



Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

South Gujarat ARN: 54854

Name of 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

Place for  
Intermediary Logo



Name & Signature of the Authorised Signatory(ies)      Date    d | d | / m | m | / y | y | y | y |

South Gujarat ARN: 54854

## FATCA Declaration for Entities

### Details of ultimate beneficial owner including additional FATCA & CRS information (Non Individual Form)

Name of the entity																															
Address of the Registered office																															
Pincode						State																Country									
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 <sup>5</sup>	Identification Type (TIN or Other <sup>6</sup> , please specify)

<sup>5</sup>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, you are required to submit.

Form W-9 and 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 institution <sup>6</sup> <input type="checkbox"/> or Direct reporting NFFE <sup>7</sup> <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> 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 <input type="text"/> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
GIIN not available (please tick as applicable) <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <input type="text"/> and attach Form W8-BEN-E, duly filled in. <span style="float: right;">W8-BEN-E attached <input type="checkbox"/> Yes <input type="checkbox"/> No</span> <input type="checkbox"/> Not obtained – Non-participating FFI	

#### PART B (please fill any one as appropriate)

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

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>6</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>10</sup>Refer 1A of Part D

UBO Declaration	
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☐ Unlisted Company     
 ☐ Partnership Firm     
 ☐ Limited Liability Partnership Company  
☐ Public Charitable Trust     
 ☐ Religious Trust     
 ☐ Private Trust

Owner-documented FFI's<sup>5</sup> 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 <sup>5</sup>		#Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Type Code <sup>11</sup> - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details
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:

*(Please attach additional sheets if necessary)*

PAN 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. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	<div>Male</div> <div>Female</div>
Country of Birth		Father's Name			<div>Others</div>
2. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	<div>Male</div> <div>Female</div>
Country of Birth		Father's Name			<div>Others</div>
3. PAN		Occupation Type		DOB	DD/MM/YYYY
City of Birth		Nationality		Gender	<div>Male</div> <div>Female</div>
Country of Birth		Father's Name			<div>Others</div>

% In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>4</sup>Refer 3(iii) of Part D | <sup>5</sup>Refer 3(vi) of Part D | <sup>11</sup>Refer 3(iv) (A) of Part D

## FATCA Terms and Conditions

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

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

[illegible]

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Date    /    /

## Name of the Non-Individual Investor

[illegible][illegible]

Category: \_\_\_\_\_ (specify category, if any) (Pls use separate form for different category of Authorized Signatory)

S. No.	Name of the Authorized Signatory	PAN of the Authorized Signatory	Aadhaar of the Authorized Signatory	Signature of the Authorized Signatory
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

For

Company Seal