

FATCA & CRS information (For Non-Individuals / Legal Entity) (Form 1B)

(All fields are mandatory, please consult your professional tax advisor for further guidance on your tax residency)



Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office

"Address of residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

PAN Date of incorporation

City of incorporation Country of incorporation

Please tick the applicable tax resident declaration:

Is "Entity" a tax resident of any country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No		(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)	
Sr. No.	Country	Tax Identification Number [®]	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

[®] In case Tax Identification Number is not available, kindly provide its functional equivalents.

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 (Refer Instruction No. viii)

FATCA /CRS Declaration

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

We are a, Global Intermediary Identification Number (GIIN)

Financial institution² or 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 reporting⁴ NFE Name of sponsoring entity

(please tick as appropriate)

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 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). No <input type="checkbox"/>	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 entity of a publicly traded company (a company whose shares are regularly traded on an established securities market). No <input type="checkbox"/>	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 active¹ Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive² Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹ Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D |

ADDITIONAL KYC INFORMATION

*Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lacs 1 Lacs - 5 Lacs 5 Lacs - 10 Lacs 10 Lacs - 25 Lacs 25 Lacs - 1 Crore 1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Crore

*Net-worth (Mandatory for Non-Individuals) Rs _____ as on (Not older than 1 year) *Mandatory

In case of business / profession, indicate the details (including nature of goods/ services dealt in) _____

Non-Individual Investors involved/ providing any of the mentioned services

Foreign Exchange / Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending / Pawning None of these

DECLARATION

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately 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 end. I/We hereby authorise you to disclose, share, 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 employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.



Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

I: Investor details:

Investor Name											
PAN*											

** If PAN is not available, specify Folio No. (s)*

II: Category

Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company *[If this category is selected, no need to provide UBO details].*

Name of the Stock Exchange where it is listed#. _____

Security ISIN# _____

Name of the Listed Company (applicable if the investor is subsidiary/associate):

#mandatory in case of Listed company or subsidiary of the Listed Company

Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals

Public Charitable Trust Private Trust Religious Trust Trust created by a Will.

Others *[please specify]* _____

UBO / Controlling Person(s) details.

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? Yes No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
% of beneficial	>10% controlling interest. <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/>

interest#.	>15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm- yyyy] #			
UBO / SMO PEP#	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>		
UBO / SMO Address [include City, Pincode, State, Country]	Address: City: Pincode: State: Country:	Address: City: Pincode: State: Country:	Address: City: Pincode: State: Country:
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>		
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>		

UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>		
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.

Mandatory column.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, 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 any of the 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/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory
Name:
Designation:

Authorized Signatory
Name:
Designation:

Authorized Signatory
Name:
Designation:

Place: _____

Date: __/__/____

Instructions on Controlling Persons / Ultimate Beneficial Owner

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership.
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

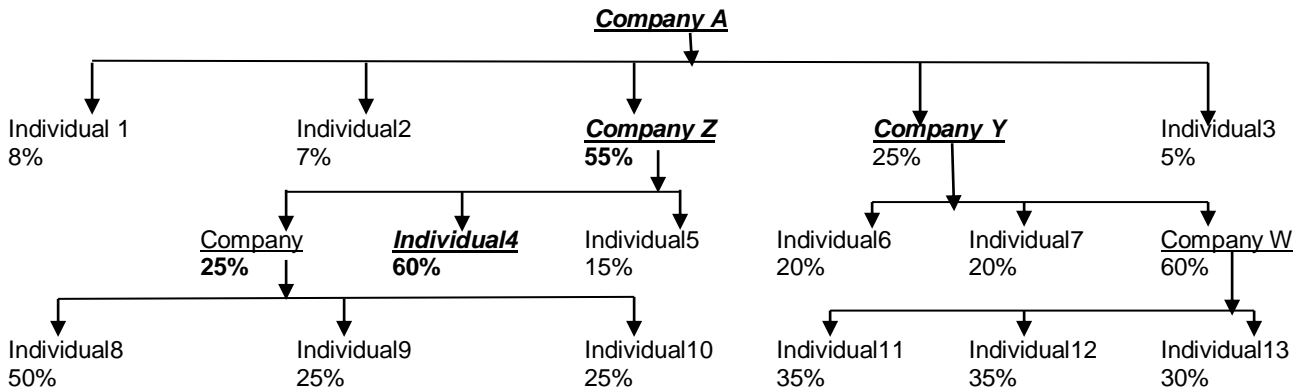
The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

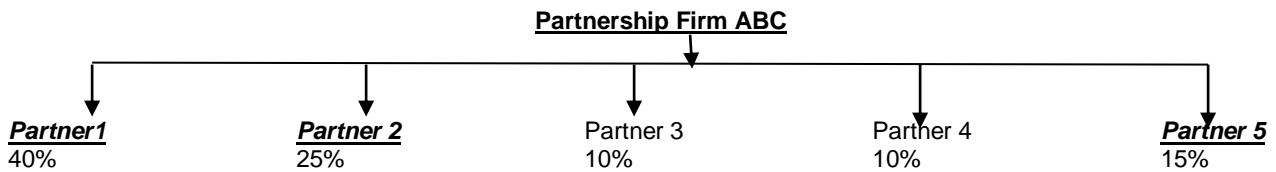
Sample Illustrations for ascertaining beneficial ownership:

Illustration No. 1 – Company A



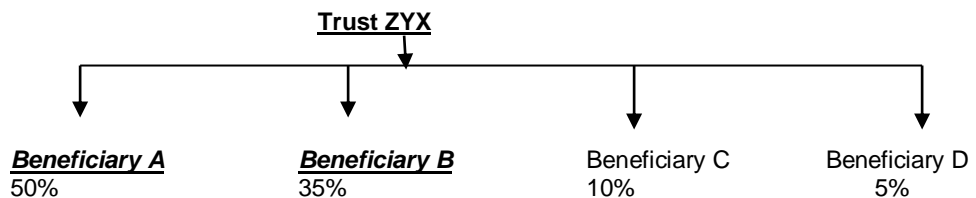
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 33% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

Illustration No. 2 – Partner ABC



For Partnership Firm ABC, Partners 1, 2 and 5 are considered as UBO as each of them holds $\geq 15\%$ of capital. KYC proof of these partners needs to be submitted including shareholding.

Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for $>10\%$ of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.