



FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Non-Individuals

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

PART A

PAN										
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NAME										
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ADDRESS TYPE	<input type="checkbox"/> Residential <input type="checkbox"/> Residential/Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office									
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PLACE OF INCORPORATION										
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COUNTRY OF INCORPORATION										
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Is the entity involved in / providing any of these services	Foreign Exchange / Moneychanger Services	Y	Gaming, Gambling, Lottery Services [e.g. Casinos, Betting Syndicates]	Y	Money Laundering /Pawning	Y	Any other information (if applicable)
		N		N		N	

ENTITY CONSTITUTION TYPE	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Society	<input type="checkbox"/> Limited Liability Partnership
	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Artificial Juridical Person
	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Others
	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Liquidator	_____ (specify)

Please tick the applicable tax resident declaration:

Is "Entity" a tax resident of any other country other than India Yes No

(if yes, please provide all countries in which the entity is a resident for tax purposes and the associated tax id numbers 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 U.S. specified person, mention Entity's exemption code here

Nature of Business _____

UBO DECLARATION

Category (please tick applicable category):

- | | |
|--|---|
| <input type="checkbox"/> Unlisted Company | <input type="checkbox"/> Unincorporated association / body of individuals |
| <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Public Charitable Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Religious Trust |
| <input type="checkbox"/> Private Trust | <input type="checkbox"/> Listed Company (Need not provide UBO details sought under) |

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 – of Controlling Person	Address – Include State, Country, Pin / Zip Code & Contact details
1. Name	Tax Id type	Address :
Country	Beneficial Interest	Zip:
Tax Id No	Type Code	State: Country:
2. Name	Tax Id type	Address :
Country	Beneficial Interest	Zip:
Tax Id No	Type Code	State: Country:
3. Name	Tax Id type	Address :
Country	Beneficial Interest	Zip:
Tax Id No	Type Code	State: Country:

If Passive NFE, please provide below additional details:

PAN Place of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB – Date of Birth Gender
PAN	Occupation Type	DOB : ____ / ____ / ____
Place of Birth	Nationality	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Father's Name	
PAN	Occupation Type	DOB : ____ / ____ / ____
Place of Birth	Nationality	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Father's Name	
PAN	Occupation Type	DOB : ____ / ____ / ____
Place of Birth	Nationality	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female

Country of Birth		Father's Name		
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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:

Date: ____ / ____ / ____

Place: _____