Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code – refer 2c of Part D)										
4.	Is the Entity a passive <sup>4</sup> NFE	Yes <input checked="" type="checkbox"/>	<i>(If yes, please fill UBO declaration in the next section.)</i>									
		Nature of Business _____										

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>4</sup>Refer 3(ii) of Part D | <sup>6</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>10</sup>Refer 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  
 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).

5 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 <sup>11</sup> - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type _____ • Residence • Business • Registered office	Address _____ Zip [ ][ ][ ][ ][ ][ ][ ][ ][ ] State: _____ Country: _____
2. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type _____ • Residence • Business • Registered office	Address _____ Zip [ ][ ][ ][ ][ ][ ][ ][ ][ ] State: _____ Country: _____
3. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type _____ • Residence • Business • Registered office	Address _____ Zip [ ][ ][ ][ ][ ][ ][ ][ ][ ] State: _____ Country: _____

# If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> 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

<sup>4</sup>Refer 3(iii) of Part D | <sup>5</sup>Refer 3(vi) of Part D | <sup>11</sup>Refer 3(iv) (A) of Part D

### 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 (insert FI's name) 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																				
Signature	Signature	Signature	Place _____ Date ____/____/____																	