



**3. UBO DECLARATION**

**Category**  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association / body of individuals  
 [Please tick (✓)]  Public Charitable Trust  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 ALL Tax Identification Numbers for EACH controlling person(s).  
 Owner-documented FFI's5 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%	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: _____  Country: _____  Tax ID No.:%: _____	Tax ID Type: _____  Type Code: _____  Address Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address: _____  ZIP: [ ][ ][ ][ ][ ][ ][ ][ ][ ] State: _____ Country: _____
2. Name: _____  Country: _____  Tax ID No.:%: _____	Tax ID Type: _____  Type Code: _____  Address Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address: _____  ZIP: [ ][ ][ ][ ][ ][ ][ ][ ][ ] State: _____ Country: _____
3. Name: _____  Country: _____  Tax ID No.:%: _____	Tax ID Type: _____  Type Code: _____  Address Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address: _____  ZIP: [ ][ ][ ][ ][ ][ ][ ][ ][ ] State: _____ Country: _____
# If passive NFE, please provide below additional details. (Please attach additional sheets if necessary)		
<b>PAN / Any other Identification Number</b> (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	<b>Occupation Type:</b> Service, Business, Others <b>Nationality:</b> <b>Father's Name:</b> Mandatory if PAN is not available	<b>DOB:</b> Date of Birth <b>Gender:</b> Male, Female, Other
1. PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	Date Of Birth: _____ Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
2. PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	Date Of Birth: _____ Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
3. PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	Date Of Birth: _____ Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:  
 \* To include US, where controlling person is a US citizen or green card holder  
 %In case Tax Identification Number is not available, kindly provide functional equivalent

4. Refer 3(iii) of Part D | 5. Refer 3(vi) of Part D | 11. Refer 3(iv) (A) of Part D

**4. FATCA - CRS TERMS AND CONDITIONS**

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.

Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. 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.

\$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.

**CERTIFICATION**

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA
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Date D D M M Y Y Y Y

Place: