Others Electric code       Each Code       Each Code         5. Permanent Account Number (PAN) (MANDATORY)       Please end code a duly attested copy of your PAN Card         B. Address Details (please see guidelines overleaf)       1. Address for Correspondence       Please endcode a duly attested copy of your PAN Card         B. Address Details (please see guidelines overleaf)       1. Address for Correspondence       Please endcode a duly         Control Details (gli (or) (STD)       Ed. (Off) (SD)       Please (SD) (STD)         B. Address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the document (as listed overleaf). Mease userleft)         * Not more than 3 Months od: Validity/Espity date of proof of address submit ANY ONE of the following valid documents & tick (<) against the document (as listed overleaf). Mease userleft)         * Not more than 3 Months od: Validity/Espity date of proof of address submit ANY ONE of the following valid documents & tick (<) against the document (as listed overleaf). Mease userleft)         * Not more than 3 Months od: Validity/Espity date of proof of address submit ANY ONE of the following valid documents & tick (<) against the document (as listed overleaf). Mease userleft)         * Not more than 3 Months od: Validity/Espity date of proof of address submit ANY ONE of the following valid documents & tick (<) against the document (as listed overleaf). Mease userleft)         * Not more than 3 Months od: Validity/Espity date of proof of address submit AACcount Statement   Registered Lease / Sale Agreement of Office (Ary other proof of address document	A Identity Details (please see guidelines overleaf)  I. Name of Applicat (Place write complete same as per Certificate of incorporation / Registration / Re	s overleaf)         per Certificate of Incorporation         y       y       y         y       y       y         ublic Ltd. Co.       Body C         Non-Government Organi         Y       y	ace of Incorp	poration Date of cc Partne 	ommencement of ership Trust stablishment	tween 2 words.	Please do not a	abbreviate the Na					
1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration, Newing one bas blank between 2 words. Please do not a blank with the H    2. Date of Incorporation d d / m / / y y y   3. Registration No. (eg. CM) Date of Incorporation   3. Registration No. (eg. CM) Date of commencement of business d d / m / / y y   3. Registration No. (eg. CM) Date of commencement of business d d / m / / y y   4. Date of Incorporation Basic / Commencement Body   5. Status Please Kk (r/) Please status Please Kk (r/)   6. Address Details (please see guidelines overleaf)   7. Address for Consepondence   6. (CM) (SD)   7. (SD) Please stroke a duty atteted copy of your RW Card   8. Address To tails (please see guidelines overleaf)   1. Address for Consepondence   9. (CM) (SD)   9. (SD) (		per Certificate of Incorporation	ace of Incorp	poration Date of cc Partne 	ommencement of ership Trust stablishment	business d / Charities / NG Body of Indiv	ios	m / y y FI FI					
2. Date of Incorporation  3. Registration No. (e.g. CM)  13. Registration No. (e.g. CM)  14. Status fleese tck (r) = from tot C = Policit tot	2. Date of Incorporation 2. Date of Incorporation 3. Registration No. (e.g. CN) 3. Registration No. (e.g. CN) 4. Shall Pose: Ck (/)	y     y     y     y     Place       ublic Ltd. Co.     Body C       Non-Government Organi       Y)     Image: Constraint of the second sec	ace of Incorp	poration Date of cc Partne 	ommencement of ership Trust stablishment	business d / Charities / NG Body of Indiv	ios	m / y y FI FI					
3. Registration No. (e.g. CN)       Date of commencement of business (f)		ublic Ltd. Co. Body C Non-Government Organi Y)	ly Corporate	Date of co	ership 🗌 Trust stablishment	/ Charities / NG Body of Indiv	iOs 🗆	FI FI					
Sutu Plaze to: (/)   mine Ld: Co.   Puble Ld: Co.   Poloic Ld: Co.   Polai Co.	4. Status Prese titi (/)	Non-Government Organi		Partne	ership 🗌 Trust stablishment	/ Charities / NG Body of Indiv	iOs 🗆	FI FI					
Address Patials Social       Government Body       Non-Government Organisation       Defence Establishment       Body of Individuals       Society         5. Permanent Account Number (PAN) (MANIDATORY)       Please endoze a duby attested copy of your PAN Card         B. Address Details (please see guidelines overleaf)       I. Address for Correspondence         I. Address for Correspondence       I. Address for Correspondence         City / Dan //Nlage       I. Country       Please endoze a duby attested copy of your PAN Card         2. Contact Details       Tel (Res.) (ISD)       Fax (ISD) (STD)         Fid. (Rfd) (SD) (STD)       Fax (ISD) (STD)       Fax (ISD) (STD)         Mobile (ISD) (STD)       Fax (ISD) (STD)       Fax (ISD) (STD)         I. Address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the document of Office Ary other proof of address document (Is listed overleaf) (Place section)	Address Details (please see guidelines overlear)                  Address Details (please see guidelines overlear)                 Address Details (please see guidelines overlear)                 Address Details (please see guidelines overlear)                 Address Details (please see guidelines overlear)                 Address for Correspondence                 Controt Details             Biol(n) (SD)                 Biol(n) (SD)             SD)                 Mobile             (SD)             SD)                 Address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the docum	Non-Government Organi		Defence E	stablishment	Body of Indiv							
B. Address Details (please see guidelines overleaf)  Address for Correspondence  City/ Dam/Vilage  State  Control Details  R. (of) (DD) (DD)  Read Code  Contry  Podal Code  Contry  Podal Code  Pace (DD)  Read					Please enclose a c								
1. Address for Correspondence   City / Dan //Nige Rotal Code   Size Country   2. Contact Details   EL (Off.) (SD) Fax (SD) (SD)   Address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   All class Helphone Bill (only Land Line)   Thatest Helphone Bill (only	1. Address for Correspondence   Cip/ Dwn /Vilage Potal Code   Stell Country   2. Contact Details   EL (Off, USD) Fax (ISD)   3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (v) against the docume   Contact Details   EL (Off, USD)   Mobile (ISD)   States   3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (v) against the docume 1. Attast Elephone Bill (only Land Line) 1. Latest Elephone Bill (only Land Line) 2. Aregistered Address (if different from above) 3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (v) against the docume 3. Registered Address (if different from above) 3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (v) against the docume 3. Contact Details (Inditry/Expiry date of proof of address submit ANY ONE of the following valid documents & tick (v) against the docume 1. Atlast Elephone Bill (only Land Line) 2. Latest Elephone Bill (only Land Line) 2. Latest Elephone Bill (only Land Line) 3. Latest Elephone Bill (only Land Line) 4. Latest Elephone Bill (on	; overleaf)				iuly attested cop	by of your PAN	Card					
City / Tom /Vilage       Postal Code         State       Country         2. Contact Details       EL (RS). (SD)         EL (RS). (SD)       EL (RS). (SD)         Associated Details       EL (RS). (SD)         EL (RS). (SD)       EL (RS). (SD)         Associated Details       EL (RS). (SD)         EL (RS). (SD)       EL (RS). (SD)         Associated Details       EL (RS). (SD)         EL (RS). (SD)       EL (RS). (SD)         Associated Details       EL (RS). (SD)         EL (RS). (SD)       EL (RS). (SD)         Associated Details       EL (RS). (SD)         EL (RS). (RS)       EL (RS). (SD)         *Not more than 3 Months old. Validity/Expiry date of proof of address submitted       d / m m / y y y         4. Registered Address to be provided by Applicant. Please submit ANY ONE of the following valid documents. & tick (v) against the document         [City / bun /Vilage       Countly         State       Countly         Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents. & tick (v) against the document         [City / bun /Vilage       "Latest Electricity Bill "Latest Bark Account Statement   Registered Less / Sale Agreement of Office         Any other proof of address document (as listed overted)       Latest Electricity Bill "Latest Bark Account Statem	City/ Tow/Vilage       Postal Code         State       County         Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (       Postal Code         The state Eleptione Bill (only Land Line)       PLatest Bank Account Statementlegistered Lease / Sale Agreement of Of         Any other proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (       Postal Code         Any other proof of address document (as listed overleaf) (Please specify)       *Not more than 3 Months old. Validity/Expiry date of proof of address submitted       d       d       / mm / y y y y         Registered Address (If different from above)       County       Postal Code       County       Postal Code         City/ Dwn/Vilage       County (address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (       Postal Code         City/ Dwn/Vilage       County       Postal Code       County       Postal Code         City/ Dwn/Vilage       County (address (if different from above)       Postal Code       County       Postal Code         City/ Dwn/Vilage       County (address document (as listed overleaf)/Please specify)       *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y       Postal Code         Cother Details (please seeg guidelines overleaf)       Name, PAN, DIN/Aadhaar Number, residential add												
Stel       Country         2. Contact Details       Ed. (0ff.) (SD)         Ed. (0ff.) (SD)       (SD)         Mobile       (SD)         (SD)       (SD)         EMaild       Image: State Account Statement         Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (         Image: State S	Stel       Country         2. Contact Details       Rel (Res.)       (SD)         BL (Off.)       (SD)       (SD)         Haild       Fax       (SD)         3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the docume												
Stel       Country         2. Contact Details       Ed. (0f.) (50)         Ed. (0f.) (50)       (57D)         EMaild       Fax (15D)         3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the document	Stel       County         2. Contact Details       [kl.(0fs) (SD) (STD)         [kl.(0fs) (SD) (STD)       [kl.(0fs) (SD) (STD)         [kl.(0fs) (SD) (SD) (SD) (SD)       [kl.(0fs) (SD) (SD) (SD)         [kl.(0fs) (SD) (SD) (SD) (SD)       [kl.(0fs) (SD) (SD) (SD)         [kl.(0fs) (SD) (SD) (SD) (SD) (SD) (SD) (SD)       [kl.(0fs) (SD) (SD) (SD) (SD) (SD)         [kl.(0fs) (SD) (SD) (SD) (SD) (SD) (SD) (SD) (SD												
Stel       Country         2. Contact Details       Ed. (0ff.) (SD)         Ed. (0ff.) (SD)       (SD)         Mobile       (SD)         (SD)       (SD)         EMaild       Image: State Account Statement         Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (         Image: State S	Stel       Country         2. Contact Details       Rel (Res.)       (SD)         BL (Off.)       (SD)       (SD)         Haild       Fax       (SD)         3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the docume												
2. Contact Details          Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the document	2. Contact Details          [k] (Off)       (SD)       (SD)       (SD)         [k] (Off)       (Sd)       (SD)       (SD)       (SD)         [k] (Off)       (Sd)       (SD)       (SD)       (SD)         [k] (SD)       (SD)       (SD)       (SD)       (SD)         [k] (SD)       (SD)       (SD)       (SD)       (SD)         [k] (SD)       (SD)       (						Postal Code						
B: (Off.) (SD)       (SD)       (SD)       (SD)         Mobie       (SD)       (SD)       (SD)         Amount       B: (Res.)       (SD)       (SD)       (SD)         Amount       Amount       (SD)       (SD)       (SD)         City Com / Vilage       Country       Resistend Address document (as itsted overleat). (Rese second)       Reset         State       State       Country       State       Country	El. (Off.)       (SD)       (SD)       (SD)         Mobile       (SD)       (STD)       Fax       (SD)       (STD)         Andole       (SD)       (STD)       Fax       (SD)       (STD)         Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the documel "Latest Elephone Bill (only Land Line)				Country								
Mobile       (SD)       (STD)         Addie       (SD)       (STD)         Amaild.       Image: Constraint of the provided by Applicant. Please submit ANY ONE of the following valid documents & tick (v) against the document is "latest Biehone Bill (only Land Line)	Mobile       (ISD)       (STD)         EMail/d.       Image: State of the sta			Tol (Pos	(מדג) (גרא)								
E-Maild.  3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick ( ) against the document</td <td>EMaild 3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents &amp; tick (<!-- ) against the docume and the proof of address document (as listed overlash) (Please section)</p--> *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y 4. Registered Address (if different from above) (ify / Dwn / Village 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents &amp; tick (<!-- ) against the docume (City / Dwn / Village)</p--> 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents &amp; tick (<!-- ) against the docume (City / Dwn / Village)</p--> 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents &amp; tick (<!-- ) against the docume (City / Dwn / Village)</p--> 5. Proof of address document (as listed overlash). (Please submit the d d / m m / y y y) 6. Other beat of address document (as listed overlash). (Please submitted d d / m m / y y y) 7. C Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole tim (Please use that the details) 2. Any other information: DECLARATION We hereby declare that the details furnished above are true and origin your of any changes therein, immediately. In case any of the bove information is found to be false or untrue or misleading or nisrepresenting, Iam/we are aware that I/we may be held liable for it. HAME &amp; SIGNATURE(S) 0. F AUTHORISED PERSON(S)</td> <td></td> <td></td> <td></td> <td>7 . 7 . 7</td> <td></td> <td></td> <td></td>	EMaild 3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick ( ) against the docume and the proof of address document (as listed overlash) (Please section)</p *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y 4. Registered Address (if different from above) (ify / Dwn / Village 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick ( ) against the docume (City / Dwn / Village)</p 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick ( ) against the docume (City / Dwn / Village)</p 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick ( ) against the docume (City / Dwn / Village)</p 5. Proof of address document (as listed overlash). (Please submit the d d / m m / y y y) 6. Other beat of address document (as listed overlash). (Please submitted d d / m m / y y y) 7. C Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole tim (Please use that the details) 2. Any other information: DECLARATION We hereby declare that the details furnished above are true and origin your of any changes therein, immediately. In case any of the bove information is found to be false or untrue or misleading or nisrepresenting, Iam/we are aware that I/we may be held liable for it. HAME & SIGNATURE(S) 0. F AUTHORISED PERSON(S)				7 . 7 . 7								
"Latest Elephone Bill (only Land Line)													
State Country   5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the document I country I country *Not more than 3 Months old. Validity/Expiry date of proof of address submitted I d / m m / y y y y C. Other Details (please see guidelines overleaf). 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time of (Please use the Annexure to fill in the details) 2. Any other information: DECLARATION We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and l/we undertake o inform you of any changes therein, immediately. In case any of the bove information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. NAME & SIGNATURE(S) DF AUTHORISED PERSON(S)	State Country   5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (~) against the docum *Latest Telephone Bill (only Land Line)   *Latest Electricity Bill   *Latest Bank Account Statement   Registered Lease / Sale Agreement of Of Any other proof of address document (as listed overleaf).(Please specify) *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y C. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time (Please use the Annexure to fill in the details) 2. Any other information: DECLARATION We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake o inform you of any changes therein, immediately. In case any of the bove information is found to be false or untrue or misleading or nisrepresenting, I am/we are aware that I/we may be held liable for it. NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)						Postal Code						
Latest Telephone Bill (only Land Line) Latest Electricity Bill Latest Bank Account Statement Registered Lease / Sale Agreement of Office Any other proof of address document (as listed overleaf). (Please specify) *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y C. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time of (Please use the Annexure to fill in the details) 2. Any other information: DECLARATION We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake o inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Participate: Determine that I/we may be held liable for it.	Latest Telephone Bill (only Land Line)   *Latest Electricity Bill   *Latest Bank Account Statement   Registered Lease / Sale Agreement of Of Any other proof of address document (as listed overleaf). (Please specify) *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y C. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole tim (Please use the Annexure to fill in the details) 2. Any other information: DECLARATION We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)				Country								
(Please use the Annexure to fill in the details) 2. Any other information: DECLARATION We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Place: Date: Da	(Please use the Annexure to fill in the details) 2. Any other information: DECLARATION We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Place:	Latest Electricity Bill  Latest Electricity Bill  Latest overleaf).(Please specify of proof of address submit	]*Latest Ban cify)	nk Account S	Statement 🗌 Re								
DECLARATION         We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.         Place:	DECLARATION We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Pace: NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)		d photogi	raphs of P	Promoters/Par	tners/Karta/	Trustees/w	hole time diı					
We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake o inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or nisrepresenting, I am/we are aware that I/we may be held liable for it.  Date:  Date:	We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake o inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or nisrepresenting, I am/we are aware that I/we may be held liable for it. Pace:												
correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Place: Date:	correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Place:												
	Date:	elief and I/we undertak iately. In case any of th untrue or misleading c	the NA	OF AU	THORISED	(5)							
	FOR OFFICE USE ONLY	FOR O	OFFICE	USE ON	ILY								
MC/Intermediary name <b>OR</b> code Seal/Stamp of the intermediary shoul	MC/Intermediary name <b>OR</b> code Seal/Stamp of the intermediary					Seal/Starr		2					

<b>Detai</b>	ils of Promoters/ Partners/ Guiarat ARN: 54854	' Karta / Trustees and whole tim	ne directors form	Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals South Guiarat ARN: 54854	(KYC) Application F	orm for Non-Individuals
Name of	Name of Applicant				PAN of the Applicant	PAN of the Applicant
Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
Name &	Name & Signature of the Authorised Signatory(ies)	(ies) Date [d   d ] / [m   m ] / [y   y   y	v v GVI	Place for Intermediary Logo		

## **Details of FATCA & CRS Information**

# Indiabulls

South Gujarat ARN: 54854

#### For non-Individuals / Legal entity

Name of the entity																										
Type of address given at KRA Residential or Business Residential Business Registered Office																										
PAN												۵	Date	of I	ncoi	pora	atior	ו [	D	D	M	$\mathbb{M}$	Y	Y	Y	Y
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 – (if yes, please provide country/les in which the entity is the resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country of tax Residency	Tax Identification Number%	Identification Type [TIN or other, please specify]
1.			
2.			

%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 GIN, 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 and Definitions.

		& CRS Declaration For for further guidance on FATCA & CRS classification)
PA	RT A (to be filled by Financial Institutions of Direct Reporting	g NFEs)
1.	or       GIIN above and indicate yet         Direct reporting NFE <sup>4</sup> Name of sponsoring entity         (Please tick as appropriate)       GIIN not available (please tick as applicable)         Glin not available (please tick as applicable)       Applied for         If the entity is a financial Institution       Not required to a	Intification Number (GIIN)         a GIIN but you are sponsored by another entity, please provide your sponsor's our sponsor's name below         y         upply for - please specify 2 digits sub-category <sup>10</sup> on-participating FI
PA	RT B (please fill any one as appropriate "to be filled by NFEs	s other than Direct Reporting NFEs")
1.	Is the Entity is publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	Yes (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes (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 active <sup>1</sup> non-financial Entity (NFE)	Yes Nature of Business Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D)
4.	Is the Entity a passive <sup>2</sup> NFE No	Yes (if yes, please fill UBO declaration in the next section) Nature of Business

# If passive NFE, please provide below additional detail	Is for each of Controlling person. (Please attached addit	tional sheets if necessary)
Name and PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth	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	
City of Birth	Nationality	Male Female
Country of Birth	Father's Name	Others
2. Name & PAN	Occupation Type	
City of Birth	Nationality	Male Female
Country of Birth	Father's Name	Others
3. Name & PAN	Occupation Type	
City of Birth	Nationality	Male Female
Country of Birth	Father's Name	Others

#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 rule 114F to 114H as part of Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, will may also be required to provide information to any institution such as withholding agents for the purpose of insuring 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																	

S	S	S
	Signature	Signature

### DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO)

ASSET MANAGEMENT

Indiabulls

South Gujarat ARN: 54854

A. For clients other than individuals or trusts:

I/ We hereby certify that below mentioned is the latest and updated list of natural persons, who whether acting alone or togeth er, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest as follows:

- More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company; i.
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- In case, if there exists doubt under the above points (i) to (iii), as to whether the person with the controlling ownership interest is the beneficial owner or where no iv. natural person exercises control through ownership interests, the identity of the natural person exercising control over the ju ridical person through voting rights, agreement, arrangements or in any other manner.
- V. Where no natural person is identified under the above points (i) to (iv), the identity of the relevant natural person who holds the position of senior managing official.

S r. No.	NAME	% of Holding	PAN	K R A Completed/ applied

#### B. For client which is a trust:

I/ We hereby certify that following are the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership as follows:

5 r. Io.	NAME	% of Holding	PAN	K R A Completed/ applied

#### DECLARATION UBO

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and be lief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the Investment Manager/Fund/Trustee shall reserve the right to reject the application and/or reverse the allotment of units and the Investment Manager/Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

S		
	Signature with Stamp	
L		
Name:		
Designation:		g Director Whole Time Director
	Other	
Date: /	/ 20	
Place:		
Note: The List	ed Company and its subsidiaries are exe	mpt from providing the UBO Declaration