

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

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

PAN*	Name																												
Type of address given at KYC KRA	Residential							Residential or Business							Business							Registered Office							
City of incorporation																													
Country of incorporation																													
Net Worth in INR. In ` Lakhs														Net Worth as on														DD / MM / YYYY	
(Date should not be older than one year)																													

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 [if applicable]
		NO				NO	

Entity Constitution Type	Partnership Firm	HUF	Private Limited Company	Public Limited Company	Society	AOP/BOI
Please tick as appropriate	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 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 NFFEs)

1.	We are a, Financial institution ⁶ or Direct reporting NFFE ⁷ (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 ¹⁰ 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 <i>publicly traded company</i> ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes No (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange
2.	Is the Entity a <i>related entity</i> ² of a publicly traded company (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.	Is the Entity an <i>active</i> ³ NFE	Yes No (If yes, please fill UBO declaration in the next section.) Nature of Business Please specify the sub-category of Active NFE (Mention code – refer 2c of Part D)
4.	Is the Entity a <i>passive</i> ⁴ NFE	Yes No (If yes, please fill UBO declaration in the next section.) Nature of Business

¹ Refer 2a of Part D | ² Refer 2b of Part D | ³ Refer 2c of Part D | ⁶ Refer 1 of Part D | ⁷ Refer 3(vii) of Part D | ¹⁰ 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

☐

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 ⁵ 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*

Beneficial Interest - in percentage

Address - Include State, Country, PIN / ZIP Code & Contact Details

#Tax ID No. - Or functional equivalent for each country %

#Type Code¹ - of Controlling person

1. Name		Tax ID Type		Address	
Country		Beneficial Interest			
Tax ID No.		Type Code		ZIP <input type="text"/>	State: <input type="text"/> Country: <input type="text"/>
2. Name		Tax ID Type		Address	
Country		Beneficial Interest			
Tax ID No.		Type Code		ZIP <input type="text"/>	State: <input type="text"/> Country: <input type="text"/>
3. Name		Tax ID Type		Address	
Country		Beneficial Interest			
Tax ID No.		Type Code		ZIP <input type="text"/>	State: <input type="text"/> Country: <input type="text"/>

If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN		Occupation Type - Service, Business, Others		DOB - Date of Birth	
City of Birth		Nationality		Gender - Male, Female, Other	
Country of Birth		Father's Name - Mandatory if PAN is not available			
1. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth		Father's Name			Others <input type="checkbox"/>
2. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth		Father's Name			Others <input type="checkbox"/>
3. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth		Father's Name			Others <input 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

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹Refer 3(iv) (A) of Part D

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).

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. Foreign

Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than 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 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	<input type="text"/>
Designation	<input type="text"/>
Signature >>	<div><input type="text"/></div> <div>Place _____ Date __/__/____</div>