



**Birla Sun Life**  
Mutual Fund

# Details of ultimate beneficial owner including additional FATCA & CRS information

Name of the entity

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 Number

PAN Date of incorporation DD / MM / YYYY

City of incorporation

Country of incorporation

Entity Constitution Type  
Please tick as appropriate  
 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 -

1. 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*	Identification Type (TIN or Other, please specify)

\* In case Tax Identification Number is not available, kindly provide its functional equivalent.  
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

### 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 institution<sup>6</sup> or  Direct reporting NFE<sup>7</sup> (please tick as appropriate)

GIN

**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

**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-category<sup>10</sup>

Not obtained – Non-participating FI

#### 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 company (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 entity 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 active<sup>3</sup>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 passive<sup>4</sup>NFE Yes  (If yes, please fill UBO declaration in the next section.)  
Nature of Business \_\_\_\_\_

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>4</sup>Refer 3(ii) of Part D | <sup>6</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>10</sup>Refer 1A of Part D

