FATCA-CRS/UBO Declaration (Mandatory for Non-Individual investors)

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS / UBO Guidance)

PAN* | Name

Type of address given at KYC KRA: Residential ☐ | Residential or Business ☐ | Business ☐ | Registered Office ☐

City of incorporation | State of incorporation

Country of incorporation

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	YES ☐ NO ☐	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	YES ☐ NO ☐	Money Laundering / Pawning	YES ☐ NO ☐	Any other information [if applicable]

Entity Constitution Type *Please tick as appropriate*

☐ *Partnership Firm* ☐ *HUF* ☐ *Private Limited Company* ☐ *Public Limited Company* ☐ *Society* ☐ *AOP/BOI*
☐ *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 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 or Company Identification Number or Global Entity Identification Number

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 Declaration *(Please consult your professional tax advisor for further guidance on FATCA classification)*

PART A *(to be filled by Financial Institutions or Direct Reporting NFFEs)*

1. We are a,
   Financial institution[5] ☐
   or
   Direct reporting NFFE[6] ☐
   (please tick as appropriate)

GIIN

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)*

☐ Not required to apply for - please specify 2 digits sub-category [7] ☐☐

☐ 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*[1] *(that is, a company whose shares are regularly traded on an established securities market)*	Yes ☐ No ☐ *(If yes, please specify any one stock exchange on which the stock is regularly traded and Security ISIN of it)* Name of stock exchange _____ Security ISIN _____
2.	Is the Entity a *related entity*[2] of a publicly traded company *(a company whose shares are regularly traded on an established securities market)*	Yes ☐ No ☐ *(If yes, please specify name of the listed company, one stock exchange on which the stock is regularly traded and Security ISIN of it)* Name of listed company _____ Nature of relation: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of stock exchange _____ Security ISIN _____
3.	Is the Entity an *active*[3] NFE	Yes ☐ No ☐ *(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*[4] NFE	Yes ☐ No ☐ *(If yes, please fill UBO declaration in the next section.)* Nature of Business _____

[1]Refer 2a of Part D | [2]Refer 2b of Part D | [3]Refer 2c of Part D | [4]Refer 3(ii) of Part D | [5]Refer 1 of Part D | [6]Refer 3(vi) of Part D | [7]Refer1A of Part D

*Investors are requested to use same pen(ink) for form filling and signatures across the documents.

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 with 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 or 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. Foreign 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 relationships 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/We have understood the information requirements of this Form (read along with the Instructions & Definitions) and hereby confirm that the information provided by me/us on this Form is/are true, correct, Complete and should be considered for FATCA/CRS regulatory submissions. I/We hereby authorize you [JAINAM BROKING LIMITED] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to the Mutual Fund, its Sponsor, Asset Management Company, trustees, their group companies, any service provider including RTA or any Indian or foreign governmental or statutory or judicial authorities /agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. I/We also confirm that I/We have read and understood the FATCA, CRS & UBO Terms and Conditions above and hereby accept the same. The above details shall supersede all other information provided in KYC form and any other submitted documents with you [JAINAM BROKING LIMITED].

X	X	X
Sole/First Applicant / Authorised Signatory (with relevant seal)	Second Applicant/ Authorised Signatory (with relevant seal)	Third Applicant/ Authorised Signatory (with relevant seal)
Name:	Name:	Name:
Designation:	Designation:	Designation:

Place _____ Date D D M M Y Y Y Y

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