



Mafatlal Centre, 5th Floor, Nariman Point,
Mumbai - 400 021 | Website: www.idbimutual.co.in

Details of FATCA & CRS information

For non-individuals / legal entity

South Gujarat ARN: 54854

Name of the entity

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

PAN Date of Incorporation

City of Incorporation

Country of Incorporation

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent.

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

Please refer to para 3(vii) Exemption code for U.S. persons under Part D of FATCA Instructions & Definitions

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, Financial institution ³ <input type="checkbox"/> or Direct reporting NFE ⁴ <input type="checkbox"/> (please tick as appropriate)	Global Intermediary Identification Number (GIIN) <input type="text"/> Note : If you do not have 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"/> GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for If the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="checkbox"/> Not obtained - Non-participating FI <input type="checkbox"/>
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PART B (Please fill any one as appropriate "to be filled by NFE other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3. Is the Entity an active ¹ Non-financial entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of active NFE <input type="text"/> (Mention code - refer 2c of Part D)
4. Is the Entity an passive ² NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section) Nature of Business <input type="text"/>

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D

If passive NFE, please provide below additional details for each of Controlling person.

(Please attached additional sheets if necessary)

Name and PAN / Any other Identification Number <small>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License, NREGA Job Card, Others)</small>		Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available		DOB - Date of Birth Gender - Male, Female, Other									
1. Name & PAN		Occupation Type		DOB	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y						
City of Birth		Nationality		Gender	<table><tr><td>Male</td><td><input type="checkbox"/></td><td>Female</td><td><input type="checkbox"/></td></tr><tr><td>Others</td><td colspan="3"><input type="checkbox"/></td></tr></table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Others	<input type="checkbox"/>		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>										
Others	<input type="checkbox"/>												
Country of Birth		Father's Name											
2. Name & PAN		Occupation Type		DOB	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y						
City of Birth		Nationality		Gender	<table><tr><td>Male</td><td><input type="checkbox"/></td><td>Female</td><td><input type="checkbox"/></td></tr><tr><td>Others</td><td colspan="3"><input type="checkbox"/></td></tr></table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Others	<input type="checkbox"/>		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>										
Others	<input type="checkbox"/>												
Country of Birth		Father's Name											
3. Name & PAN		Occupation Type		DOB	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y						
City of Birth		Nationality		Gender	<table><tr><td>Male</td><td><input type="checkbox"/></td><td>Female</td><td><input type="checkbox"/></td></tr><tr><td>Others</td><td colspan="3"><input type="checkbox"/></td></tr></table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Others	<input type="checkbox"/>		
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

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 ownder information and certain certifications and doucmentation 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.

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.

Part C : 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.

Date : / /

Name		
Designation		
<div>Signature</div>	<div>Signature</div>	<div>Signature</div>



Date : / /

Name of the Non-Individual

PAN of the Non-Individual

Consent of Individual Authorized Signatories

I/We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

Details of Authorized Signatories as available in Aadhaar (Kindly use another form in case of > 6 signatories)

S. No.	Name of the Authorized Signatory	PAN of the Authorized Signatory	Aadhaar of the Authorized Signatory	Date of Birth of the Authorized Signatory (DD/MM/YYYY)	Mobile Number of the Authorized Signatory	Pin code of the Authorized Signatory	Gender of the Authorized Signatory (M/F/Others)	Signature of the Authorized Signatory
1.								
2.								
3.								
4.								
5.								
6.								

Certificate from Company Secretary / any other competent authority of the Organization

I, _____, Company Secretary / Competent Authority to issue this certification on behalf of the organization hereby confirm the correctness of the above information. The above specified list of personnel covers all authorized signatories on behalf our organization and this list will supersede all our earlier ASL. We will let you know the changes / modifications from time to time, if any, through appropriate means to KARVY / participating Mfs / AIFs. Above signatories have consented for sharing the above information with KARVY / participating MFs in corporate & individual capacity and also for validating the same with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is required under any law / regulatory purpose.

Regards
For

Company Secretary / Authorized Signatory (ies)

Company Seal