



FATCA/ FOREIGN TAX LAWS INFORMATION - NON INDIVIDUAL FORM

[Please seek appropriate advice from a tax professional on FATCA/ Foreign Tax laws related information]

7th Floor, Hoechst House, Nariman Point, Mumbai - 400 021. www.QuantumMF.com

Part I: Applicant/Investor details: **ARN-4464 E032737 VIKRAM S. BAGADTHEY**

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|----------------|--|-----|--|
| Investor Name: | | | |
| Folio No.: | | PAN | |

Part II: Declarations

(A) Particulars

| Category | | | |
|------------|--|--------------------------|--------------------------------|
| Applicants | Country of incorporation/ constitution | Country of Tax residency | Taxpayer Identification Number |
| 1. | | | |
| 2. | | | |
| 3. | | | |

(B) Other information:

| S No | Information | Additional Information to be provided |
|------|---|--|
| 1 | We are a financial institution [including an FFI] [Refer instructions a] | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: GIIN: _____ (Global Intermediary Identification Number) If GIIN not available [tick any one]: <input type="checkbox"/> Applied for on DDMMYYYY <input type="checkbox"/> Not required to apply (please describe) _____ <input type="checkbox"/> Not obtained |
| 2 | We are a listed company [whose shares are regularly traded on a recognized stock exchange] | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify) |
| 3 | We are 'Related Entity' of a listed company [Refer instructions b] | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of the listed company _____ Specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify) |
| 4 | We are an Active NFFE [Refer instructions c & d] Note: Details of Controlling Persons will not be considered for FATCA purpose | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the nature of business _____ Please specify the category of Active NFFE _____ (Mention code – refer instructions) |
| 5 | We are an Passive NFFE [Refer instructions f and g] Note: Details of Controlling Persons will be considered for FATCA purpose | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide: 1. Nature of business _____ 2. For all Controlling Persons who are tax residents (including US citizens and green card holders) of countries other than India, please provide the necessary details including Taxpayer Identification Number (TIN) in the UBO form. |

I/We hereby acknowledge and confirm that the information provided hereinabove is/are true and correct to the best of my knowledge and belief. I/We further agree and acknowledge that in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, SEBI registered intermediaries for single updation/submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We further agree to promptly intimate you in writing regarding any change/modification to the above information and/or provide additional/further information as and when required by you.

Signature with relevant seal:

| | | |
|--|--|--|
| <div style="border: 1px solid black; height: 50px; margin: 0 auto; width: 80%;"></div> <p style="text-align: center; font-size: small;">Authorised Signatory</p> | <div style="border: 1px solid black; height: 50px; margin: 0 auto; width: 80%;"></div> <p style="text-align: center; font-size: small;">Authorised Signatory</p> | <div style="border: 1px solid black; height: 50px; margin: 0 auto; width: 80%;"></div> <p style="text-align: center; font-size: small;">Authorised Signatory</p> |
|--|--|--|

Date: DDMMYYYY

Place: _____