

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



APPLICANT DETAILS

1. Name of the entity	FIRST NAME	MIDDLE NAME	LAST NAME
2. Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office		
3. Customer ID / Folio NO			4. PAN
5. Date of incorporation DD / MM / YYYY	6. City of incorporation	7. Country of incorporation	
8. Entity Constitution	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> Trust H Liquid ator <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others <u>Specify</u>		

9. Please tick the applicable Tax resident declaration

Is "Entity" a tax resident of any country other than India? Yes No

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

* (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated tax ID number below.)

10. 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

* 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.

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	<input type="checkbox"/> Financial institution <input type="checkbox"/> Direct reporting NFE (please tick as appropriate)	
2. GIIN		3. Name of sponsoring entity
4. GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for	
5. If the entity is a financial institution	<input type="checkbox"/> Not required to apply for – please specify 2 digits sub - category <input type="text"/>	<input type="checkbox"/> Not obtained - Non - participating F1

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

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

Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify anyone stock exchange on which the stock is regularly traded)	Name of stock exchange	
Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established security 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	
		Name of Stock exchange	
Is the Entity an active ³ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.)	Nature of relation	<input type="checkbox"/> Subsidiary of the Listed Company <input type="checkbox"/> Controlled by a Listed Company
		Nature of Business	Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D) <input type="text"/>
Is the Entity a passive NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.)	Nature of Business	

UBO Declaration

Category (Please tick applicable category)

<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm Public	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Unincorporated association/body of individuals	<input type="checkbox"/> Charitable Trust Others	<input type="checkbox"/> Religious Trust
<input type="checkbox"/> Private Trust	<input type="checkbox"/> 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).*

Owner - documented FFI'S should provide FFI Owner Reporting statement and auditor's Letter with required details as mentioned in the Form W8 BENE

Name - Beneficial owner / Controlling person	Tax ID - TIN or Other, please specify	Address - Include State, Country, PIN / ZIP Code & Contact Details
Country - Tax Residency*	Type Beneficial Interest - in percentage	Address Type -
Tax ID No - Or functional equivalent for each county	Type Code - of Controlling	
Name:	Tax ID Type:	Address:
Country:	Type Code:	Zip:
Tax ID No.	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	State:
Name:	Tax ID Type:	Country:
Country:	Type Code:	Address:
Tax ID No.	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Zip:
Name:	Tax ID Type:	State:
Country:	Type Code:	Country:
Tax ID No.	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address:
Name:	Tax ID Type:	Zip:
Country:	Type Code:	State:
Tax ID No.	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Country:

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

*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
If Tax Identification Number is not available, kindly provide functional equivalent
5 Refer 3(vi), 11 Refer 3(iv)(A) of Section 6.*

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 certification 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 Nirmal Bang 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 held along with the US Tax Identification Number. 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.

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	
Designation	
Signature	

Place :

Date : DD / MM / YYYY