# UBO Declaration

***Category*** (Please tick applicable category): ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company

☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust

☐ Listed Company *(Need not provide UBO details sought under)* ☐ Others (please specify_____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

*Owner-documented FFI's[5] should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E*

| **Name -** *Beneficial owner / Controlling person*<br>**#Country -** *Tax Residency**<br>**#Tax ID No. -** *Or functional equivalent for each country%* | **#Tax ID Type -** *TIN or Other, please specify*<br>**Beneficial Interest -** *in percentage*<br>**#Type Code[11] -** *of Controlling person* | **Address -** *Include State, Country, PIN / ZIP Code & Contact Details* |
|---|---|---|
| 1. Name | Tax ID Type | Address |
| Country | Beneficial Interest | |
| Tax ID No. | Type Code | ZIP State: Country: |
| 2. Name | Tax ID Type | Address |
| Country | Beneficial Interest | |
| Tax ID No. | Type Code | ZIP State: Country: |
| 3. Name | Tax ID Type | Address |
| Country | Beneficial Interest | |
| Tax ID No. | Type Code | ZIP State: Country: |

***If passive NFE, please provide below additional details.*** *(Please attach additional sheets if necessary)*

| **PAN**<br>**City of Birth**<br>**Country of Birth** | **Occupation Type -** *Service, Business, Others*<br>**Nationality**<br>**Father's Name -** *Mandatory if PAN is not available* | **DOB -** *Date of Birth*<br>**Gender -** *Male, Female, Other* |
|---|---|---|
| 1. PAN | Occupation Type | DOB DD/MM/YYYY |
| City of Birth | Nationality | Gender Male Female |
| Country of Birth | Father's Name | Others |
| 2. PAN | Occupation Type | DOB DD/MM/YYYY |
| City of Birth | Nationality | Gender Male Female |
| Country of Birth | Father's Name | Others |
| 3. PAN | Occupation Type | DOB DD/MM/YYYY |
| City of Birth | Nationality | Gender Male Female |
| Country of Birth | Father's Name | Others |

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:
* To include US, where controlling person is a US citizen or green card holder
% In case Tax Identification Number is not available, kindly provide functional equivalent

**[4]Refer 3(iii) of Part D | [5]Refer 3(vi) of Part D | [11]Refer 3(iv) (A) of Part D**

## 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 have understood the information requirements of this Form *(read along with the Instructions & Definitions)* and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

Name

Designation

Signature >>

Place _____

Date __/ __/ _____