ARN-4464 E032737 VIKRAM S. BAGADTHEY **Details of ultimate beneficial owner including additional FATCA & CRS information**



APPLICANT(S) NAME AND INFORMATION (If the applicant is minor, then please provide details of natural / legal guardian) Name of the entity Mr. / Ms. / M/s.																			
Type of address given at KRA Residential or Business						s	○ Residential ○ Business ○ Registered Office			gistered Office	Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes								
PAN De	tails								С	ust ID / Folio No.		ΤÍ	Ť					Ť	
Date of	incorporation D D	M N	/ Y	ΥΥ	Υ	City of incorp	poration:		C	ountry of incorpo	ration	ո։							
Entity Constitution Type O Partnership Firm HUF						O Privat	e Limited Compa		c Limited Company		AOP/B	OI							
Please	[Please tick ()] Others Please Specify Others																		
Is "Ent	Is "Entity" a tax resident of any country other than India O Yes O No																		
If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.																			
Country				Ta	Tax Identification Number*				Identification Type (TIN or Other, please specify)										
In case	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.																		
	the Entity's Country of																		
2. F	ATCA & CRS DECLA							or for further	guidance o	n FATCA & CRS	clas	sificat	ion)						
PART	A (to be filled by Fi	nancial In	nstituti	ons or D	irect R	eporting NFEs)												
We are		GIIN																	
Financial institution or Note: If you do not have a GIIN but you are sponsor Direct reporting NFE Name of sponsoring entity:					are sponsored by anoth	her entity, plea	ase provide your spon	sor's GIIN above an	d indicate your sponsor's	name be	elow								
	ot available [Please	tick (🗸)1		O Applie	nd for	○ Not roo	uired to a	pply for - please	enocify 2 digits	sub catagory ¹⁰				Not obta	rainad	Non r	orticin	oting E	
PART	-	. ,,	roprio							Sub-category				1401 001	anieu	- 14011-k	articip	aurig i	
FARI	(please IIII ally O	e as app	лорпа	ite to be	illeu	Jy NFES Other	tilali Dii	ect Reporting	J NFLS /										
Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly				Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)															
traded on an established securities market)				Name of s	Name of stock exchange:														
2 Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)			○ Yes (Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)															
			t) Name of li	Name of listed company:															
								,		npany or Oco		•		. ,					
						Name of s	stock exch	ange:											
3 Is the Entity an active³ NFE			○ Yes (Yes (If yes, please fill UBO declaration in the next section.)															
						Nature of	Business:												
						Please sp	ecify the s	sub-category of A	ctive NFE	(Mention co	ode - re	efer 2c o	of Part I	D)					
4	Is the Entity a pass	sive ⁴ NFE				○ Yes ((If yes, ple	ase fill UBO decl	aration in the n	ext section.)									
						Nature of	Business:												

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3. UBO DECLARATION							
[Please tick (▼)]	 ○ Partnership Firm ○ Limited Liability Partnership Comp ○ Religious Trust ○ Private Trust 	Others Please Specify					
Please list below the details of controlling person(s), confirming ALL	countries of tax residency / permanent residency / citizenship and AL tement and Auditor's Letter with required details as mentioned in For	L Tax Identification Numbers for EACH controlling person(s).					
Name: Beneficial owner / Controlling person Country: Tax Residency* Tax ID No.: Or functional equivalent for each country%	Tax ID Type: TIN or Other, please specify Beneficial Interest: In percentage Type Code11: Of Controlling person	Address: Include State, Country, PIN / ZIP Code & Contact Details Address Type:					
1. Name:	Tax ID Type:	Address:					
Country:	Type Code:	ZIP:					
Tax ID No.%:	Address Type Residence Business Registered office	State: Country:					
2. Name:	Tax ID Type:	Address:					
Country:	Type Code: Address Type Residence Business Registered office	ZIP: Country:					
3. Name:	Tax ID Type:	Address:					
Country:	Type Code: Address Type Residence Business Registered office	ZIP:					
# If passive NFE, please provide below additional details.(Please	-	,					
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. PAN:	Occupation Type:	Date Of Birth:					
City of Birth:	Nationality:	Gender Male Female Other					
Country of Birth:	Father's Name:						
2. PAN:	Occupation Type:	Date Of Birth:					
City of Birth:	Nationality:	Gender Male Female Other					
Country of Birth:	Father's Name:						
3. PAN:	Occupation Type:	Date Of Birth:					
City of Birth:	Nationality:	Gender Male Female Other					
Country of Birth:	Father's Name:						
# Additional details to be filled by controlling persons with tax reside * To include US, where controlling person is a US citizen or green of %In case Tax Identification Number is not available, kindly provide		other than India:					
4. Refer 3(iii)	of Part D 5. Refer 3(vi) of Part D 11. Refer 3(iv)	(A) of Part D					
Should there be any change in any information provided by you, please en Please note that you may receive more than one request for information believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tinformation field along with the US Tax Identification Number. \$It is mandatory to supply a TIN or functional equivalent if the country in vito the form. CERTIFICATION	agents for the purpose of ensuring appropriate withholding from the accoun	nt or any proceeds in relation thereto. ies. Therefore, it is important that you respond to our request, even if you at or green card holder, please include United States in the foreign country or has not yet been issued, please provide an explanation and attach this					
	Terms and Conditions below and hereby accept the same.						
Name:		Designation:					
Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA					