

# Supplementary KYC Information & FATCA-CRS Declaration - Entities

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

PAN\*  Name

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

City of incorporation

Country of incorporation

Net Worth in INR. In ₹ Lakhs  Net Worth as on  DD  MM  YY  YY  YY

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

City of incorporation

Country of incorporation

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 <sup>6</sup>	Identification Type (TIN or Other <sup>6</sup> , please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>6</sup>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<sup>6</sup>  or Direct reporting NFFE<sup>7</sup>   
 (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<sup>10</sup>   
 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 <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please specify any one stock exchange on which the stock is regularly traded)</small> Name of stock exchange _____
2. Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</small> 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 active <sup>3</sup> NFE	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please fill UBO declaration in the next section.)</small> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> <small>(Mention code - refer 2c of Part D)</small>
4. Is the Entity a passive <sup>4</sup> NFE	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please fill UBO declaration in the next section.)</small> Nature of Business _____

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>6</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>10</sup>Refer 1A of Part D