

ARN -143860

FATCA-CRS Declaration & Supplementary KYC Information
Declaration Form for Entities

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PART - A				
PEKRN*				
Name				
Address Type <i>[for KYC address]</i>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Unspecified	
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office		
Place of Birth		Country of Birth		
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 1 Crore	Net Worth in INR. In Lacs Net Worth Date	_____
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning <input type="checkbox"/> To be blank if the same is not applicable	Any other information [if applicable]		[Please specify]

Is your [Entity] Country of Tax Residency other than India – Yes No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency	Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type <i>[TIN or other, please specify]</i>

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code here _____ (Refer Instructions o)

Part B [to be filled by Financial Institutions or Direct Reporting NFFEs]

<p>We are a</p> <p><input type="radio"/> Financial Institution / FFI [refer instructions a.]</p> <p><input type="radio"/> Direct Reporting NFFE [refer instructions a.]</p>	<p>GIIN (Global Intermediary Identification Number):</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><i>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</i></p> <p>Name of the sponsoring entity</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>GIIN not available [tick any one]:</p> <p><input type="checkbox"/> Applied For</p> <p><input type="checkbox"/> Not required to apply for – specify sub-category code <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> [refer instructions c.]</p> <p><input type="checkbox"/> Not obtained - Non-participating FFI</p>																				

Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]

1	<p>Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions d.]</p>	<p>Yes <input type="checkbox"/> (Please specify the name of the Stock Exchange(s) where it is traded regularly)</p> <p>1. _____</p> <p>2. _____</p>
2	<p>Is the entity a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.]</p>	<p>Yes <input type="checkbox"/> (Please specify the name of the listed company, name of the Stock Exchange (s) where it is traded regularly)</p> <p>Name of the listed company: _____</p> <p>Name of the Stock Exchange: _____</p>
3	<p>Is the entity an Active NFE?</p>	<p>Yes - Nature of business _____</p> <p>Please specify sub-category of Active NFE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> [refer instructions g.]</p>
4	<p>If the entity a Passive NFE: [refer instructions h.]</p>	<p>Yes - Nature of business _____</p> <p>Also submit UBO Form [provided separately]</p>

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [Fund/AMC/RTA/NSE] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') 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 of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/We authorize Fund/AMC/RTA/NSE to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date :

Place :