

**ANNEXURE I - DETAILS OF ULTIMATE BENEFICIAL OWNER/ CONTROLLING PERSON INCLUDING ADDITIONAL FATCA & CRS INFORMATION**

Name of the Entity

Customer ID / Folio Number

 PAN Date of incorporation

 Type of address given at KRA 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"*

Type of Identification Document given at KRA

Identification Document No.

Document Issuing Country

Place of incorporation

Country of incorporation

 Entity Constitution Type  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  
*Please tick as appropriate*  Trust  Liquidator  Limited Liability Partnership  Artificial Juridical Person  Others specify \_\_\_\_\_

Please tick the applicable tax resident declaration -

 1. Is "Entity" a tax resident of any country other than India  Yes  No  
 (If yes, please provide all countries in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country/(ies)	Tax Identification Number%	Identification Type% (TIN or Other, please specify)

 % In case Tax Identification Number is not available, kindly provide its functional equivalent. 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. In case TIN or its functional equivalent is not available, please provide Company Identification Number (CIN) or Global Entity Identification Number (GEIN) or GIIN, etc.  
 CIN \_\_\_\_\_ Global Entity Identification Number (GEIN) \_\_\_\_\_

 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<sup>8</sup> here

**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: GIIN \_\_\_\_\_  
 Financial institution<sup>1</sup>  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  
 or   
 Direct reporting NFE<sup>2</sup>  \*if the entity is a FI & a tax resident outside India, please fill annexure A.1 below (additional CRS declaration)  
 (please tick as appropriate) Name of sponsoring entity \_\_\_\_\_  
 GIIN not available (please tick as applicable)  Applied for  Please provide with Form  
 (Applicable only for Financial Institutions)  Not required to apply for - please specify 2 digits sub-category<sup>3</sup>   W8-BEN-E, duly filled in  
 Not obtained – Non-participating FI

**Part A.1 (to be filled by Financial Institution that is a tax resident outside India)**

 1. Whether CRS Jurisdiction:  Yes  No  
 (Please refer to the list of signatories to CRS given in the following link <http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/> )  
 (If no, please go to Qs.2)  
 2. Whether FI is an 'Investment Entity'?  Yes  No  
 (Please refer definition 1(iii) of Part D of the FATCA-CRS declaration)  
 (If yes, please go to Qs. 3)  
 3. The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable<sup>^</sup> to investing, reinvesting, or trading in financial assets.  Yes  No  
 (If Yes, please additionally fill Part C)

 ^Entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:  
 (i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or  
 (ii) the period during which the entity has been in existence.

**PART B** (please fill any one as appropriate "to be filled by NFEs")

1.	Is the Entity a <i>publicly traded company</i> <sup>4</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (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 <i>entity</i> <sup>5</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (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: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an <i>active</i> <sup>6</sup> NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> (Mention code – refer 2c of Part D)
4.	Is the Entity a <i>passive</i> <sup>7</sup> NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

<sup>1</sup>Refer 1 of Part D | <sup>2</sup>Refer 3(vii) of Part D | <sup>3</sup>Refer 1A of Part D | <sup>4</sup>Refer 2a of Part D | <sup>5</sup>Refer 2b of Part D | <sup>6</sup>Refer 2c of Part D | <sup>7</sup>Refer 3(ii) of Part D | <sup>8</sup>Refer 3(viii) of Part D

**PART C UBO / Controlling Person Declaration** (UBO details are not required for Listed Company / Subsidiary or Controlled by a Listed Company)

**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  
 Others (please specify \_\_\_\_\_)

Please list below details of each controlling person(s)<sup>10</sup>, confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary).

S.No.	1	2	3
Name of Beneficial Owner / Controlling Person			
Percentage of Beneficial Interest			
Gender (Male/Female/Other)			
Date of Birth			
Father's Name			
Country of Birth			
Place of Birth			
Nationality			
PAN			
Country of Tax Residency *			
Tax ID No Or Equivalent for each country %			
Tax ID Type (TIN or Other)			
Type Code (CP/UBO Code) <sup>9</sup>			
Occupation Type (Service/ Others/ Business/ Not categorised)			
Address Type (Residential/Business/Registered Office)			
Residence address for tax purpose			
ZIP			
State			
Country			

\* 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

<sup>9</sup>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

<sup>9</sup>Refer 3(iv) (A) of Part D | <sup>10</sup>Refer 3(iv) of part D