



Details of Ultimate Beneficial Owner (UBO) Including Additional FATCA & CRS Information

ARN-4464 E032737
VIKRAM S. BAGADTHEY

(Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

1 APPLICANT Details

Name of the entity F I R S T M I D D L E L A S T

Type of address given at KRA Residential or Business Residential Business Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Customer ID/ Folio NO

PAN Date of incorporation D D M M Y Y Y Y

City of incorporation Country of incorporation

Entity Constitution Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI Trust H Liquidator Limited Liability Partnership
 Artificial Juridical Person Others Specify

Please tick the applicable tax resident declaration

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	Tax Identification Number ⁶	Identification Type (TIN or Other ⁶ , please specify)

⁶In case Tax Identification Number is not available, kindly provide its functional equivalent⁸.

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, mention Entity's exemption code here

2 FATCA & CRS Declaration (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)

1. We are a,

Financial institution⁶

or

Direct reporting NFE⁷

(please tick as appropriate)

GIIN not available (please tick as applicable) Applied for

If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category¹⁰

Not obtained - Non-participating FI

GIIN

Note: If you do not have a GIIN 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

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

1. Is the Entity a publicly traded company¹(that is, a company whose shares are regularly traded on an established securities market)

Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange

2. Is the Entity a related entity² of a publicly traded company (a company whose shares are regularly traded on an established securities market)

Yes (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 Subsidiary of the Listed Company or Controlled by a Listed Company

Name of stock exchange

3. Is the Entity an active³ NFE

Yes (If yes, please fill UBO declaration in the next section.)

Nature of Business

Please specify the sub-category of Active NFE (Mention code --refer 2c of Part D)

4. Is the Entity a passive⁴ NFE

Yes (If yes, please fill UBO declaration in the next section.)

Nature of Business

¹Refer 2a, ²Refer 2b, ³Refer 2c, ⁴Refer 3(ii), ⁵Refer 1, ⁶Refer 3(vii), ⁷Refer 1A of Section 6.

3 UBO Declaration

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals
 Public Charitable Trust Religious Trust Private Trust Other (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 ⁶	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ¹¹ - of Controlling	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. : <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. : <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
Name: <input type="text"/> Country: <input type="text"/> Tax ID No. : <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>

If passive NFE, please provide below additional details

(Please attach additional sheets if necessary)

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: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation Type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date Of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2. PAN: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation Type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date Of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3. PAN: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation Type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date Of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

⁵Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

⁶To include US, where controlling person is a US citizen or green card holder

¹¹In case Tax Identification Number is not available, kindly provide functional equivalent

¹Refer 3(vi), ¹¹Refer 3(iv) (A) of Section 6.

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 Motilal Oswal Mutual Fund 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.

¹¹It 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.

5 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 F I R S T M I D D L E L A S T

Designation

<input type="text"/>	<input type="text"/>	<input type="text"/>	Place _____
Signature	Signature	Signature	Date _____