

## KYC Information & FATCA-CRS Declaration – Non-Individual

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

PAN No.		Client Name	
City of Incorporation		Country of Incorporation	
Annual Income Range	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25 Lac-1 Cr <input type="checkbox"/> Above 1 Cr		
Net-worth in Rs.	Rs. _____ As on Date DD / MM / YYYY (Net-worth Should not older than 1 Year)		

### Is the entity involved in / providing any of the following services:

Foreign Exchange / Money Changer Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gaming/ Gambling / Lottery Services [e.g. casino betting syndicates]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Laundering / Pawning	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any other information [if applicable] \_\_\_\_\_

Entity Constitution Type (Please tick as appropriate)	<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Trust <input type="checkbox"/> Government Body <input type="checkbox"/> FII <input type="checkbox"/> Public Limited Co. <input type="checkbox"/> LLP <input type="checkbox"/> NGO's <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Body Corporate <input type="checkbox"/> HUF <input type="checkbox"/> AOP	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> Society <input type="checkbox"/> FI
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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

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 \_\_\_\_\_

## DECLARATION

### PART - A : (to be filled by Financial Institutions or Direct Reporting NFFEs)

1.	We are a, financial institution OR Direct reporting NFFE	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes	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 _____
2.	GIIN not available (please tick as applicable) <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="checkbox"/> <input type="checkbox"/> <input 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 1 that is, a company whose shares are regularly traded on an established securities market	(If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	(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 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the Entity an active NFE	(If yes, please fill UBO declaration in the next section) Nature of Business _____ Please specify the sub-category of Active NFE _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the Entity a passive NFE	(If yes, please fill UBO declaration in the next section) Nature of Business _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## UBO DECLARATION

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 should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

**- Details of Ultimate Beneficiary Owner as Follows:**

- Name of Beneficial owner/ Photograph / Controlling person / Country-Tax Residency / Tax ID No / Tax ID Type-TIN or Other / Beneficial Interest in % / Address Contact Details / PAN / City & Country of Birth / Occupation / DOB / Gender

### IN CASE OF INDIVIDUAL - BENEFICIARY OWNER / CONTROLLING PERSON

<b>1.</b>	<b style="font-size: 1.2em;">Photograph</b>  Tick Here If same as per Page no.2 KRA Annexure	Name		PAN No			
		Full Address					
		Tax ID Number		Tax ID Type		DOB	DD / MM / YYYY
		City Of Birth		Occupation		Gender	
		Country Of Birth		Country of Tax Residency			
<b>2.</b>	<b style="font-size: 1.2em;">Photograph</b>  Tick Here If same as per Page no.2 KRA Annexure	Name		PAN No			
		Full Address					
		Tax ID Number		Tax ID Type		DOB	DD / MM / YYYY
		City Of Birth		Occupation		Gender	
		Country Of Birth		Country of Tax Residency			
<b>3.</b>	<b style="font-size: 1.2em;">Photograph</b>  <input type="checkbox"/> Tick Here If same as per Page no.2 KRA Annexure	Name		PAN No			
		Full Address					
		Tax ID Number		Tax ID Type		DOB	DD / MM / YYYY
		City Of Birth		Occupation		Gender	
		Country Of Birth		Country of Tax Residency			
<b>4.</b>	<b style="font-size: 1.2em;">Photograph</b>  <input type="checkbox"/> Tick Here If same as per Page no.2 KRA Annexure	Name		PAN No			
		Full Address					
		Tax ID Number		Tax ID Type		DOB	DD / MM / YYYY
		City Of Birth		Occupation		Gender	
		Country Of Birth		Country of Tax Residency			
<b>5.</b>	<b style="font-size: 1.2em;">Photograph</b>  <input type="checkbox"/> Tick Here If same as per Page no.2 KRA Annexure	Name		PAN No			
		Full Address					
		Tax ID Number					
		City Of Birth					
		Country Of Birth					

### IN CASE OF ENTITY - BENEFICIARY OWNER / CONTROLLING ENTITY

<b>1.</b>	PAN Of Entity		Name of Entity		
	Address of Entity				
	Reg. / CIN No.		Place of Incorporation		
	Date of Incorporation	DD / MM / YYYY	Date of Commencement of Business	DD / MM / YYYY	
	Tax ID Number		Tax ID Type		
	City & Country of Tax Residency :				

<b>2.</b>	PAN Of Entity		Name of Entity		
	Address of Entity				
	Reg. / CIN No.		Place of Incorporation		
	Date of Incorporation	DD / MM / YYYY	Date of Commencement of Business	DD / MM / YYYY	
	Tax ID Number		Tax ID Type		
	City & Country of Tax Residency :				

# 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

#### 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/We 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/We also confirm that I/We have read and understood the FATCA Terms and Conditions above and hereby accept the same.

NAME OF THE APPLICANT		STAMP & SIGNATURE OF THE ALL AUTHORIZED SIGNATORY	
			
Place			
Date	DD / MM / YYYY		