FATCA AND CRS SELF CERTIFICATION FOR NON-INDIVIDUALS

[MANDATORY for Non-Individual Investors] Please turn over for Definitions / Instructions / Guidance



<i>I</i>	APPLICANT DETAILS								
Applic	ant Name:								
PAN	1		Application No			Folio Nos			
Type of	address given at KRA	Residential or Busin	ess Residenti	al Busines	s Registered Of	fice			
		INCOR	PORATION and	I TAX RESI	DENCY DETAILS	(Mandatory)			
Dlaga	af In company ion.	110011			DEITO! DETAILO				
	of Incorporation:		Country of Inc	огрогацоп.		Date of Ir	corporatio	011.	
-	a tax resident of any cour	,							
If yes, p	lease provide country/ies in								
	Country of Tax Resider	ncy	TIN or e	quivalent numb	er^	Identificati	on Type (1	ΓIN or Other, ple	ase specify)
1									
2									
3									
4									
	se Tax Identification Number or Global Entity Identificat			ıl equivalent. İn o	case TIN or its function	al equivalent is not ava	ilable, plea	se provide Compa	ny Identification
	the Entity's Country of Inco			not a Specified II	S Dargan				
	definition E5), please menti-				.5.1 (1801)				
					AILS (Mandatory	v)			
		(Please consul			•	Y / A & CRS classification)			
F	PART A (to be filled		J 1						
	e a, (Please ✓ as approp	•	GIIN						
	nancial Institution (Refer of			have a GIIN (C	Global Intermediary Ide	entification number) but	VOII are si	nonsored by anoth	ner entity nleas
or	`	·	-		and indicate your spons		you are sp	ponsorou by anou	.c. chary, picast
☐ Di	rect reporting NFE (Refer	definition B)	Name of sponsori		2				
CHN	- Not Available (Please ✓	as annronriata):		g,·					
	entity is a financial instituti	** * /	Applied for	to annly for - n	lease specify 2 digits	sub-category	(refer de	efinition C)	
II the c	ontity is a initialization instituti	ion,		– Non-participa		sub-category	(I CICI u	chintion C)	
	PART B (please fill ar			•					
	Entity a publicly traded c				-	which the stock is reg	gularly trac	ded)	
	a company whose shares are shed securities market) (Refe		Name of stock exc	hange					
	Entity a related entity of		Van Office play	as ansaift nam	a of the listed common	y and one stock excha	naa an wh	iah tha ataals ia ra	aularly tradad)
	company?	No .			e of the fisted compan	y and one stock excha-	ige on wii	ich the stock is re	guiarry traded)
	pany whose shares are regul	arly traded on an	Name of listed con		. of the Listed Commo	ny OR Control	ما است م T ن	atad Cammana	
establis	shed securities market) (Refe	er definition D2)			of the Listed Compa	ny OR Control	ed by a Li	sted Company	
			Name of stock exc						
	Entity an Active NFE?	No 🗌		rovide UBO Fo	rm 🔛				
(Refer	definition D3)		Nature of Busines						
			Please specify the			(Mention code - refe	er D3)		
	Entity a Passive NFE?	No 🗌	Yes Also p	rovide UBO Fo	rm 🗌				
(Refer	definition E2)		Nature of Busines	s					
# If Pass	sive NFE, please provide the	he below additional deta	ails for each of the C	Controlling pers	on. (Please attach add	itional sheets if necess	ary)		
Sr.	Name of UBO	Taxpayer Identifica-	Place of	Country of	Occupation	Nationality	Father's	Date of	Gender
No.		tion Number / PAN /		Birth	Type [Service,		Name	Birth	[Male, Female
		Equivalent ID Number	er		Business, Others]			dd/mm/yyyy	others]
1									
2									
3		<u> </u>							
3									
	ntral Board of Direct Taxes					•			
•	al, tax and beneficial owner in ted agencies. Towards com-							•	
	e account or any proceeds in						P.m.P.co.		
Should	there be any change in any i	nformation provided by y	ou, please ensure yo	u advise us prom	ptly, i.e., within 30 days	S.			
If any c	ontrolling person of the entit	y is a US citizen or reside	nt or green card holde	er, please include	United States in the fore	eign country information	field along	g with the US Tax I	dentification No
\$It is m	andatory to supply a TIN or	functional equivalent if t	he country in which	you are tax reside	ent issues such identifier	s. If no TIN is yet avail	able or has	not yet been issue	d, please provid
an expl	anation and attach this to the	form.							
			DEC:	ADATION O	CICNATURE(C)				
					SIGNATURE(S)		.		
	wledge and confirm that the								
	y of the above specified infor rize the Fund to update its re-				•	•			
	ediaries. Further, I authorize								
facilitat	e single submission / updation	on. I also undertake to kee	p the Fund informed	in writing about a	any changes / modificati	on / updation to the above	re		
	ation in future and also unde								
tax auth	norities. I authorize the Fund	/ AMC / RTA to close or	suspend my account	(s) under intimati	ion to me for non-subm	ission of documentation		. 10	F 12 G
Date:	//	Place :						r ized Signatorie s st / Firm / Body (
							, , 114		

HSBC Global Asset Management

Annexure A - Ultimate Beneficial Ownership (UBO) Declaration form

This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company [MANDATORY for Non-Individual Applicants/Investors]

4	APPLICAINI DETAILS:											
Appli	Applicant Name											
PAN			Folio Nos.					Application No.	.o.			
0	ONTENDED IN THE PARTY OF THE PA											
۵	CALEGONT [tick (*) applicable category]:	phicable catego	Jryj.									
	Unlisted Company Partne	ership Firm	LLP Unincorporated a	ssociation / bod	y of individuals	Public Charitable T	rust Religious T	☐ Partnership Firm ☐ LLP ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust Trust created by a Will ☐ Others [Specify]	reated by a V	Will Others [Sp	pecify] —	
٢	DETAILS OF III TIMATE	BENFFICIAL O	DETAILS OF III TIMATE RENEFICIAL OWNERS IIf the given space below is not adequate, please attach multiple declaration forms)	ace helow is no	adecijate please	attach multinle d	eclaration forms)					
Please given 1 Type 0	Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizen given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory. Type of Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships)	person, confirmin dditional sheet(s) ntrol or Benefit di	ng ALL countries of tax residuly signed by Authorized irectly or indirectly through	idency / permane Signatory.	nt address / citizenshi ols or ownerships)	ip and ALL Tax Ider	ntification Numbers	Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given formation in the given formation in the subsective duly signed by Authorized Signatory. Type of Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships)	lf the given ro	ws are not sufficien	ıt, required info	ormation in the
> 25% > 15% If ther	> 25% control of company > 15% control of Partnership / LLP / Trust / AoP / BoI If there is no UBO, please declare that there is no holding beneficial interest - striking off the below tabl	.P / Trust / AoP / . that there is no h	BoI nolding beneficial interest -	striking off the be	slow table and provid	le and provide signatures under the declaration & signature section.	he declaration & sig	nature section.				
Sr.	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type	% of beneficial interest (Enclose appropriate proof)	Place & Country of Birth / Incorporation	Date of Birth / Incorporation [dd- mm- yyyy]	Address, Address Type* & Contact details include City, Pin code, State, Country	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
		-	Mandatory					Mandatory, if PAN not provided	N not provid	led		
-i												Service Business Others
2,												Service Business Others
e,												Service Business Others
4.												Service Business Others
δ.												Service Business Others
* Add	* Address Type should either Residence or Business or Registered Office	dence or Busines	s or Registered Office									
I / We a aware t form) p to submunderta	toknowledge and confirm tha hat I / We may liable for it I / nrovided by me to the Fund v it. In such case, the concern ke to keep you informed in w	nt the information / We hereby authouth other SEBI leid SEBI register writing about any	n provided above is / are true orize you to update your rec Registered Intermediaries to ed intermediary reserves the changes / modification to the	e and correct to the cords from the about a facilitate single e right to reject the above informat	he best of my / our knc ove information receiv submission / updation he application or redec-	owledge and belief. I ved by the Fund or fin. In case the above em / reverse the alloi	n case any of the abc om other SEBI Regi information is not pr ment of units, if sub	avanced and confirm that the information provided above is / are true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misterating or misrepresenting, I / We was a ware that I / We hereby authorize you to update your records from the above information received by the Fund or from other SEBI Registered Intermediaries to facilitate single submission / updation. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediaries to facilitate single submission / reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. 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.	nd to be false I authorize you at applicant is cant has conce ed at your end	or untrue or mislea u to share the benefi the ultimate benefi ealed the facts of be I.	ding or misrepricial owner info	esenting, I / We prmation (in this n no declaration ship. I / We also
Date_												
Place			Author	Authorised Signatory 1	-		Authorised Signatory 2	itory 2		Authorised Signatory 3	gnatory 3	
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