



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	NO	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	YES	NO	Money Laundering / Pawning	YES	NO	Any other information (if applicable)

Entity Constitution Type 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 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 institution⁶ or Direct reporting NFFE⁷ (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-category¹⁰

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 ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please specify any one stock exchange on which the stock is regularly traded)</small> Name of stock exchange _____
2. Is the Entity a related entity ² 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"/> <small>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</small> Name of listed company _____ Nature of relation: _____ <small>Subsidiary of the Listed Company or Controlled by a Listed Company</small> Name of stock exchange _____
3. Is the Entity an active ³ NFE	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please fill UBO declaration in the next section)</small> Nature of Business _____ Please specify the sub-category of Active NFE <small>(Mention code - refer 2c of Part D)</small>
4. Is the Entity a passive ⁴ NFE	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please fill UBO declaration in the next section)</small> 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
 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's⁵ 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	Address - Include State, Country, PIN / ZIP Code & Contact Details
#Country - Tax Residency*	Beneficial Interest - in percentage	
#Tax ID No. - Or functional equivalent for each country*	#Type Code ¹¹ - of Controlling person	
1. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP [] [] [] [] [] [] [] [] [] [] State: Country: [] [] [] [] [] [] [] [] [] []
2. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP [] [] [] [] [] [] [] [] [] [] State: Country: [] [] [] [] [] [] [] [] [] []
3. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP [] [] [] [] [] [] [] [] [] [] State: Country: [] [] [] [] [] [] [] [] [] []

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 [] [] [] [] [] [] [] [] [] []
City of Birth	Nationality	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
Country of Birth	Father's Name	
2. PAN	Occupation Type	DOB [] [] [] [] [] [] [] [] [] []
City of Birth	Nationality	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
Country of Birth	Father's Name	
3. PAN	Occupation Type	DOB [] [] [] [] [] [] [] [] [] []
City of Birth	Nationality	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
Country of Birth	Father's Name	

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

¹¹Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 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	
Designation	
Signature >>	
Place	
Date	_ / _ / _