IDBI Asset Management Limited

CIN: U65100MH2010PLC199319
Registered Office: IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400 005.
Corporate Office: 4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Mumbai - 400 005.
Tel: (022) 66442800 Fax: 66442801 Website: www.idbimutual.co.in Email: contactus@idbimutual.co.in

ARN-4464   E032737 VIKRAM S. BAGADTHEY

Name of the entity

Category *(Please tick applicable category)*

☐ Listed Company *(Need not provide UBO details sought under)*   ☐ Unlisted Company   ☐ Partnership Film

☐ Unincorporated association/body of individuals   ☐ Limited Liability Partnership Company   ☐ Public Charitable Trust   ☐ Religious Trust

☐ Private Trust   ☐ Others _____

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).

Name - *Beneficial owner/Controlling person* **Country** - *Tax Residency#* **Tax ID No** - *Or functional equivalent for each country#*	**Tax ID No** - *TIN or Other, please specify* **Beneficial Interest** - *In percentage* **Type Code[9]** - *of Controlling person*	**Address** - *Include State, Country, PIN/ZIP Code & Contact Details* **Address Type -**
1. Name Country Tax ID No.#	Tax ID Type Beneficial Interest Type Code	Address Type ☐ Residence ☐ Business ☐ Registered office Address ZIP ☐☐☐☐☐☐ State: Country:
2. Name Country Tax ID No.#	Tax ID Type Beneficial Interest Type Code	Address Type ☐ Residence ☐ Business ☐ Registered office Address ZIP ☐☐☐☐☐☐ State: Country:
3. Name Country Tax ID No.#	Tax ID Type Beneficial Interest Type Code	Address Type ☐ Residence ☐ Business ☐ Registered office Address ZIP ☐☐☐☐☐☐ State: Country:

Note: If passive NFE, please provide below additional details.   *(Please attached additional sheets if necessary)*

PAN/Any other Identification Number - *(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License, 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 City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D M M Y Y Y Y Gender ☐ Male ☐ Female ☐ Others
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D M M Y Y Y Y Gender ☐ Male ☐ Female ☐ Others
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D M M Y Y Y Y Gender ☐ Male ☐ Female ☐ Others

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

Name

Designation

First/Sole Applicant/ Guardian Signature	Second Applicant Signature	Third Applicant Signature

Place : _____

Date : ____ / ____ / _____