

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

| | | | | | | | | | |
|--|---|---|--------------------------------------|--|--|--|------------------|--|--|
| PAN* | | | | | | | | | |
| 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"/> 1-5 Lacs | | | Net Worth in INR. In Lacs | | _____ | | |
| | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 Lacs | | | Net Worth Date | | | | |
| | <input type="checkbox"/> 25 Lacs - 1 Cr | <input type="checkbox"/> > 1 Crore | | | | | | | |
| 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 | Identification Type <i>[TIN or other, please specify]</i> |
|------|--------------------------|---|--|
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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)*

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 :