

FATCA AND CRS SELF CERTIFICATION FOR NON-INDIVIDUALS

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

APPLICANT DETAILS

| | | | | | | | | | |
|-----------------|--|--|----------------|--|--|--|-----------|--|--|
| Applicant Name: | | | | | | | | | |
| PAN | | | Application No | | | | Folio Nos | | |

Type of address given at KRA Residential or Business Residential Business Registered Office**INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)**

| | | |
|-------------------------|---------------------------|------------------------|
| Place of Incorporation: | Country of Incorporation: | Date of Incorporation: |
|-------------------------|---------------------------|------------------------|

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 of Tax Residency | TIN or equivalent number [^] | Identification Type (TIN or Other, please specify) |
|---|--------------------------|---------------------------------------|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

[^] 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 (as per definition E5), please mention the exemption code in the box (Refer instruction D4):

FATCA and CRS DETAILS (Mandatory)

(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)

| | |
|---|---|
| We are a, (Please ✓ as appropriate) : <input type="checkbox"/> Financial Institution (Refer definition A) or <input type="checkbox"/> Direct reporting NFE (Refer definition B) | GIIN <input type="text"/> Note: If you do not have a GIIN (Global Intermediary Identification number) 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 ✓ as appropriate): If the entity is a financial institution, | <input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> <input type="text"/> (refer definition C) <input type="checkbox"/> Not obtained - Non-participating FI |

PART B (please fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

| | |
|--|--|
| Is the Entity a publicly traded company? No <input type="checkbox"/> (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1) | Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____ |
| Is the Entity a related entity of a publicly traded company? No <input type="checkbox"/> (a company whose shares are regularly traded on an established securities market) (Refer definition D2) | 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 _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____ |
| Is the Entity an Active NFE? No <input type="checkbox"/> (Refer definition D3) | Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code - refer D3) |
| Is the Entity a Passive NFE? No <input type="checkbox"/> (Refer definition E2) | Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> Nature of Business _____ |

If Passive NFE, please provide the below additional details for each of the Controlling person. (Please attach additional sheets if necessary)

| Sr. No. | Name of UBO | Taxpayer Identification Number / PAN / Equivalent ID Number | Place of Birth | Country of Birth | Occupation Type [Service, Business, Others] | Nationality | Father's Name | Date of Birth dd/mm/yyyy | Gender [Male, Female, others] |
|---------|-------------|---|----------------|------------------|---|-------------|---------------|--------------------------|-------------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |

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 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, 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 No.

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.

DECLARATION & SIGNATURE(S)

I acknowledge and confirm that the information provided with respect to FATCA / CRS is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA / CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. I also undertake to keep the Fund informed in writing about any changes / modification / updation to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and / or by the domestic tax authorities. I authorize the Fund / AMC / RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

Date : ____ / ____ / ____ Place : _____

Authorized Signatories [with Company / Trust / Firm / Body Corporate seal]

