

Supplementary KYC Information & FATCA-CRS Declaration - Entities & HUF (Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

PAN*		Nam	ne													
Туре	of address given at KYC KF	Re Re	esidential	Resident	ial or Bus	iness		Bus	iness		R	egiste	ered (Office		
City o	f incorporation															
Count	try of incorporation															
Net V	Vorth in INR. In ₹ Lakhs				Net Worth	as on [(Date	should no	ot be older	than one	year)	DD / N	/М / Y	YYY		
in / pro	entity involved poiding any of services: Foreign Exch Money Cha Service	anger —	Gaming / C Lottery S [e.g. ca betting sy	Services sinos,	YES L	l aunder	Money ing / Pa	awning	YES		Any oth	er info	rmatic	n [if appli	cable]	
•	71		☐ HUF ☐ Priv	vate Limited (ility Partnersh						_	Societ s spec		AOF	/BOI		
Pleas	se tick the applicable tax re	sident decla	aration -													
	"Entity" a tax resident of any c			Yes No		w)										
(If yes, please provide country/ies in which the entity is a resident for tax purpos Country				Tax Identification Number*					Identification Type (TIN or Other*, please specify)							
*In cas	se Tax Identification Number is not a	vailable, kindly	provide its functi	ional equivaler	nt or Comp	oany Ide	entifica	tion Nu	mber or	Globa	l Entity	' Identi	fication	on Num	nber.	
In case	e the Entity's Country of Incor	poration / Ta	ax residence is	s U.S. but E	Entity is r	not a S	Specif	ied U.	S. Per	rson,	menti	on Ei	ntity'	s		
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Category (Please tick applicable category):
Listed Company (Need not provide UBO details sought under) 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's 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 #Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Tax ID No Or functional equivalent for each country #Type Code * Contact Details Tax ID Type Address Address Late: Country: Tax ID No. Tax ID Type Address Country Tax ID Type Address Country: Tax ID No. Tax ID Type Address Country: Tax ID No. Tax ID Type Address Country: Tax ID No. Tax ID Type Address Country:
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's ⁵ 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 #Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Type Code ¹¹ - of Controlling person 1. Name Country Beneficial Interest Tax ID Type Address Address Country: 2. Name Country Beneficial Interest Tax ID Type Address Country Tax ID Type Address Country: Tax ID Type Address Country: Tax ID No. Type Code Type Code Type Code Type Code Type Code Country: Tax ID No.
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's ⁵ 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 #Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Type Code ¹¹ - of Controlling person 1. Name Country Beneficial Interest Tax ID Type Beneficial Interest Tax ID No. Type Code ZIP Address Country: State: Country: Tax ID No. Type Code ZIP State: Country: Tax ID No. Type Code Type Code Type Code Type Code
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Name - Beneficial owner / Controlling person #Country - Tax Residency* #Tax ID No Or functional equivalent for each country* 1. Name Country Tax ID Type Beneficial Interest Type Code Tax ID Type ZIP Address Country: State: Country: Tax ID Type Country Tax ID Type Address Tax ID Type Tax
#Tax ID No Or functional equivalent for each country* #Type Code*1- of Controlling person 1. Name
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Tax ID No. Type Code ZIP State: Country:
3. Name Tax ID Type Address
Country Beneficial Interest
Tax ID No. Type Code ZIP State: Country:
If passive NFE, please provide below additional details. (Please attach additional sheets if necessary)
PAN City of Birth Country of Birth Country of Birth Country of Birth Country of Birth Country of Birth Country of Birth Country of Birth Country of Birth Country of Birth Country of Birth Father's Name - Mandatory if PAN is not available
1. PAN Occupation Type DOB DD/MM/YYYY
City of Birth Nationality Gender Male Female
Country of Birth Father's Name Others
2. PAN Occupation Type DOB DD/MM/YYYY
City of Birth Nationality Gender Male Female
Country of Birth Father's Name Others
3. PAN Occupation Type DOB DD/MM/YYYY
City of Birth Nationality Gender Male Female
Country of Birth Father's Name 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
⁴Refer 3(iii) of Part D ⁵Refer 3(vi) of Part D ¹¹Refer 3(iv) (A) of Part D
FATCA Terms and Conditions
Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account wit relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly i.e., within 30 days. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close of suspend your account(s).
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. Foreig Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationship with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.
Certification
I have understood the information requirements of this Form (read along with the Instructions & Definitions) and hereby confirm that the information provided to us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.
Name
Designation Designation
Place
Signature >> Place Date//